

# Verbal autopsy standards:

---

## Manual for the Training of Master Trainers and Supervisors on the use of the 2016 WHO VA Instrument

V1.0



**INDEPTH Network**  
Better Health Information for Better Health Policy



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA



Australian  
National  
University

Swiss TPH



**World Health  
Organization**

---

**© World Health Organization 2017**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO license

(CC BY-NC-SA 3.0 IGO [creativecommons.org/licenses/by-nc-sa/3.0/igo/](https://creativecommons.org/licenses/by-nc-sa/3.0/igo/)).

Under the terms of this license, you may copy, redistribute the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. You are not allowed to adapt the work. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the license shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization..

**Suggested citation.** Manual for the training of master trainers and supervisors on the use of the 2016 WHO VA instrument, Geneva: World Health Organization; 2017; License: CC BY-NC-SA 3.0 IGO.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

The mark “CDC” is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

## **Acknowledgements**

The production of this manual would not have been possible without the collaboration and support of numerous organizations, institutions and individuals. The organizations contributing to this work include World Health Organization (WHO), Bloomberg Philanthropies Data for Health (D4H), US Centres for Disease Control and Prevention (CDC), Australian National University, London School of Hygiene & Tropical Medicine (LSHTM), Swiss Tropical and Public Health Institute and Ohio State University.

Acknowledgment is given to the WHO working group on verbal autopsy, including Shams El Arifeen, International Centre for Diarrhoeal Disease Research; Martin Bratschi, Vital Strategies; Daniel Chandramohan, London School of Hygiene & Tropical Medicine; Samuel Clark, University of Washington; Lalit Dandona, Public Health Foundation of India; Robert Jakob, WHO; Henry Kalter, Johns Hopkins Bloomberg School of Public Health; Soewarta Kosen, Data for Health, Indonesia; Jordana Leitao, Angola; Erin Nichols, CDC; Arvind Pandey, National Institute of Medical Statistics, India; Chalapati Rao, Australian National University; Ian Riley, Professor Emeritus, University of Queensland; Don de Savigny, Swiss Tropical and Public Health Institute Philip Setel, Vital Strategies, D4H, Robert Jakob, WHO.

Acknowledgement is also given to numerous other experts in the field including in particular Aurelio Di Pasquale, Swiss Tropical and Public Health Institute; Diane Morof, CDC; Carla Abou Zahr, D4H; Alan Lopez, University of Melbourne; Doris Ma Fat, WHO.

This manual has been informed by manuals of SAVVY, SmartVA and CHAMPS.

## Table of contents

<b>About this manual</b> .....	<b>1</b>
<b>About training</b> .....	<b>2</b>
Preparing for training.....	4
Logistics for verbal autopsy training.....	8
<b>Template training agenda</b> .....	<b>10</b>
<b>Session 1: Orientation and introductions</b> .....	<b>12</b>
Directions.....	12
<b>Session 2: Mortality surveillance and the importance of civil registration and vital statistics systems</b> .....	<b>13</b>
Directions.....	13
Text: Mortality surveillance, civil registration and vital statistics systems .....	13
Activity 2.1.....	18
Activity 2.2.....	19
<b>Session 3: Verbal autopsy and the 2016 WHO verbal autopsy instrument</b> .....	<b>21</b>
Directions.....	21
Text: Verbal autopsy and the 2016 WHO verbal autopsy instrument.....	21
Activity 3.1.....	25
<b>Session 4: Roles in verbal autopsy data collection</b> .....	<b>26</b>
Directions.....	26
Text: Roles in verbal autopsy data collection.....	26
<b>Session 5: Activities, tasks and responsibilities of the verbal autopsy interviewer</b> .....	<b>30</b>
Directions.....	30
Text: The verbal autopsy interviewer – activities, tasks and responsibilities.....	30
Activity 5.1.....	33
Activity 5.2.....	34
<b>Session 6: Activities, tasks and responsibilities of the verbal autopsy supervisor</b> ..	<b>35</b>
Directions.....	35
Text: The verbal autopsy supervisor – activities, tasks and responsibilities .....	35
Activity 6.1.....	40
<b>Session 7: Preparing for the verbal autopsy interview</b> .....	<b>41</b>
Directions.....	41
Text: Preparing for the verbal autopsy interview .....	41
Activity 7.1.....	47
Activity 7.2.....	47
Activity 7.3.....	48
Activity 7.4.....	49
<b>Session 8: Verbal autopsy principles and communication techniques for conducting verbal autopsy interviews</b> .....	<b>51</b>
Directions.....	51
Text: Principles and communication techniques for conducting verbal autopsy interviews .....	51
Activity 8.1.....	56

Activity 8.2.....	57
Activity 8.3.....	59
<b>Session 9: The 2016 WHO verbal autopsy questionnaires and the Verbal Autopsy Field Interviewer Manual .....</b>	<b>60</b>
Directions.....	60
Text: The 2016 WHO verbal autopsy questionnaires and the Verbal Autopsy Field Interviewer Manual .....	60
<b>Session 10: Verbal autopsy interview - administering the questionnaire for the death of a child aged under 4 weeks.....</b>	<b>69</b>
Directions.....	69
Activity 10.1.....	71
Activity 10.2.....	72
<b>Session 11: Verbal autopsy interview - administering the questionnaire for the death of a child aged 4 weeks to 11 years.....</b>	<b>75</b>
Directions.....	75
Activity 11.1.....	77
Activity 11.2.....	78
<b>Session 12: Verbal autopsy interview - administering the questionnaire for the death of a person aged 12 years and above.....</b>	<b>81</b>
Directions.....	81
Activity 12.1.....	83
Activity 12.2.....	84
<b>Session 13: General instructions on the use of electronic devices .....</b>	<b>87</b>
Directions.....	87
Activity 13.2.....	88
Activity 13.1.....	88
<b>Session 14: Use of electronic devices for the collection of data for the 2016 WHO verbal autopsy instrument.....</b>	<b>89</b>
Directions.....	89
Text: Using the electronic data collection platform.....	90
Activity 14.1.....	97
Activity 14.2.....	98
<b>Session 15: Practicing the conduction of verbal autopsy interviews.....</b>	<b>102</b>
Directions.....	102
Activity 15.1.....	103
<b>Session 16: Field practice of verbal autopsy interviews using electronic devices .</b>	<b>109</b>
Directions.....	109
Activity 16.1.....	111
<b>Session 17: Supervisory procedures .....</b>	<b>112</b>
Directions.....	112
Text: Supervisory procedures.....	112
Activity 17.1.....	117
Activity 17.2.....	118
<b>Session 18: Course evaluation and closing .....</b>	<b>119</b>
Directions.....	119
<b>Appendix A: Pre-/Post-Test.....</b>	<b>120</b>

VERSION 1.0

Answers to pre-/post-test..... 123

**Appendix B: Verbal autopsy interviewer checklist..... 124**

**Appendix C: Verbal autopsy interviewer reporting log book ..... 126**

**Appendix D: Verbal autopsy information letter ..... 127**

**Appendix E: Verbal autopsy accompanied supervision checklist ..... 128**

**Appendix F: End of training feedback form..... 130**

## About this manual

This manual and its resources are the products of the effort by an expert working group led by the WHO, consisting of researchers, data users, and government agencies for the development of a standardized and simplified verbal autopsy (VA) instrument. The 2016 WHO VA instrument is intended to allow for simple and inexpensive identification of causes of death in places where no other routine system is in place, and will serve the needs of countries' civil registration and vital statistics (CRVS) systems for non-medically certified deaths. This instrument can also be used in research and disease specific programmes. The application of the 2016 VA instrument in CRVS and other routine data collection systems and research settings, will facilitate the compilation of a large database that is needed to make further improvements to the VA instruments and refine the algorithms used for assigning causes of death from VA.

This manual has been produced to assist the training of master trainers, and for the training of VA supervisors on the aspects of data collection in the context of CRVS systems, preferably using the electronic version of the 2016 WHO VA instrument. A three-tier training structure is recommended, where national level master trainers train the VA supervisors, which in turn are responsible for the training of VA interviewers themselves. The manual is part of a package of resources and tools, and should be used in conjunction with the *VA Field Interviewer Manual*, the *Manual for the training of VA interviewers in the use of the 2016 WHO VA Instrument* and with the *Technical User Guide for Electronic Data Collection with the 2016 WHO VA Instrument*.<sup>1</sup>

The manual has been produced to assist those who are responsible for training interviewers and supervisors on all aspects of VA using electronic data collection methods and automated diagnostic methods to ascertain causes of death. The manual includes detailed instructions for 18 training sessions that involve lectures, group exercises and discussions, role plays, and field practice with the supervision of VA interviews in a community.

Feedback on the manual, suggestions for amendment, and translations should be sent to [verbalautopsy@who.int](mailto:verbalautopsy@who.int). In such way they can contribute to the continuous improvement of the material.

---

<sup>1</sup> All materials are available separately for download at <http://www.who.int/healthinfo/statistics/verbalautopsystandards>.

## About training

Training for the master trainers and supervisors will cover the following: (1) the importance of VA for assigning causes of death for non-medically certified deaths; (2) the roles and responsibilities of VA interviewers and supervisors; (3) identification, selection and training of supervisors and interviewers; (4) procedures, principles and communication techniques for conducting VA interviews; (5) description of every question included in the VA questionnaires; (6) how to collect information using an electronic device; (7) troubleshooting and common challenges; (8) supervisory procedures; and (9) VA data storage and transmission.

Training will consist of class work as well as field practice. The training package of materials includes accompanying PowerPoint slides for each session, smartphone/tablet computer exercises and role-play case studies. In addition, the *VA Field Interviewer Manual* that describes the questions and possible responses to each question in detail should be given to all trainees. It is recommended that training is conducted by two trainers for a class containing 20–25 participants.<sup>1</sup>

Length of training depends on the familiarity with the VA process, the 2016 WHO VA instrument, supervisory procedures and electronic data collection. The duration of the master trainers' and supervisors' initial training course for those with minimal to no experience, should be of a minimum of 5–6 days — including field practice for the training of supervisors. For logistical considerations, it is recommended that training duration should not exceed six days. Additionally, training should be conducted shortly before the start of field activities. The manual provides an example of a training schedule for VA supervisors, and suggested durations for each training session are also provided throughout the manual. However, the schedule and duration of activities may vary by country and site, and the suggested schedule should be adapted accordingly.

By the end of the training, participants are expected to:

- Explain the concept and purpose of VA within the CRVS system.
- Clearly describe the purpose of VA for generating cause of death data.
- Describe the roles and responsibilities of VA interviewers within a routine data collection system to assess causes of death occurring in a community.
- Describe the roles and responsibilities of supervisors in the implementation of VA and quality control.
- Explain how the deaths that need a VA interview will be identified from the death notification and reporting systems, as appropriate for the country.

---

<sup>1</sup> *This is optimal and may differ by country, but it is recommended to not be greater than 25 participants per two trainers.*

## VERSION 1.0

- Describe and apply all the procedures and techniques that are required for conducting a VA interview.
- Understand, explain and ask correctly and consistently all the questions included in the 2016 WHO VA instrument.
- Be confident in the use of tablets or smartphones for the administration of VA, including how to edit information and save the completed questionnaires.
- Conduct to a good standard a VA interview in the community using electronic data collection devices.
- Conduct the training of VA interviewers and supervisors with minimal assistance.

Other activities involved in VA implementation, such as the setting of IT infrastructure and software, are included in the *Technical User Guide for the Implementation of the 2016 WHO VA Instrument*. This guide is intended for personnel responsible for IT and data management of VA information.

Often, the master trainers will be national level staff (e.g. part of the mortality committee). Whereas, VA supervisors are usually senior members of the district- or province-level health management team, holding responsible technical and preferably administrative positions within the VA implementation hierarchy. Recommended criteria for supervisors of VA interviewers, include:

- minimum equivalent of secondary school education;
- experience with data collection methods, especially interviewing;
- familiarity with the catchment area;
- familiarity in organizing field level activities and reporting data to a higher level;
- IT skill and data management experience preferable;
- good working knowledge in the relevant local language(s) and the language of the VA questionnaire.

## **Preparing for training**

This training manual will help you to learn the knowledge and skills needed to become a master trainer of VA supervisors and/or interviewers. In addition, there are some guidelines provided in this manual that should be followed in order to facilitate the training efficiently.

The key to an effective training session is preparation. If you are prepared in advance, your confidence will be apparent to the trainees. No amount of classroom technique or speaking skill can overcome the handicap of not knowing your subject matter.

### **Studying the training materials in advance of the session**

It is very important to read and study all the training materials well in advance of the session. Do not be concerned about your presentation during your initial reading of these materials; concentrate instead on understanding the concepts and operations that are covered. If you do not understand a particular part, reread the portion that covers that part or search for added information in the manuals. If necessary, ask your supervisor for assistance. Before training begins, be certain that you understand all aspects covered in this manual and every aspect of the roles and responsibilities of interviewers and supervisors.

### **Practice the training sessions in advance**

Read portions of the materials aloud, following the schedule, and begin to concentrate on your presentation and the types of questions the trainees are likely to ask. You may find it helpful to make notations and marks in the manual to help you during the actual training.

Practice the training sessions in front of a mirror or of a small group of friends, and time your presentations. This will give you a chance both to find out if you are speaking loudly and clearly, and to assess how long it takes to cover the various parts of the training. This will also give you a chance to practice referring to the materials as you speak. Using the materials during this practice will keep you from fumbling during the training. If possible, it is also best to train using the PowerPoint slides that will be used during training.

It is important to try and think about possible questions that may be asked during training, and try to prepare for them in advance as much as possible by noting important sections in the materials and knowing the topics covered thoroughly. However, there will always be some questions that are unexpected. In these situations, you should contact your supervisor with any unusual or difficult questions that you receive during training so that the supervisor can share the answers with

the other trainers.

### **Know the training participants**

If possible, arrange name cards for yourself and each participant, especially during the first days of training. At the first training session, have each participant write their name on a name card. Once everyone is seated, make a quick seating chart for your own reference. The seating chart will help you to call on trainees during training and help you remember their names.

### **Define basic class rules**

Do not allow participants to drink, eat or smoke in the training room during training sessions. Request that all cell phones be turned off during training. Brainstorm with the class other rules they think should be followed for the training to run smoothly.

Inform participants of the time and duration of training breaks and the location of nearby bathrooms and eating facilities, as well as any necessary emergency procedures.

### **Cover all the material included in this manual**

Do not omit anything unless you are instructed to do so by your supervisor. This ensures that all participants will receive the same training in the use of the 2016 WHO VA instrument.

### **Stand up when conducting the training**

In doing so, you will gain in two ways. First, you will have better control of the class, because you can see each participant and the signals of frustration or boredom. Second, your voice will carry better with less effort on your part.

### **Speak clearly and convincingly**

Make sure that every participant in the room can hear you clearly without difficulty. Read at a normal rate of speed. Speaking too quickly or slowly will lose the attention of the class.

The information from the manual can be a bit technical. Ask for feedback from participants on any areas they do not understand. Whenever possible, relate the training material to the local context and ask for the participants to reflect on how VA applies to their reality.

### **Vary the tone of your voice**

If your tone of voice is too level or constant, participants will have a hard time staying focused on what you are saying. Identify key words in each sentence, and try to give them emphasis when speaking.

### **Maintain eye contact with your trainees**

Look up from your reading at the end of each paragraph, and whenever you reach the end of an important topic. Look at the trainees' expressions. If someone looks confused or unsure, stop to ask if anyone has a question. Make a mental note to watch those who look confused or uninterested to see if their performance during the exercises demonstrates an understanding of the material. As you gain experience, you will master keeping eye contact while talking or reading.

### **Keep the training upbeat**

This manual will instruct you in which topics you should cover and in what order. However, merely reading a manual aloud does not make for an effective training session. You must keep the training sessions upbeat and interesting. It is important to watch out for signs that reflect how well the participants are learning, and how well you are holding their attention. Signs to watch for include participants' engagement in discussions, their answers to questions, and their own questions to you. If trainees show signs of boredom or fatigue, take a short break, ask questions, or find other ways to keep trainees engaged.

### **Use the APC method of asking questions**

**Ask, Pause, Call.** Ask a question; pause while all the participants think about the answer; then chose a participant to give an answer.

### **Keep the class discussions focused**

Class participation is key to effective learning, but it must be applied wisely. Do not let the participants' eagerness deviate the session too far off the topic or schedule. The following techniques will be helpful to control the class without harming the participants' willingness to participate in class discussions.

- If a participant asks a question about a point covered in a later session, tell him/her to hold the question since you will be covering it later. If the question is not covered, go back to it at the end of training, and try to find the answer in the training materials or get the answer from your supervisor.
- If a discussion gets out of hand, interrupt the discussion. Tell the participants that you must end the discussion because there is still a lot of material to

cover and continue with the training. If a participant persists in pursuing a point, ask him/her to see you during a break, lunch, or after class. Remember that you are working on a schedule. You must make every effort to complete the training in the time allocated.

### **Bring variation to the class's discussions and exercises**

In order to keep the trainees' attention and reinforce the instructions, it is recommended that you call on participants to participate in sessions' activities. Be sure to call on participants by name and try not to call frequently on the same participants. Do not rely on the same participants volunteering their opinions, and try to bring the more reserved participants into discussions to see if they are following the training. Some people do not speak in class because they are shy, while others may not speak up because they do not understand the topic. It is the trainer's job to try and draw out those who do not understand – so that you can clarify the topics that are confusing them.

### **Keep sessions' activities structured around small groups of participants**

Small groups work best with around five people per group maximum – big enough to have a range of opinions and small enough for everyone to have space to contribute. Groups with more than six people usually lead to one or two very disengaged participants.

### **Encourage the participants to learn**

Always acknowledge a correct answer by saying something positive such as, "right", "good", "correct" or "okay", etc. If a participant's answer is more than a few words long or is complicated – repeat the correct answer, referencing the training materials, after acknowledging the answer given by the participant. Acknowledge incorrect answers by being tactful. Do not embarrass a participant, but try to guide him/her to the correct answer. Repeat whatever part of the answer is correct to be supportive and try to rephrase the question to give hints. Sometimes, calling directly on a person who looks confused may cause them embarrassment, and they may deny that there is any problem.

Remember that the trainees may not always answer exactly as worded in the manual, but the answer should contain the most important information. An answer worded slightly differently than the manual's wording is not incorrect, and you should encourage participants not to read answers directly from the manual. Having participants express concepts in the manual in their own words increases their understanding.

### **If you do not know an answer, admit it**

Do not fumble around for an answer, or worse, give the wrong one. Never bluff. Look up the answer with the help of the class. If the question is not covered in your materials, tell the class that you will give them the answer after you speak to your supervisor.

### **Use the list of participants**

Use the list of participants as an attendance sheet during class. Mark the list to indicate which participants did and did not attend the training each day.

If a participant is no longer interested, write down, “will not attend” next to the name of that participant, including any reason given for the participant’s departure, and notify your supervisor. The supervisor may be able to arrange a replacement in time for training. If a replacement participant is selected at the beginning of training, add the name of the replacement participant to the bottom of the list of participants.

## **Logistics for verbal autopsy training**

The following logistical requirements should be considered and prepared in advance for the training.

### **Training site**

Consider the numbers of participants and the types of activities throughout the training. The training site should be equipped with sufficient desk or table space, and have enough seating for all the participants. There should be enough space for participants to break out into small groups for role-play activities, as well as an adequate and comfortable space to view PowerPoints and contribute to plenary discussions. Additionally, the training site should meet the following requirements:

- have some type of restroom facilities, either on-site or nearby, and available for use during training;
- have eating facilities nearby, or inform the participants in advance that they must make arrangements for lunch by themselves;
- well ventilated, as weather requires;
- quiet and free of distractions;
- centrally located to limit travel by all participants.

Potential training sites, include: schools (including colleges or vocational training centres), community or recreation centres, clubs or lodge meeting halls, libraries, post offices or government offices.

Every day before the start of the training day, arrange the seats and tables so that each participant can easily see and hear you, as well as see the materials that you'll be using and presenting during training.

**Equipment requirements:**

- overhead projector or multimedia for the presentation of PowerPoint slides;
- laptop for the presentation of PowerPoint slides;
- tablets/smartphones (Android devices) and respective accessories –<sup>1</sup> one for each participant with ODK Collect installed and the 2016 WHO VA questionnaires loaded;
- USB cables;
- Flip chart paper for class lectures and exercises;
- binders or folders for course materials;
- note pads for the participants;
- marker pens, pencils and erasers (for trainers and participants).

**Course materials/resources for participants:**

- training schedule
- PowerPoint slides
- *VA Field Interviewer Manual* (copies for all participants)
- paper versions of 2016 WHO VA questionnaires (should be translated into local language).

**Preparing the training room for the training session**

Several days before the training session, make sure you have all the needed materials. Before trainees arrive on the first day of training:

- Place the *VA Field Interviewer Manual* at each participant's seat, along with a notebook, pen, pencil and eraser.
- See that lighting and ventilation are adequate.
- Check the locations of water fountains, rest rooms, and lunch facilities.

---

<sup>1</sup> Including access to charging possibilities.

## Template training agenda

Date	Time	Training session	Duration (min)	
<b>Day 1</b>				
	08:30 - 09:30	Session 1	Orientation and introductions	60
	09:30 - 10:00	Session 2	Mortality surveillance and the importance of civil registration and vital statistics systems	30
	10:00 - 10:45	Session 3	Verbal autopsy and the 2016 WHO VA instrument	45
	10:45 - 10:55	Session 4	Roles in VA data collection	10
	10:55 - 11:35	Session 5	Activities, tasks and responsibilities of the VA interviewer	40
	11:35 - 12:20	Session 6	Activities, tasks and responsibilities of the VA supervisor	45
	12:20-13:20	<b>Lunch break</b>		60
	13:20 - 14:50	Session 7	Preparing for the VA interview	90
	14:50 - 15:05	<b>Tea break</b>		15
	15:05 - 16:35	Session 8	VA principles and communication techniques for conducting VA interviews	90
	16:35 - 17:00	Session 9a	The 2016 WHO VA questionnaires and the VA Field Interviewer Manual	25
<b>Day 2</b>				
	08:30-09:00	Review day 1/answer any questions		30
	09:00 - 09:35	Session 9b	The 2016 WHO VA questionnaires and the VA Field Interviewer Manual	35
	09:35 - 10:55	Session 10a <sup>I</sup>	VA interview- administering the VA questionnaire for the death of a child aged under 4 weeks	80
	10:55 - 11:10	<b>Tea break</b>		15
	11:10 - 12:30	Session 10b <sup>I</sup>	VA interview- administering the VA questionnaire for the death of a child aged under 4 weeks	80
	12:30 - 13:30	<b>Lunch break</b>		60
	13:30 - 14:50	Session 11a <sup>I</sup>	VA interview - administering the VA questionnaire for the death of a child aged 4 weeks to 11 years	80
	14:50 - 15:05	<b>Tea break</b>		15
	15:05 - 16:25	Session 11b <sup>I</sup>	VA interview - administering the VA questionnaire for the death of a child aged 4 weeks to 11 years	80
	16:25 - 16:40	Review of the day		15
<b>Day 3</b>				
	08:30-09:00	Review day 2/answer any questions		30

<sup>I</sup> Case studies for interview practice and role play need to be locally developed – if available, cases can be drawn from existing VA interviews (e.g. from HDSS, SAVVY or other VA efforts). Example(s) provided on the session.

VERSION 1.0

09:00 - 10:20	Session 12a <sup>I</sup>	VA interview - administering the VA questionnaire for the death of a person aged 12 years and above	80
10:20 - 10:35		<b>Tea break</b>	
10:35 - 11:55	Session 12b <sup>I</sup>	VA interview - administering the VA questionnaire for the death of a person aged 12 years and above	80
11:55 - 12:35	Session 13	General instructions on the use of electronic devices	40
12:35 - 13:35		<b>Lunch break</b>	
13:35 - 14:50	Session 14a <sup>I</sup>	Use of electronic devices for the collection of data for the 2016 WHO VA instrument	75
14:50 - 15:05		<b>Tea break</b>	
15:05 - 16:05	Session 14b <sup>I</sup>	Use of electronic devices for the collection of data for the 2016 WHO VA instrument	60
16:05 - 16:45	Session 15a <sup>I</sup>	Practicing the conduction of VA interviews	40
16:45 - 17:00		Review of the day	15
<b>Day 4</b>			
08:30-09:00		Review day 3/answer any questions	30
09:00 - 10:15	Session 15b <sup>I</sup>	Practicing the conduction of VA interviews	75
10:15 - 10:30		<b>Tea break</b>	15
10:30 - 12:30	Session 15c <sup>I</sup>	Practicing the conduction of VA interviews	120
12:30 - 13:30		<b>Lunch break</b>	60
13:30 - 15:00	Session 15d <sup>I</sup>	Practicing the conduction of VA interviews	90
15:00 - 15:15		<b>Tea break</b>	15
15:15 - 16:45	Session 15e <sup>I</sup>	Practicing the conduction of VA interviews	90
16:45-17:00		Review of the day	15
<b>Day 5</b>			
08:30-09:00		Review day 4/answer any questions	30
9:00-12:30	Session 16a <sup>II</sup>	Field practice of VA interviews using electronic devices	210
12:30-13:30		<b>Lunch break</b>	60
13:30 - 16:45	Session 16b <sup>II</sup>	Field practice of VA interviews using electronic devices	195
16:45-17:00		Review of the day	15
<b>Day 6</b>			
08:30-09:00		Review day 5/answer any questions	30
09:00 - 10:30	Session 17	Supervisory procedures	90
10:30 - 10:45		<b>Tea break</b>	15
10:45 - 11:45	Session 18	Course evaluation and closing	60

<sup>I</sup> Case studies for interview practice and role play need to be locally developed – if available, cases can be drawn from existing VA interviews (e.g. from HDSS, SAVVY or other VA efforts). Example(s) provided on the session.

<sup>II</sup> Duration of the session accounts for 15 minutes of tea break.

## Session 1: Orientation and introductions

**Objectives:** Introduction of trainers and participants; and introduction of training objectives, schedule and methods. Administration of pre-/post-test.

**Materials:** PowerPoint slides; flip chart; and copies of the pre-/post-test for all participants (Appendix A).



60 min

### Directions

1. Welcome the participants and introduce yourself.
2. Ask each participant to interview another for two minutes, by asking about: name; where they come from; where they work; any experience in VA or civil registration; and/or any curious fact or information they would like to share. Then invite the “participant-interviewer” to make a brief 30 second introduction of the participant they interviewed.
3. Introduce to the participants the objectives of the training.
4. Explain the training schedule (PowerPoint slide/printouts), times for coffee and meal breaks, and any other housekeeping items.
5. Brainstorm with the group, the ground principles and procedures the group wants to follow during training to create the best learning environment (e.g. arriving on time, no smoking, eating or talking on mobile phone during sessions, etc.). Record these on a flip chart.
6. Explain that PowerPoint slides will be presented during the training sessions, and there will be interactive activities to practice what has been learnt after each one.
7. Explain to the participants that pre- and post-training tests will be administered before and after the training to assess the effectiveness of the training.
8. Distribute a copy of the pre-/post-test to each participant and give instructions on how to correctly fill out the questionnaire (e.g. entering the name at the top of the page, ticking the box “Pre-test”, etc.).
9. Collect the pre-/post-tests when the participants have finished. Do not provide participants with the answers to the test, as the same test will be administered at the end of training.

## Session 2: Mortality surveillance and the importance of civil registration and vital statistics systems

**Objectives:** Provide participants with an understanding of the importance and usefulness of mortality data, and a brief overview of the operations of CRVS systems. The aim is for participants to understand the broader context into which VA will be integrated and why it is needed.



30 min

**Materials:** PowerPoint slides; flip chart; and process flow chart of VA integration within the national CRVS system.

### Directions

**NOTE FOR TRAINERS:** *The session should be adapted to reflect the national strategy for the integration of VA in the CRVS system and the processes for notification, registration and certification of deaths.*

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and using the PowerPoint slides, teach the class about mortality surveillance, CRVS systems and how VA can be integrated within a CRVS system.
3. Carry out **Activities 2.1** and **2.2** with the class.
4. Before terminating, clarify any questions and doubts the participants may have.

### Text: Mortality surveillance, civil registration and vital statistics systems

Birth and death information is very important as it helps us understand the size and age distribution of populations. Importantly, it helps us understand *how many deaths, where and what people are dying from.*

Mortality data is important to plan essential services for the population and to know where to allocate resources to health programmes. To monitor progress and assess the impact of interventions, we need accurate, comprehensive and timely data on specific, major causes of death in the population.

Most countries have a mortality surveillance system, and in most, death registration is mandatory. Health workers who attended the person just before death or who are aware of the circumstances of the death are required to report certain data to public health authorities, such as name, age at death, and cause of death.

Mortality surveillance involves continuously and actively identifying all deaths that take place soon after they happen. Death reporting is often part of a CRVS system, which also records information on births, migrations, marriages and divorces. Governments compile this information to calculate vital statistics.

### **How can deaths be notified and registered?**

A variety of methods can be used and combined in different configurations to best suit a country's context and needs. For deaths that occur outside health facilities, the traditional method relies on families coming forward to register vital events at a civil registration office – which tends to generate low notification and registration rates. To help achieve high notification and registration of death rates, active case-finding methods can be used. These can include community members with established formal roles in the reporting/notification of vital events, which can comprise any of the following: community leaders, authorities or chiefs; religious leaders; community key informants; community volunteers; community outreach workers; or workers from surveys or surveillance systems. Other methods, such as SMS on mobile phones to notify events from the community to the registration authority or health facilities, or proxy procedures such as review of burial permits issued are also possible - depending on the specific context.

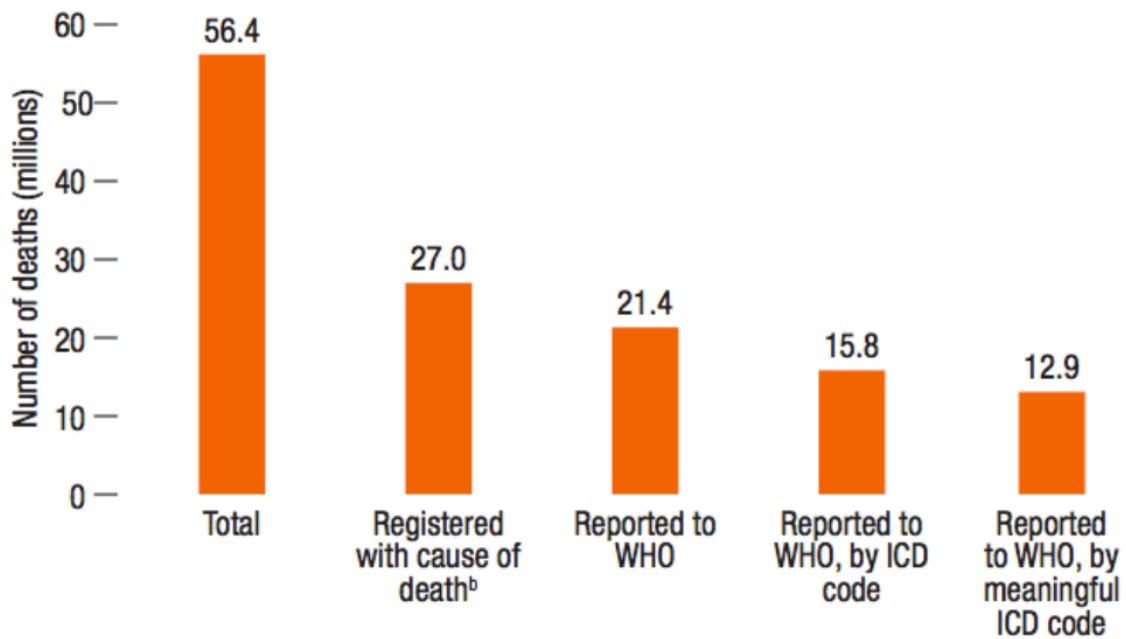
Multi-sectorial and collaborative approaches are recommended to maximize the chances of achieving universal vital events registration. An example of a hybrid approach could combine the utilization of reporting from health facilities, burial authorities and the use of a community key informant system with formal roles in the identification, reporting or notification of deaths – if legally mandated.

The determination of a cost-effective and sustainable method for routine identification and notification of all deaths is defined by the relevant national authorities (e.g. National CRVS Policy and Coordinating Committee).

Many countries lack complete CRVS systems, and many deaths occur at the community level without a physician to assign a cause of death (Figure 1 and 2). In a functioning CRVS system, each death has both death registration information as well as cause of death information.

The data on age, sex and cause-specific mortality is essential for making evidence-based appropriate health policies and plans. In this training, we present a

methodology called VA, which can help countries obtain the information needed on non-medically certified community deaths to strengthen CRVS systems and provide critical health data for decision makers.



<sup>a</sup> Reports to WHO are projected based on 2010 data to allow for reporting lag.

<sup>b</sup> Local death registration, in the absence of a state or national system to compile data, is excluded, as is registration with cause of death based on verbal autopsy. The discrepancy between deaths registered and deaths reported to WHO is primarily due to China reporting only SRS data.

Figure 1- Number of global deaths in 2015, by expected registration/reporting status.<sup>1</sup>

<sup>1</sup> Source: World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.

WHO region	High quality	Medium quality	Low quality	Very low quality or no data	Total
AFR	1	2	1	43	47
AMR	10	18	4	3	35
SEAR	0	0	3	8	11
EUR	33	12	8	0	53
EMR	0	1	7	13	21
WPR	5	5	3	14	27
<b>Global (percentage)</b>	<b>49 (25%)</b>	<b>38 (20%)</b>	<b>26 (13%)</b>	<b>81 (42%)</b>	<b>194</b>

<sup>a</sup> “High quality” refers to countries reporting at least 5 years of data to WHO, reporting latest year of data by ICD code, and with average usability during this period  $\geq 80\%$ . “Medium quality” refers to countries reporting at least 5 years of data to WHO, reporting latest year of data by ICD code, and with average usability  $\geq 60\%$  and  $< 80\%$ ; or to countries reporting at least 5 years of data to WHO, reporting with a condensed cause list, and with average usability  $\geq 80\%$ . “Low quality” refers to countries reporting any data by ICD code with average usability  $\geq 40\%$  and  $< 60\%$ ; or to countries reporting any data with a condensed cause list with average usability  $\geq 60\%$  and  $< 80\%$ . All other countries reporting death registration to WHO are considered to have very low quality data.

Figure 2- Quality of death registration data reported to WHO by Member States, assessed for the period 2005–2015, by WHO region.<sup>1</sup>

## Integration of verbal autopsy in civil registration and vital statistics systems

In the context of introduction and integration of VA in CRVS systems, in principle VAs should only be conducted for deaths that have been notified or registered – having either been assigned an official notification, registry number or unique ID. This is important to avoid duplication of records and problems in data linkage with the CRVS system.

### How can deaths for VA be identified?

Two scenarios are possible in the implementation of VA in CRVS systems: a) VAs are conducted in a representative sample of the population; b) VAs are conducted for all non-medically certified deaths. WHO recommends that deaths with a medical certificate for cause of death should not be duplicated with a VA, except for quality control purposes and in research contexts. Both scenarios involve a system that processes and flags eligible deaths before VAs are scheduled and conducted.

<sup>1</sup> Source: *World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals*. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.

## VERSION 1.0

Once deaths have been processed by the civil registration system, a VA supervisor receives information on cases assigned for VA, most likely from health facilities. Where VAs are conducted for all non-medically certified deaths, death notifications can be used to trigger the scheduling of VAs and official registration of the deaths. Information on cases for VA will contain facts of death information, such as name, age, sex, date of death, location and notification serial number or civil register or personal ID number for the deceased.

## Activity 2.1

### Directions

1. Ask questions to the class and discuss what the participants know about the operations of the national CRVS system.
2. Write participants answers on a board or on a flip chart.
3. Review and familiarize the participants with the country's death notification process/forms, death certificates, burial permits and medical certificate of cause of death forms.
4. Review with the class a process flow chart of how VA is integrated within the national CRVS system.

### Questions for the class

1. *“What are your experiences with the national CRVS system? What have you used it for?”*
2. *“Where can CRVS systems get information on deaths and causes of death?”*

### Notes for trainers

It is likely that not all the participants will fully appreciate the wide use and value of CRVS systems. By exploring everyday experiences of the individual participants (through births, deaths and marriages) and moving on to a wider discussion on the use of this data for statistics, administrative purposes and health programming and planning, the appreciation of the system can become more apparent. While also providing the context for VA. If participants have direct knowledge or experience in areas outside the personal use of the system, they should be encouraged to share them.

*Mortality data for CRVS systems may come from:*

- *Health center and hospital staff reporting on deaths which have occurred (possibly including cause of death information in the form of a Medical Certificate of Cause of Death)*
- *Police or coroner (commonly used for non-natural deaths)*
- *Funeral homes or authority issuing burial permits*
- *Community level key informants (e.g. religious authorities reporting deaths for which they conduct ceremonies, community leaders keeping local lists of inhabitants, community health workers)*
- *Active (mortality) surveys (e.g. counting new graves at a community's burial site)*
- *Health and Demographic Surveillance Systems and Sample vital registration*

## Activity 2.2

### Directions

1. Break participants into three groups and allocate them into “neonate”, “child” and “adolescent and adult” groups.
2. Ask each of the following questions at a time to each of the groups. Have each group write down their answers on a flip chart.
3. Promote a discussion about the results in a plenary.
4. Ask whether the other groups agree or not with the group’s responses, and what other information they might add.
5. Discuss any points missing from participants’ responses.

### Questions for each of the groups

1. *“What do we mean by cause of death? What are the common causes of death for this age group in your communities?”*
2. *“Why is it important to have accurate information on causes of death? What are the consequences if mortality data is incomplete or inaccurate?”*

### Notes for trainers

Have a list of common national causes of death, and refer any additional important causes that participants did not mention. Highlight to the class, “risk factors” (e.g. hypertension, smoking, alcohol consumption, etc.) that participants may have mistakenly identified as causes of death. Discuss and clarify the difference between causes of death and risk factors.

*Explain how cause of death information can be used to:*

- *Allocate resources effectively – identifying most important needs and problems, i.e. the diseases that many in the population are dying from.*
- *Assess whether efforts and programmes to reduce deaths due to a particular cause are working.*
- *Understand cause of death trends over time.*

*Explain that ideally, a country should have a well-functioning civil registration system, where every death is captured by the civil registration organization and cause of death is certified by a medical practitioner according to international standards for all deaths. In settings where most deaths occur outside hospitals, CRVS systems are often struggling to detect all deaths and reliably assign a cause of death to the community events. In settings where only deaths that occur in health facilities are registered with the civil registration organization, civil registries are incomplete with potentially only information on a small subset of the population. Furthermore, people that die at health facilities tend to have a different mortality profile. This makes it challenging for health planning to make well-informed decisions in the effective allocation of health resources towards the diseases of greatest concerns. It is therefore important to ensure that community deaths are reported to the civil registration organization and that reliable cause of death information is collected for them; VA is the most applicable tool to collect such information.*

## Session 3: Verbal autopsy and the 2016 WHO verbal autopsy instrument

**Objectives:** Provide an overview of the VA process and the 2016 WHO VA instrument. The aim is for participants to understand the purpose of VA and the importance of using the 2016 WHO VA instrument.



45 min

**Materials:** PowerPoint slides and flip chart.

### Directions

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and using the PowerPoint slides, explain to the class what is VA and introduce the 2016 WHO VA instrument.
3. Carry out **Activity 3.1** with the class.
4. Before terminating, clarify any questions and doubts the participants may have.

### Text: Verbal autopsy and the 2016 WHO verbal autopsy instrument

The main purpose of VA is to describe the causes of death at the population level for deaths which occur in the community, and for which there is no medical certification of the cause of death.

VA is a two-stage process (see Figure 3). **The first stage**, involves an interview with family members or other caregivers of a deceased. The interview is done using a standardized structured questionnaire that elicits information on the signs, symptoms, medical history, health care use and the circumstances leading to death. During the VA interview, information from any available medical records is also collected to assist in the diagnosis of cause of death. Ascertaining causes of death from such information is based on the premise that VA respondents can accurately recall the details of the various symptoms and events that occurred during the period leading to death.

In field practice, the questionnaires will be implemented either using paper forms or in the electronic format, using smartphones or tablets.

**NOTE FOR TRAINERS:** *Explain to the participants, that later there will be a session exploring in more depth the types and structure of the VA questionnaires.*

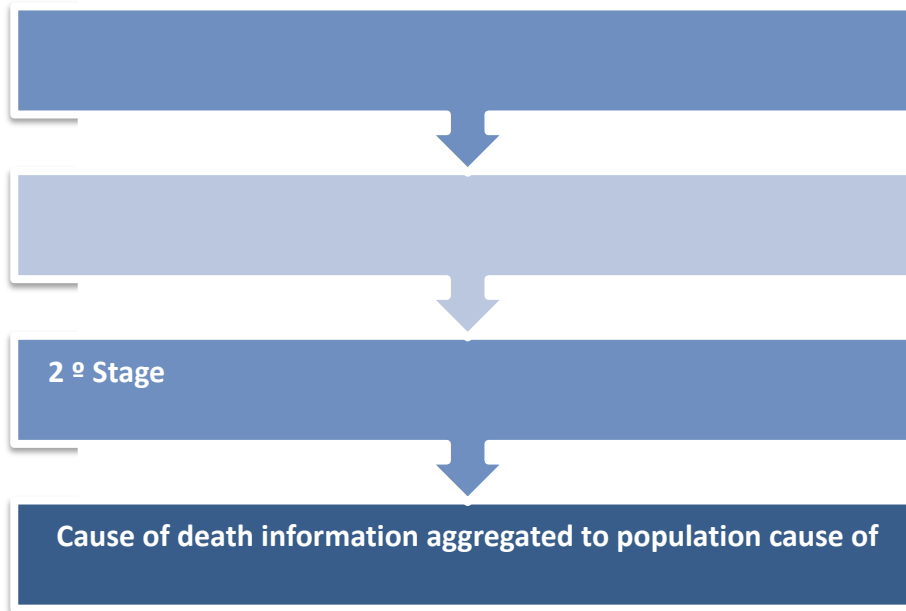
**The second stage**, involves the interpretation of the information collected during the interview for the determination of cause of death. Two main types of methods can be used to interpret VA data and determine the cause of death:

- automated methods using computer algorithms
- physician reviews.

The accuracy of both these methods depends on the accuracy of information collected from the VA interview. With computer algorithms, the responses provided during a VA interview can be processed in an automated way to identify likely causes of death, without input from a physician. This is done using software that implements one of several logical algorithms that combine VA data with “training data” to identify causes of death that are consistent with the VA data. The training data describe the typical relationship between each VA symptom and each cause of death. The algorithms apply those relationships to the specific set of symptoms associated with a particular death to identify the most likely causes of death that are consistent with those symptoms.

Physician reviews of VA are similar to when a physician questions a patient and draws conclusions from the answers. Physicians review the VA interview data and assign a cause of death based on their clinical judgment. The process typically involves at least two physicians trained in VA coding independently assessing individual questionnaire data, with assignment of cause of death done by a consensus review or by a third physician. This method is usually not considered the best use of busy and limited physicians’ time, particularly in large-scale applications. The automated computer programmes have been shown to be efficient and reasonably accurate. However, physician review may be required in a sub-sample of VAs to assess the quality of causes of death assigned by automated methods.

**NOTE FOR TRAINERS:** *Remember, this information is just used to give the participants an idea of how information from the VA interviews will be used to determine cause of death. VA interviewers and supervisors do not need to learn how to conduct these procedures, interviewers are only involved in conducting VA interviews; and supervisors in supporting the data collection process and performing quality control and assurance.*



*Figure 3- The VA process.*

#### **Limitations and value of VA:**

- Imperfect method compared with medical certification of cause of death.
- Generates data that are reliable at the population level, but not necessarily at the individual level. Its primary purpose is to help determine cause of death statistics on a population level for public health decision-making.
- Medically certified cause of death has legal status at the individual level; VA cause of death data does not have similar legal status.
- Necessary in populations where medical certificates of cause of death are not available.
- Strict confidentiality and data security are required.

#### **The 2016 WHO verbal autopsy instrument**

The 2016 WHO VA instrument was designed specifically for routine use in CRVS systems, and to allow for the automated assignment of causes of death using computer algorithms.

The development of the instrument has been informed by field testing and based on the compiled experience and evidence from the most widely-used VA procedures. This resulted in a simplified and practical instrument that has the following main components:

- three standardized simplified structured VA questionnaires for three age groups: under four weeks; four weeks to 11 years; and 12 years and above;
- short list of causes of death of public health importance that can be

ascertained from the analysis of the questionnaires' data.

The standardized questionnaires are available in electronic and paper formats. Preferably, data for the 2016 WHO VA instrument should be electronically collected using a mobile device (tablet or smartphone), to then facilitate the ascertainment of cause of death through the use of a computer programme. Nonetheless, the 2016 WHO VA instrument also provides the paper versions of the questionnaires for situations where it is not possible to collect the data electronically.

Presently, the 2016 WHO VA instrument is compatible with the following computer programmes to determine causes of death: InterVA-4, Tariff 2.0, and InSilicoVA. Overall, these methods have been evaluated and found to give reliable estimates of mortality at population-level for most major causes of death of public concern.

## **Activity 3.1**

### **Directions**

1. Ask the following questions to the class and discuss what the participants know and have learned about VA procedures.
2. Write participants' answers on a board or on a flip chart.

### **Questions for the class**

1. *“Does anyone have experience with VA? Please describe it.”*
2. *“How does VA differ from the traditional medical-certification of causes of death?”*

### **Notes for trainers**

If someone has experienced conducting a type of VA, as applicable, point out the differences between the VA they conducted and the one they will now be using. For instance, some “VA” interviews may be very informal using an open-format, others may focus on specific age-groups, specific diseases, types of death, etc. The 2016 WHO VA instrument is a standardized structured questionnaire aimed at understanding the most probable causes of death for vital statistics purposes. Therefore, it does not include very detailed questions on all causes of death or socio-demographic information. Instead, it contains the minimum number of questions necessary to determine the most common causes of death.

## Session 4: Roles in verbal autopsy data collection

**Objectives:** Introduction to the roles in VA data collection, including general guidelines for the identification, selection and training of VA interviewers and supervisors.



10 min

**Materials:** PowerPoint slides and flip chart.

### Directions

**NOTE FOR TRAINERS:** *The session should be adapted to reflect the national operational guidelines for the roles in VA data collection.*

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and PowerPoint slides, introduce the class to the roles in VA data collection.
3. Before terminating, clarify any questions and doubts the participants may have.

**NOTE FOR TRAINERS:** *As an “activity” for this session, the trainers could have the participants outline a flow chart of the community-based VA process.*

### Text: Roles in verbal autopsy data collection

The implementation of VA in CRVS systems requires coordination of activities and adequate training of all personnel involved. Field operations are carried out and managed by a team that should include: VA interviewers, the VA supervisor and the VA coordinator,<sup>1</sup> and close links to the data manager.

Field supervisors have key roles in reviewing field performance of interviewers, providing on-site support and troubleshooting advice, ensuring adequate distribution of workload across personnel and over time, and assisting interviewers in their responsibilities towards data management and quality control. VA interviewers should be aware of the roles of supervisors and the nature of their responsibilities, so that they can approach them and use their support in a manner that will benefit the overall VA data collection system.

---

<sup>1</sup> *Specific title of the VA coordinator will be country-dependent. This is the person responsible for overseeing all VA activities within a specified area.*

The number of interviewers and supervisors will depend on factors such as the size of the population under surveillance, the mortality rate within the population, how activities are assigned to personnel and logistical considerations.

The coordination of data streams, and prevention of data losses, on paper and electronically is carried out by a trained data manager. A data manager has to be aware of the software and technologies in use, if not skilled in handling those.

The exact mechanisms for selection and assigning of responsibilities to individuals, will depend on local conditions. Training should be a continuous process. The observation and supervision conducted by VA supervisors throughout the fieldwork are considered part of the training and data collection process. This section provides some guidance on the type of people who have been found to be appropriate in VA and in community-based data collection activities, and an overview of the training required.

### **Verbal autopsy supervisors**

**Selection** — A VA supervisor should be someone who is respected likewise by local authorities and community members, and whom is able to communicate effectively with both. This will often mean selecting someone in a senior position within the local government staffing structure. A supervisor must possess good administrative and communication skills, be thorough in his or her work, and be innovative, particularly when confronted with challenges. In the case where the VA supervisors are responsible for the training of VA interviewers, it is essential that they are also good trainers. In addition, it is desirable for a VA supervisor to have data management skills, survey experience and be familiar with electronic devices for electronic data capture.

A senior member of the health management team (or local equivalent) would be an ideal person to fill in the position of VA supervisor. Supervisors will probably be recruited at the district level. The actual process for selecting candidates for this role will depend on local norms and regulations. Ideally, it is recommended that VA supervisors live in or near their assignment areas, and they must be fluent in the relevant local language(s) and in which the VA questionnaire is written. Familiarity with one's community is an advantage, but highlights the importance of maintaining confidentiality and professionalism.

**Training** — Being senior technical supervisors of the VA system in each unit area, VA supervisors receive all appropriate training needed for the collection of high quality VA data and office activities, as provided in this manual. Training of supervisors should precede the implementation of the VA system in the district. In the context of long-term data collection systems, a system needs to be in place for regular refresher training sessions. At a minimum, re-training should be conducted once per

year.

### **Verbal autopsy interviewers**

**Selection** — The process of selection and training of highly qualified interviewers must be tailored to meet the data quality requirements of the routine VA data collection system, and the need to establish and maintain good community rapport. Three minimum criteria must be adhered to when selecting VA interviewers:

- have completed at least secondary school;
- have good working knowledge in the relevant local language(s), and in which the VA questionnaire is written;
- be trusted and accepted by the community; ideally, interviewers are community members and the local community is involved in their selection.

Additional preferred characteristics and the optimal solution will be determined by local experience. A VA interviewer should always be selected with a reasonable degree of community consultation, to ensure the acceptability of that individual to members of the community.

**Training** — Initial formal training for new interviewers should be provided using the *Manual for the Training of Interviewers on the Use of the 2016 WHO VA Instrument* to ensure that standard practices are used to generate high quality cause of death data. The duration of training should depend on the level of experience of the interviewers. For new inexperienced interviewers, training should have a minimum duration of seven days and include theory, practice (in class), and fieldwork experience (in which actual VA interviews are conducted in the field, under the close supervision of trainers and supervisors).

For long-term data collection, a system needs to be in place for regular refresher training sessions of interviewers. At a minimum, re-training should be conducted once per year. Additionally, there should also be a plan for the eventual replacement of interviewers mid-year. New interviewers should not conduct VAs without receiving full formal training. Once an initial workforce of VA interviewers has been established, new trainees could accompany experienced VA interviewers as they carry out their routine VAs as part of their training. This could provide an excellent opportunity for new interviewers to see the whole cycle of VA work within the CRVS system.

## **Community sensitization**

The support, engagement and co-operation of the community is critical for the VA system to work. It is important that the roles of field personnel are strongly linked to community sensitization, and aim to maintain a strong relationship with the community.

The process of community sensitization may vary between countries. Prior to the implementation of VA activities, a common practice in many settings is to hold a meeting with the community leaders and influential members to explain the broad objectives of collecting data on mortality and the process of VA. Community sensitization also includes actions by community leaders and volunteers to inform households of the basic objectives and methods of the VA procedures, and to advise them of the importance of their cooperation in the collection of accurate and relevant information. This process is coordinated by the VA coordinator with the support of the VA supervisor, who must ensure that communication and relations with the community are strong. The relations with the community will depend largely on how well the VA interviewers establish a relationship of trust and confidence with the members of each household visited.

## Session 5: Activities, tasks and responsibilities of the verbal autopsy interviewer

**Objectives:** Clarify the role of the VA interviewer, and explain the key activities, tasks and responsibilities. Introduce the materials required for the VA interviewer work.

**Materials:** PowerPoint slides; flip chart; and VA interviewer's materials for all participants (including the VA interviewer checklist – an example is provided in Appendix B).



40 min

### Directions

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and using the PowerPoint slides, explain to the class the activities, tasks and responsibilities of the VA interviewer.
3. List the materials required for the conduction of VA interviewers.
4. Carry out **Activities 5.1** and **5.2** with the class.
5. Before terminating, clarify any questions and doubts the participants may have.

### Text: The verbal autopsy interviewer – activities, tasks and responsibilities

The primary role of a VA interviewer is to visit the families and care-givers of a deceased to conduct VA interviews and complete the respective VA questionnaires. VA interviewers work closely with members of the community in their assigned area. They are responsible for informing the members of the community and the households they visit about the purpose of VA and its activities. The interviewers should also advocate in the communities on the importance of registering births and deaths, and of notifying appropriate public authorities when a death occurs.

The procedures of VA require high quality of work to generate reliable data for cause of death determination. In order to do the best possible job, the VA interviewer must:

- Maintain regular contact (as per local arrangements) with the VA supervisor to receive VA interview assignments, update work status and to submit electronic VA interview data (if internet access is unavailable). If paper forms

are used, hand over the completed questionnaires directly in person to the VA supervisor.

- Ensure to have an adequate supply of the required materials to conduct VA interviews.
- Contact the families or care-takers of the deceased, identify the best respondents and arrange the best time (VA should be scheduled at an appropriate time which is convenient for both the respondents and the interviewer) and place for the conduction of the VA interviews.
- Obtain informed consents from the respondents for the VA interviews, and conduct the interviews in a sensitive and ethical manner.
- Keep an up-to-date log book of all VA interviews that have been assigned and conducted.
- Discuss and solve any problems and challenges encountered with the VA supervisor.
- Maintain good relations with the community.
- Support and encourage community participation in civil registration and VA activities.
- Strive for continuous self-improvement by regularly revising the *VA Field Interviewer Manual*.

**NOTE FOR TRAINERS:** *Emphasize to participants that interviewers must not give interpretations, opinions or counselling on cause(s) of death.*

VA interviewer activities and tasks are listed in the VA interviewer checklist (see Appendix B), which is made to assist the interviewers in performing high-quality interviews. The VA interviewer should review the checklist each time before VA work. VA supervisors will then review the checklists with the interviewers to help solve any problems.

**NOTE FOR TRAINERS:** *Explain to the participants that more detailed information about how to conduct each of these specific tasks will be discussed in the following lessons.*

### **Materials required to conduct verbal autopsy interviews**

VA interviewers should be provided access to the materials listed below in order to perform their duties. They are required to keep these materials with them at all times when working in the field. Also, to prevent loss, damage, or any unauthorized person from seeing recorded VA information, interviewers need to make sure that the materials are secured in an approved location by the VA supervisor – when the electronic devices are not being used for interviews. Completed VA questionnaires in

both electronic or paper format should always be returned to the office by the interviewer. The following is a list of materials and job aids that a VA interviewer should have:

- identification card (be sure to wear it where it can be seen);
- VA interviewer checklist (Appendix B);
- *VA Field Interviewer Manual*;
- tablet or smartphone (fully charged and working) with ODK Collect installed, and with the 2016 WHO VA questionnaires loaded;
- tablet or smartphone accessories (as applicable);
- paper versions of the 2016 WHO VA questionnaires in English and/or in the local language for backup;
- VA interviewer reporting log book (example provided in Appendix C);
- VA information letters (example provided in Appendix D);
- calendar of local historical events, and year-of-birth calculator. The calendar of historical events is a list of locally-recognized events and their dates, used to help people determine a deceased person's approximate date of birth or age when his or her exact date of birth is unknown; whereas the year-of-birth calculator is a table that can be used to determine the exact year a person was born, if only the person's age is known;
- pen/pencil and eraser;
- blank paper for notes/notepad;
- bag for carrying the VA materials.

**NOTE FOR TRAINERS:** *Go through the list of materials that each VA interviewer is required to have — hold them up as you introduce each item. These materials should be at each participant's seat during training.*

VA interviewers need to check these materials when they receive them, and need to notify the supervisor immediately if anything is missing, defective, or printed illegibly.

VA interviewers should also be mindful of their dress code. VA interviewer should dress appropriately for working with members of the community, according to local cultural practices and wear comfortable clothing adequate for the weather conditions.

## Activity 5.1

### Directions

1. Split the class into 3–4 groups.
2. Write on a board or on a flip chart, the “VA interviewer’s tasks” as listed below.
3. Ask the groups to re-arrange the activities in the correct order that the interviewer should conduct them.
4. Ask each of the groups to write down their responses on the flip chart.
5. Provide only a short time for the participants to do this.
6. To clarify the correct order of interviewer tasks, show the PowerPoint with the VA interviewer checklist (Appendix B). Have the participants read through the checklist, discuss and clarify any doubts.

### “VA interviewer’s tasks” (for the class to reorder)

*1. Conduct the interview 2. Select the best respondent 3. Obtain informed consent 4. Introduce yourself to the household 5. Visit the respondent at the agreed time 6. Thank the respondent for his/her participation 7. Obtain location information of VA case from supervisor 8. Schedule the interview*

### Notes for trainers

*Correct order of activities: 1. Obtain location information of VA case from supervisor; 2. Introduce yourself to the household; 3. Select the best respondent; 4. Obtain informed consent; 5. Schedule the interview 6. Visit the respondent at the agreed time; 7. Conduct the interview; and 8. Thank the respondent for his/her participation.*

## Activity 5.2

### Directions

1. Ask the participants to consider the different activities and tasks of the VA interviewer and identify any challenges and difficulties they can anticipate.
2. Write participants' answers on a flip chart.
3. Brainstorm with the participants how they might deal with these challenges.

### Notes for trainers

Address these challenges throughout the training course to demonstrate how subsequent lessons have addressed the concerns over the potential challenges.

*It is likely that challenges will fall into categories. For instance, logistics (e.g. locating households, tablet/smartphone not operating properly, best respondent not available); interview challenges (e.g. respondent not informed and cannot answer questions or giving contradictory answers); and personal challenges (e.g. asking personal and difficult questions during a grieving period).*

## Session 6: Activities, tasks and responsibilities of the verbal autopsy supervisor

**Objectives:** Clarify the role of the VA supervisor, and explain the key activities, tasks and responsibilities. Introduce the materials required for the VA supervisor work.



45 min

**Materials:** PowerPoint slides; flip chart; and copies of the VA accompanied supervision checklist (Appendix E) for all participants.

### Directions

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and using the PowerPoint slides, explain to the class the activities, tasks and responsibilities of the VA supervisor.
3. List the materials the supervisors will require for the conduction the work.
4. Carry out **Activity 6.1** with the class.
5. Before terminating, clarify any questions and doubts the participants may have.

### Text: The verbal autopsy supervisor – activities, tasks and responsibilities

A VA supervisor is responsible for: a) making sure that VA interviewers are well trained and prepared to conduct VA interviews using both electronic and paper based data collection tools; b) supervising and coordinating the day-to-day field operations in the assigned VA areas to ensure high quality of data collected; and c) answer any questions the VA interviewers may have with regards to their VA work. It is vital for the VA supervisor to maintain the highest ethical standards, assuring that data is collected with objectivity and treated with absolute confidentiality.

In order to provide the necessary support for interviewers and apply quality control and quality assurance measures, the supervisor must have full knowledge of: the purpose of VA; the system and processes involved in VA data collection (e.g. selection of the best respondent(s)); and effective communication techniques for leading sensitive interviews.

## Key responsibilities

- Know in detail the contents of this manual and all the procedures and steps required to consistently collect VA data of high quality.
- Have a thorough knowledge of the design and use of all the three paper based VA questionnaires, the electronic version of the 2016 WHO VA instrument for all ages and the associated manuals and job aids.
- Know the assignment areas, their boundaries, and have a good working relation with the VA interviewers for each and every assignment area.
- Make sure that each interviewer under supervision performs their duties according to nationally defined operational guidelines and instructions.
- Ensure that the necessary materials for fieldwork activities (e.g. operational tablets/smartphones, VA paper forms and field manuals) are available to the appropriate fieldworkers.
- Participate in or manage the selection and training of VA interviewers as required by the national CRVS system.
- Manage, supervise, and support all VA data collection activities.
- Remain available to and in regular contact with interviewers to assist them and resolve problems they may encounter during data collection.
- Perform quality control activities of VA interviewers.
- Provide the VA coordinator with the required administrative, logistical, and budget planning support for VA operations in the assigned area.
- Safely store the electronic devices for VA data collection, when materials are not being used or managed by VA interviewers.
- In case the use of ODK Briefcase is required, facilitate the smooth transfer of collected data to the VA coordinator, with coordination by the data manager, maintaining the required control measures and required documentation of the transfer process.
- As applicable, complete the relevant control forms upon receipt of materials required for fieldwork.
- Meet regularly with the VA coordinator to discuss all VA activities in the assigned areas, including the progress of VA data collection.

## Activities and tasks

**NOTE FOR TRAINERS:** *Below is an overview of suggested main routine tasks that VA supervisors should conduct. These are only recommendations – guidelines and procedures are country-specific and must be adapted to suit the local context.*

**Set up and maintenance of the system for VA data collection:**

- Assist the VA coordinator in organizing and undertaking the sensitization and mobilization of the communities for the introduction of routine VA at community-level, and for the identification and selection of VA interviewers.
- Participate in the training of VA interviewers.
- In coordination with the VA coordinator, plan and implement regular refresher training sessions for interviewers, based on assessed performance. A minimum of one refresher training session per year is recommended.
- Assist the VA coordinator with budgeting for VA-related activities.
- Each month, the supervisor should confirm and ensure that fieldworkers have at least a three-month supply of required materials for fieldwork operations.

**Before VA interviews:**

- Based on community deaths that have been notified and assigned for VA, regularly develop work plans with the VA interviewers' team to assign VA cases for interview, ensuring adequate distribution of workload across personnel and over time.
- Provide logistical support, ensuring interviewers have all the required materials, including charged and operational smartphones/tablets installed with ODK Collect and uploaded VA questionnaire, household information of VA cases, and conditions (e.g. transport if applicable) to perform duties and tasks in a timely manner.

**After VA interviews:**

- Regularly, (e.g. at the end of each month), meet with the interviewers to review progress and discuss any problems that they may have encountered and cannot solve on their own.
- In case the interviewers are not able to remotely send completed VA questionnaires to the central server (ODK Aggregate), ensure that the completed questionnaires from the tablets/smartphones are uploaded to a computer/sent remotely to ODK Aggregate, where VA data is stored.
- Safely store the electronic devices used for data collection until they are needed again for the conduction of VA interviews.
- Contact the VA coordinator to assist in the resolution of problems that the interviewers and supervisor cannot resolve.

**During field visits:**

- Carry additional materials to distribute to the fieldworkers who might need

more materials (e.g. log books and VA forms).

- Keep a list of all materials distributed, for office records.
- Use field visits to discuss communities' perceptions and concerns over the CRVS system and the VA process.
- Provide feedback to community leaders and communities on the mortality profile of the local population and its implications for health care.

**Quality control and quality assurance:**

- Every month, supervisors should verify if for all assigned cases, VA interviews were conducted by the interviewers as scheduled.
- Periodically (e.g. quarterly), observe the conduction of VA interviews, using an accompanied supervision checklist (see Appendix E), to assess if interviews are being conducted in a sensitive and ethical manner.
- Maintain regular contact with the data manager to address identified quality control issues.
- If applicable for quality control, review the VAs completed during the month for plausibility checks.<sup>1</sup>
- For quality control, re-interview randomly-assigned VA cases for each interviewer and those flagged by the data manager.
- Meet with the VA coordinator to discuss all VA-related activities, especially the progress and coverage of VAs conducted, as well as any problems that threaten the quality of data collection and that require further assistance for resolution.

**NOTE FOR TRAINERS:** *Clarify to the class that more detailed information about how to conduct these tasks will be provided in subsequent sessions.*

**Materials required**

VA supervisors should be provided with the materials needed to perform their duties. To prevent loss, damage, or any unauthorized person from seeing information that is recorded on any documents, supervisors are required to keep materials with them at all times while working in the field, and in a safe place in the office when not working with them. In addition, it is recommended that access to tablets, smartphones and laptops is password protected.

The following is a list of suggested materials that should be considered for VA supervisors to have access to:

---

<sup>1</sup> *This role depends on how VA is locally set up and implemented (e.g. if paper forms are used). If interviewers are able to remotely send completed questionnaire data to ODK Aggregate – this will instead be a role of the data manager.*

## VERSION 1.0

- VA supervisor identification card (ensuring to wear it where it can be seen during field visits);
- this manual as well as the manual for the training of VA interviewers, the *VA Field Interviewer Manual* and the *Technical User Guide*;
- assignment area map;
- if applicable -<sup>I</sup> laptop (and respective accessories) with ODK Briefcase installed and loaded with the following files: 2016 WHO VA questionnaire files to upload onto ODK Collect and for printing VA paper forms; VA information letter (Appendix D); VA accompanied supervision checklist (Appendix E); and VA interviewer checklist (Appendix B);
- if applicable - tablet/smartphone (fully charged, operational and with respective accessories) with installed ODK Collect and shorter VA instrument for the re-interview of VA cases;<sup>II</sup>
- as required, resources for the printing of materials (e.g. VA paper forms for backup, VA information letter, etc.);
- pencils or pens for writing, notepad and erasers;
- bag for carrying documents and other materials.

Additionally, VA supervisors may require a reliable means of transport or be provided with adequate facilitation to allow regular supervisory visits to the assigned areas. This is essential so that supervisors are able to support the work of interviewers, and to perform the required measures of quality control and assurance to obtain high quality mortality data.

---

<sup>I</sup> In case completed interviews cannot be uploaded from the tablets/smartphones directly to ODK Aggregate.

<sup>II</sup> Applicable in case the shortened VA interview for quality control can be carried out through ODK Collect. Note also that supervisors may make use of the same Android devices used by the VA interviewers for electronic data collection (when not in use for VA interviews).

## **Activity 6.1**

### **Directions**

1. Split the class into small groups (five people maximum per group).
2. Have each group develop a checklist of all they key steps VA supervisors should follow to conduct their work.
3. Ask the groups to think about potential challenges they envision and strategies to overcome these.
4. Ask each of the groups to write down their responses on the flip chart.
5. Give 15 minutes for the groups to elaborate their checklists. Have each group present their drafted checklist, potential difficulties and solutions.
6. At the end of the groups' presentations, show the PowerPoint with the actual VA accompanied supervision checklist (see example in Appendix E) in use. Have the participants read through the checklist, and identify activities/tasks that the groups did not include. Discuss their relevance and clarify any doubts.

## Session 7: Preparing for the verbal autopsy interview

**Objectives:** Learn the procedures the VA interviewer must follow for conducting VA interviews. Participants should understand how VA interviewers: acquire the list of VA cases; liaise with relatives of the deceased and respond to their concerns about VA; schedule a VA interview and handle potential problems.



90 min

**Materials:** PowerPoint slides and flip chart.

### Directions

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and using the PowerPoint slides, explain to the class the procedures the VA interviewer must follow and the activities that must be conducted for the VA interview.
3. Carry out **Activities 7.1, 7.2, 7.3** and **7.4** with the class.
4. Before terminating, clarify any questions and doubts the participants may have.

### Text: Preparing for the verbal autopsy interview

The art of interviewing develops with practice, but there are certain basic principles and steps that must be followed to conduct a successful VA. It is essential that VA interviewers take an ethical approach throughout the whole VA process.

#### Step 1: Acquire the list of verbal autopsy cases from the supervisor.

Generally, VAs should only be conducted for deaths that already have an official notification number, or registry number or another unique ID. Cases for VA will be identified through an appropriate strategy suitable to the country/local setting. Once death cases have been assigned for VA, the supervisor will provide a list with information on the households of recently deceased individuals that will need to be visited for the scheduling and conduction of the VA interview.

It is the interviewer’s responsibility to ensure that s/he has a list of VA cases from the supervisor before leaving to conduct the interviews.

#### When will VA interviews be conducted?

The time period between the date of death and the date of the VA interview has important implications for the quality of information collected. Long recall periods are likely to impair a respondent's ability to remember and report relevant information, whereas if a VA interview is conducted too close to the death, it may cause distress and impact the willingness and ability to engage in an interview and facilitate accurate information for VA.

Therefore, the time period between death and VA interview should be long enough to provide time for mourning, and short enough for people to recall details on the circumstances leading to death. The usual mourning period is 1–3 months in most cultures and people generally can recall the events leading to death up to 12 months. So, it is recommended that a VA interview should be completed within six weeks – 12 months after a death.

It is also important to be mindful of not visiting families on other sensitive dates (birthday, death anniversary, religious holidays or local traditions) in which it may be inappropriate to conduct the VA interview.

**Step 2: Prepare and have all the equipment and materials required to conduct the verbal autopsy interviews.**

Before visiting the bereaved households on the appointed day, the interviewer must first make sure to have all the equipment and materials, as previously specified in the manual and in the VA interviewer checklist (Appendix B).

**NOTE FOR TRAINERS:** *Remind participants that before leaving to conduct interviews, the interviewer must confirm that the tablet/smartphone is operational and has enough battery to last through the planned VA interview(s).*

**Step 3: Make contact with the household – visit the household, greet the members of the household and ask to speak with the head of the household.**

The interviewer should first introduce himself/herself and convey condolences for the death that occurred in the household, according to local social practices. In some contexts, a token gift of condolence might be essential to gain access to the family and respondent(s).

The interviewer should ask to speak with the head of the household, that person's spouse, or another appropriate adult relative who can give permission to conduct the VA; and who can either answer questions related to the deceased or introduce the primary care-giver of the deceased.

When it is not possible to interview a reliable respondent, the interviewer should arrange to visit the household on another day when an appropriate respondent will be available.

In some instances, prior contact and scheduling of appointment may be possible directly by the VA interviewer, or through a local key informant/community representative. Such contact could be used to sensitise the household about the intention to conduct the VA interview, and schedule a convenient appointment for the same.

#### **Step 4: Identify an appropriate respondent.**

The respondent is the main person who will provide information about the deceased. The interviewer must identify the primary care giver (usually a family member) who was with the deceased in the period leading to death. This is the individual most likely to know about the deceased person's signs and symptoms during the period just before death. The educational status and communication skills of potential respondents may also be considered while identifying the most appropriate respondents.

People often assume that the person who makes daily decisions for the household or this person's spouse is the person who should be interviewed. This is not necessarily so. For example, a male reference person may not know the signs and symptoms of an illness suffered by a woman in the household. The respondent who provides information about the deceased can also be a witness to a sudden death or accident. The VA interviewer must determine who was with the deceased and caring for the person in the period leading to death. Generally, 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.

Generally, children should not be interviewed. In the case of a child death, the mother (if alive) will tend to be the best respondent. In the case of an adult death, good respondents can be the spouse, a sibling, or even a neighbour if they had significant interaction during the illness period. Whereas, for maternal deaths the best respondents tend to be sisters, mothers, mothers-in-law or other close female relatives or neighbours of the deceased. It is not uncommon for a VA respondent to require assistance from other household or family member in answering the VA

questions. This is entirely acceptable. Similarly, if while conducting a VA interview, the respondent recognizes that another person would be better at answering certain questions, the interviewer may interview another respondent. Make sure, however, that the respondents are not minors (typically at least 18 years old) and that all formally consent to participate.

In rare occasions, there may be need to take information from neighbours or other members of the same community, but as far as possible responses should be collected only from members of the household of the deceased.

### **Step 5: Gain the trust and cooperation of the respondent.**

Once the respondent has been identified, the interviewer should try to build a rapport with her/him before discussing the case of the deceased. Be courteous and engaging. For example, if culturally appropriate, the interviewer may ask the respondent what work s/he does, or inquire about the respondent's family.

To make a good impression, the interviewer must conduct himself/herself in a professional, sensitive, and friendly manner.

**NOTE FOR TRAINERS:** *Explain that VA is a community-based system and it is essential to have the support and participation of the local community. Without their co-operation the system cannot work. Relationship with the community will depend largely on how well the interviewer establishes a relationship with the members of each household visited.*

### **Step 6: Inform the respondent about the verbal autopsy purpose and process.**

The VA interviewer should first determine if the respondent already has some knowledge and experience with VA. If the respondent had a previous experience of VA, ask about that experience and reassure if the respondent is anxious about being interviewed again. The interviewer should clearly inform the respondent about:

- the intention, purpose and scope of content of the VA interview;
- the approximate length of time the interview will take;
- the possibility of feeling discomfort when talking about bad experiences;
- the strict confidentiality of all information that is shared;
- the lack of direct personal benefits from participation. However, VA helps to improve health measurement, which in turn helps governments and health providers care for people;
- the right to stop, withdraw consent and quit the interview at any stage of

- the interview process;
- whether and how results will be shared on the community level, as mandated by the country.

Most people will be cooperative. Before agreeing to be interviewed, the respondent may ask questions about the interview and why s/he should participate. Some people may be suspicious about why the government is collecting information on the deaths of their relatives. Others may be sceptical about how the information they provide could be important to their country, communities, or families. The interviewer must be knowledgeable about the VA process, in order to be able to give clear and direct responses. For example, the interviewer must understand what civil registration is, why VA interviews are conducted and how the information collected benefits the participants.

The confidentiality of responses must be stressed. If a respondent hesitates to cooperate because of confidentiality concerns, the interviewer should provide appropriate assurances and a comprehensive explanation. For example, explain that no data for any individual will ever be shared outside the context of the VA interview. Information identifying individuals will be removed for data analysis and when sharing the findings (e.g. in a report on the proportion of causes of death for district and national use).

If available, the interviewer should offer to the respondent a VA information letter (see Appendix D). Assuming there is at least one literate member of a household, this will help the relatives of a deceased understand the VA system and its activities. Additionally, contacts for more information should be provided in case the respondent has questions later.

**NOTE FOR TRAINERS:** *Explain to the participants that it is important to adjust the detail of explanation to the respondents' ability to understand it. A well-explained purpose from a friendly and competent interviewer will increase the cooperation from a respondent, and will find very few cases of refusal.*

### **Step 7: Schedule the verbal autopsy interview.**

Once all the questions from the respondent are answered, the interviewer should ask if s/he is willing to take part in the interview. If the respondent is comfortable with carrying on the interview and if the conditions are suitable (i.e. absence of disruptive factors), the VA interview can be conducted at the same moment.

If the respondent wishes to conduct the interview at some other time or if the interviewer finds the present situation not suitable for conducting the interview, the

VA interview should be scheduled to another date. If the respondent refuses the interview, the VA Interviewer should thank the respondent and conclude the session.

Ideally, the VA interviews should be conducted in a private location, where the interviewer and respondent(s) can be alone, and where the respondent(s) feel comfortable sharing information. Often, the VA interviewer will encounter other household members present during the interview. In cases where complete privacy is not possible, the interviewer should, in consultation with the main respondent, try to limit the number of other people present.

### **Step 8: Obtain informed consent.**

Participation in a VA interview is voluntary. Interviewers invite potential respondents to an interview, and everyone has the individual right to decide whether to participate or not. When respondents agree to participate in an interview, the interviewer should read out the VA information letter (Appendix D) for them, or supply a copy for the respondents to read and obtain an informed consent.

The VA information letter should contain information explaining the risks (e.g. stigma) and benefits of participating in a VA interview, and any available counselling services for respondents and their families.

The interviewer must administer informed consent before initiating the VA interview, and obtain written or oral (in accordance with the local implementation of VA) consent from the respondent(s) for participation in the VA. Electronic VA data collection, also allows the interviewer to record respondent's oral consent, by checking a "yes" or "no" on the tablet/smartphone. If a respondent decides to withdraw consent during the VA interview, this needs to be documented on the VA information letter.

**NOTE FOR TRAINERS:** *The informed consent process as here described should be adapted according to the country-specific process adopted.*

## Activity 7.1

### Directions

1. Have the participants pair up and practice with one another the steps the interviewer must follow in preparation for the VA interview (**step 1 - step 8**).
2. Each pair should practice twice – to give the opportunity for each participant to play the role of interviewer and respondent. Give them 15 minutes for this.
3. Have one of the groups demonstrate the role play for the whole class.
4. Once the participants have finished, discuss in a plenary how the interviewer followed the steps leading up to the conduction of the VA interview. Discuss what was done right, what was done wrong and what could have been done better or differently.

## Activity 7.2

### Directions

1. Ways of expressing condolences vary from place to place or from community to community. Facilitate a plenary discussion with the participants on the different acceptable local social practices when conveying condolences to a family and relatives of a deceased.

### Questions to guide the discussion

- *“What are the recommended ways of expressing condolences in your community?”*
- *“What are the things to avoid while offering condolences in your community?”*
- *“What aspects do all the discussed forms of expressing condolences have in common?”*

## Activity 7.3

### Directions

1. Write down the “Categories for the class”, listed below, on a board or flip chart.
2. Ask the “Questions for the class”, listed below, to the class.
3. Have the participants write down the responses on the board/flip chart, under each of the categories.
4. Discuss in a plenary the responses with the class, ensuring participants have gained a clear understanding of the importance of following the 8 steps, how to uphold them, and adequately conduct VA interviews.

### Categories for the class

- *characteristics of the respondents/setting*
- *interviewer’s conduct during a VA interview*
- *interviewer’s conduct after a VA interview.*

### Questions for the class

1. *“What kinds of problems/challenges can arise from these categories? Give specific examples for each of them.”*
2. *“To what steps do they relate to? What could be the consequences of these problems?”*
3. *“How can these problems be prevented?”*

### Notes for trainers

Trainers should incentivize the participants to anticipate all kinds of problems that can arise from the conduct of the interviewer and/or respondent. The discussion should terminate with the class having a consensus on procedures the interviewer must take to avoid the identified problems.

## Activity 7.4

### Directions

1. Split the class into groups (not more than five people per group).
2. Show to the class the PowerPoint with *“Potential objections to participation in the VA that might be voiced by respondents”*.
3. Have each of the groups respond to one of the questions/problems listed below, giving to each group a few minutes to come up with a response.
4. After the group’s response, discuss in plenary the response and other potential responses.
5. After all the participants have shared their opinions, add any additional potential responses that the participants did not mention.

### Potential objections to participation in the VA that might be voiced by respondents (for the class)

- *“Why is the government implementing this VA system?”*
- *“Who will benefit from VA? Will I or my family receive any monetary benefit?”*
- *“Is this really a good use of government money? Would it not be better to use the money to buy medication for the local dispensary?”*
- *“Why do you need to ask so many questions and take up so much of my time?”*
- *“How do I know that the information that I give will be kept confidential?”*

### Notes for trainers

Potential answers:

- ***Why is the government implementing this VA system?***  
*The government is implementing this system to monitor what is causing the death of people in the community. This is necessary because such information is not well captured by other sources. The information collected in VA interviews will help the government to plan better for the needs of the people in terms of healthcare services and other development programmes, and help identify problems that policy-makers and programme coordinators can work to resolve.*

*You and your family will benefit from the improved health care services that can result from the information collected. For example, outbreaks of diseases and premature deaths due to preventable diseases can be detected, and appropriate intervention measures can be implemented to prevent further deaths.*

*As long as information collected is accurate, the VA system should allow local and national authorities to take steps to improve the health and well-being of you and your family.*

- ***Who will benefit from VA? Will I or my family receive any monetary benefit?***

*The data that are collected from households will be used by the government and other organizations for planning, policy-making, development, social services, and healthcare services in the community. VA should therefore help improve those services. The government is not able to pay you directly for your participation, but in time the community should receive better public and healthcare services as a result of improved planning.*

- ***Is this really a good use of government money? Would it not be better to use the money to buy medication for the local dispensary?***

*Certainly, more funds are needed for all aspects of the health system. The information we are asking you to provide, however, will help save lives and money. Health planners will have a much more accurate picture of the health problems affecting the community, and so can know which services and medications are most needed.*

*This data collection of cause of death is being conducted with the most cost-effective measures possible. Without this information, it is difficult for the government to plan and adopt appropriate policies that will benefit the communities. This should lead to an improvement in the health care delivered by the health system.*

- ***Why do you need to ask so many questions and take up so much of my time?***

*Every effort has been made to minimize the duration of the interview and to reduce inconvenience as much as possible. In the VA interview, we need to ask questions that can be used by a computer programme or by a physician to make a decision about the most likely cause of death. Sometimes the cause of death may seem very obvious, but it is often necessary to ask many questions to have sufficient information to reliably determine the most probable cause of death. We need to ask these questions to make sure we do not miss anything and make the right assessment.*

- ***How do I know that the information that I give will be kept confidential?***

*As a member of the VA system, I have signed a pledge not to share any information that is collected, and all employees of the central office are required to store all information that is provided in strict confidence. Your information will be added to the information from all the other households, and used to generate health statistics and reports for district and national use. Only anonymized information will be made available to the general public.*

## Session 8: Verbal autopsy principles and communication techniques for conducting verbal autopsy interviews

**Objectives:** Learn the VA principles and communication techniques to help administer the VA questionnaire in a sensitive manner.



90 min

**Materials:** PowerPoint slides and flip chart.

### Directions

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and using the PowerPoint slides, explain to the class the principles and rules interviewers must follow to conduct VA interviews.
3. Carry out **Activities 8.1, 8.2 and 8.3** with the class.
4. Before terminating, clarify any questions and doubts the participants may have.

### Text: Principles and communication techniques for conducting verbal autopsy interviews

VA interviews can be challenging to conduct as it involves the collection of highly sensitive and personal information from the respondents. For a successful interview, interviewers must strictly follow and apply the following ethical principles and communication techniques.

#### Protection of privacy and confidentiality

It is **ESSENTIAL** that the information obtained during VA interviews remains strictly **CONFIDENTIAL**. VA interviewers are not permitted to discuss, gossip, or show their records or completed VA questionnaires to anyone who is not an authorized officer in the VA system.

When administering informed consent, the interviewer must explain to the respondent that information shared will not be used for any legal purpose, and that the information will be kept confidential and will be used only to compile statistics — without revealing the name of the respondent or the deceased.

The VA interviewer must make all entries on the VA questionnaires himself or herself. On no occasion should an interviewer allow any unauthorized person to fill in any

part of a VA questionnaire on the tablet, smartphone or paper form. It is also important to not leave VA materials in an unsecured location, where unauthorized people may have access to them. All VA material should always be stored in a locked container.

**NOTE FOR TRAINERS:** *The issue of confidentiality needs to be strongly emphasized. If there are country guidelines/confidentiality agreements for staff conducting VA, then these should be addressed and discussed. The issue of confidentiality can be particularly sensitive around the use of tablets and smartphones to collect data. Respondents need to feel confident that the data will not be shared with others.*

### **Honesty and high conduct of work**

VA interviewers must never take any “shortcuts” in conducting VA interviews or submit falsified work to the supervisor under any circumstances. Fake data has no value. By collecting falsified data, an interviewer is also weakening the data collected by others.

**NOTE FOR TRAINERS:** *Stress to participants that turning in falsified data will result in immediate dismissal.*

### **Communication techniques for the verbal autopsy interview**

To conduct a successful VA, the interviewer must be familiar with how to properly communicate and engage with respondents. An interview to gather information on the circumstances of death of a close family member might be a sensitive issue for respondents, and interviewers should demonstrate good understanding and patience during the interview.

If the interview is not conducted in a respectful and pleasing manner it might not only reduce cooperation from the respondent, but might also hurt a respondent’s emotional wellbeing. Building a good rapport with the respondent will help her/him feel comfortable speaking about the death of her/his family member.

**NOTE FOR TRAINERS:** *Before addressing the following communication techniques, ask the class: “What do you think are some general rules or techniques that can be applied to conduct a successful interview?” This will help capture the concentration and engagement of the participants, while also allowing to identify and correct any misconceptions.*

### **General principles**

## VERSION 1.0

- Be Polite. Death is a sensitive issue, so it is important to consider the respondent's emotions. The interviewer must try to put the respondent at ease.
- Do not provide opinions, suggest answers or make assumptions.
- The interviewer must pay very close attention always. It is important to demonstrate that one is listening and aware of the respondent(s)' emotions.
  - Can use reinforcement (e.g. "this is useful information") or repeat answers to demonstrate close attention.
- Non-verbal communication is also very important.
  - Sit at the same level as the respondent(s).
  - Always maintain eye contact when administering the interview.
  - Avoid looking at a watch or giving any impression of being in a hurry.
  - Avoid crossing the arms, and try to keep an open body posture.
  - Nod the head to encourage the responses.
- Avoid frequent interruptions, as they break the flow of the interview and distract the respondent. Instead, write down important questions to ask later.
- To conclude the interview, the interviewer must thank the respondent for his/her time and sharing of valuable information.

### **How to ask questions**

- Questions should be asked in a polite and neutral tone, and worded exactly as on the questionnaire.
- It is important to read the questions slowly and clearly so that the respondent understands.
  - For multiple choice questions, read each answer choice slowly and carefully.
- VA interviewer must ensure that respondent has understood the questions – if not, questions should be repeated, slowly and clearly.
  - Example of probe: "Perhaps I did not make myself too clear. Let me read again."
  - Often respondents will not understand technical phrases or words. VA interviewers should avoid technical terminology and use instead simple words in the local language. To be able to clarify the respondents, the interviewer must know the meaning of each and every question included in the VA questionnaire.

### **How to get adequate answers**

- For each answer received, the interviewer should ask himself/herself: "Does that completely and clearly answers the question I have just asked?". If not, the interviewer should repeat the question, and use probes and clarifications

(as indicated in the “Question by Question Guide” on the *VA Field Interviewer Manual*).

- If unsure of an answer, the interviewer should politely ask the respondent to repeat the answer. If still unclear, the interviewer should ask the respondent to clarify and explain what is meant.
- The interviewer must not assume or anticipate a respondent’s responses. The interviewer must wait for the respondent to finish talking before entering the data.
- Sufficient time must be given for the respondent to answer. VA questions involve the recall of events and details, so the respondent should be relaxed and have enough time to think and give a thorough answer.
  - For questions where the respondent may give multiple responses, before recording the response, allow the respondent to hear all the answer options and think about the question before recording the answer.
- Do not show any surprise, approval, or disapproval of the respondent’s answer by the tone of voice or facial expression. Respondents may tend to give answers that they think will please the interviewer. It is therefore very important to remain absolutely neutral towards the subject matter of the interview.
- If the respondent does not know the answer to a question or looks uncomfortable with the question, the interviewer may try to “probe” to get an answer. This means asking other questions similar to the subject material to try and help the respondent remember certain events. For example, if the respondent cannot remember who delivered the baby in the home, the interviewer might try “probing” by asking “who was in the room at the time of delivery”. The interviewer must use his/her own judgment when probing. Remember, this is a very sensitive time for the respondent and we do not want to upset them further. The interviewer also needs to ensure that the meaning of the question is not altered.
- If the respondent gives long and elaborate answers that drift away from the specific question asked, the interviewer must tactfully listen and steer back to the original question.
- During the interview, the respondent may have difficulty in remembering or providing details, and this may give rise to various inconsistencies in the facts provided. In such a situation, VA interviewer should assume that the inconsistencies are unintentional, and ask again for clarification.
  - Inconsistencies must not be pointed out in a rude or condescending way, as it may be embarrassing or insulting to the respondent.
  - Once any inconsistencies have been clarified, go back and correct responses as needed.

### **Manage and mitigate potential impacts of participation**

Potential risks to the participation in VA interviews relate primarily to psychosocial (e.g. emotional trauma) and social (e.g. stigma) risk, but they may extend from individuals to families and communities.

There should be a mechanism for referring respondents in distress to appropriate counselling. Given the potential for emotional distress, the VA information letter (Appendix D) should inform about the availability for counselling to respondents and their families.

Emotional distress and confusion over the use of VA information can affect the integrity of the data collected. Taking an ethical approach throughout the whole VA process and answering the questions of the respondent can help to mitigate these concerns.

## Activity 8.1

### Directions

1. Have the participants pair up.
2. Have the pairs discuss the questions listed below.
3. Lead a discussion in a plenary with all the groups.
4. Write the responses on the board or on flip chart. Discuss any points missing from participant responses.

### Questions for the class

1. *“Why is it important for interviewers to be respectful and sensitive when conducting VA interviews?”*
2. *“What might be some impacts of grieving on the VA interview?”*
3. *“In what ways can interviewers help respondents feel more comfortable during the VA interview?”*

### Notes for trainers

Possible answers:

1. ***“Why is it important for interviewers to be respectful and sensitive when conducting VA interviews?”***
  - *Interviewers are likely to encounter different types of mourning. The interviews are, most of the times, conducted with a vulnerable family member of someone who has recently died. For example, a parent’s loss of a child can be a very difficult time for the family; or the passing of the main income earner of a family.*
  - *The way an interviewer conducts himself/herself and how s/he leads an interview may have impacts on the ability to conduct other VA interviews – by affecting the community’s acceptance of the interviewer’s work, and may even compromise VA activities in the community.*
2. ***“What might be some impacts of grieving on the VA interview?”***
  - *Respondents may feel uncomfortable answering certain questions.*
  - *Respondents may get angry with certain questions or by the length of the questionnaire.*
  - *Respondents may get sad, upset and/or offended.*

**3. “In what ways can interviewers help respondents feel more comfortable during the VA interview?”**

- *By being patient – not rushing through questions, and not rushing or interrupting the respondent, even if s/he hesitates or is quiet for a while.*
- *By allowing the respondent to talk about the event freely, even if the response strays slightly from the questionnaire’s question.*
- *By being neutral and non-judgmental.*
- *By sitting at the same level as the respondent(s).*
- *By maintaining eye contact (when not using the tablet/smartphone).*
- *By nodding the head, encouraging speech and listening attentively to the respondent(s).*

## **Activity 8.2**

### **Directions**

1. Have the participants pair up.
2. Open the PowerPoint slide with the “Situation scenarios” or distribute print-outs for the participants.
3. Give each pair of participants one of the scenarios to practice in pairs. Instruct the participants to practice both roles as interviewer and respondent, and to **practice probing** when dealing with the case scenarios.
4. Have some of the pairs act out the three scenarios for the class.
5. Follow the acts with a plenary discussion over the different solutions that groups came up with.

### **Situation scenarios**

This guide presents some situations you are likely to encounter as a VA interviewer. Discussing how you will handle such situations will prepare you in case one of the situations occurs during a real interview.

### **Situation 1: Respondent struggles with more sensitive questions**

*“The VA interviewer is interviewing a woman about the death of her husband, who died two months before the interview. The VA interview has been going well, with the woman remembering the events without difficulties. As the interviewer asks questions about the time closer to the death, she slows in her responses and begins to cry. She tries to control herself but cannot stop crying.”*

### **Situation 2: Respondents contradict each other**

*“The VA interviewer goes to a household where a woman has died. The woman’s sister is identified as the best respondent on information about the labour, and her husband as the best respondent about the journey to the hospital. As the interview goes on, the respondents seem to have difficulties answering some of the questions, and often glance at each other as if waiting for the other to answer first. Some of their responses are contradictory. For example, when asked about care-seeking, the sister says that the first thing the family did when they noticed the woman was unwell was to call a traditional healer. But the husband says that the first thing they did, was to seek transportation to take her to the hospital.”*

### **Situation 3: Multiple respondents or disruptive factors**

*“The interviewer goes to a household where a newborn died. Several people are standing around in front of the house. The interviewer introduces himself/herself and the reason for the visit, and asks to speak with the person or persons who know the most about the circumstances of the baby’s death. The mother says she can talk about the baby’s death, and invites the interviewer into the house. Several people also follow the interviewer into the house.”*

### **Notes for trainers**

As much as possible, participants should determine how to manage the situations by themselves. This is important to build confidence for dealing with similar situations in the field. Do not tell the participants the “correct way” to handle the situations, and clarify that there is no “single correct way”. Instead, if participants struggle – give them small suggestions or ask questions that will guide them back to the right track.

## Activity 8.3

### Directions

1. Discuss with the class, potential strategies to revolve the following problems/issues that may occur during a VA interview.

### Problems/issues to discuss with the class

- *Respondent demonstrates fear to speak one's mind.*
- *Respondent is reluctant to think it through.*
- *Respondent appears to not understand the question.*
- *Respondent is distracted/has lost motivation to carry through the interview.*

### Notes for trainers

Potential answers:

- ***Respondent demonstrates fear to speak one's mind*** – interviewer should gain the trust of the respondent by reassuring the confidentiality of the interview.
- ***Respondent is reluctant to think it through*** – interviewer should reassure the participant and explain the importance of the information they give to reach a valid conclusion on the cause of death.
- ***Respondent does not understand question*** – interviewer should repeat the question, slowly and clearly, and explain using some local phrases or examples.
- ***Respondent is distracted/has lost motivation to carry through the interview*** – interviewer should explain again to the respondent the importance of the VA interview.

## Session 9: The 2016 WHO verbal autopsy questionnaires and the Verbal Autopsy Field Interviewer Manual

**Objectives:** The participants should become familiarized with the different types of VA questionnaires, their structure, and general instructions for completing the 2016 WHO VA questionnaires. Introduce the participants to the *VA Field Interviewer Manual*.



60 min

**Materials:** PowerPoint slides; flip chart; *VA Field Interviewer Manual* (copies for all participants); and copies of the paper versions of the 2016 WHO VA questionnaires for the three age groups for all participants.

### Directions

1. Start by explaining to the participants the objectives of the session.
2. Distribute to the participants the paper versions of the 2016 WHO VA questionnaires and the *VA Field Interviewer Manual*. According to the “Text” and using the PowerPoint slides, explain to the class the types of VA questionnaires, their general structure and rules of administration; and review the contents of the *VA Field Interviewer Manual*.
3. Give sufficient time for the participants to familiarize themselves with the general structure the three VA questionnaires and the *VA Field Interviewer Manual*.
4. Before terminating, clarify any questions and doubts the participants may have.

### Text: The 2016 WHO verbal autopsy questionnaires and the Verbal Autopsy Field Interviewer Manual

The 2016 WHO VA instrument has been specifically designed to collect information about the deceased from caregivers and family members using a tablet or smartphone through ODK Collect. The information included on the questionnaire will then be analysed by computer programmes or medical professionals to determine the probable cause of death.

The information collected and analysed ranges from symptoms and signs preceding death to the use of health services. Most of the questions allow for responses with a

simple yes or no answer, multiple choice, or a duration in some instances.

The instrument is designed for all age groups, including maternal and perinatal deaths, and also deaths caused by injuries. A set of paper forms by age group shows the design and structure of the instrument. There are three different paper questionnaires, each specific to an age group:

- WHO VA Questionnaire 1 — This questionnaire is for neonatal, perinatal deaths and stillbirths (deaths of children aged under four weeks).
- WHO VA Questionnaire 2 — This questionnaire is for post-neonatal and child deaths up to 11 years (deaths of children aged four weeks up to 11 years).
- WHO VA Questionnaire 3 — This questionnaire is for adolescent and adult deaths (death of a person aged 12 years and above).

Both the electronic and paper versions of the VA questionnaires are structured similarly. The main difference between them is that while in the electronic questionnaire, the order of the questions is dictated by the skip pattern embedded in ODK; in the paper questionnaires, the interviewer must follow the skip instructions as presented in the paper forms.

### **General structure of the verbal autopsy questionnaires**

The layout and questions' flow of all three questionnaires is guided by two basic principles:

1. all three questionnaires follow the same general structure;
2. "skip patterns" (when an answer to a specific question results in bypassing or "skipping" other irrelevant questions) are employed to facilitate the use of the questionnaires.

The skip patterns are driven by:

- age;
- sex;
- maternal or perinatal death;
- symptoms/signs;
- other relevant features of symptoms and signs requiring more detailed information (e.g. duration, timing, severity and location).

The questionnaires are divided into several sections and sub-sections. The general structure of the three questionnaires is the same, sharing the same sections, whereas some of the sub-sections vary between the questionnaires. The following

sections and sub-sections are included in the questionnaires:

1. Preset HIV-Malaria mortality and season (the project office may make this question hidden to the interviewers in the electronic format);
2. Information on the respondent and background about interview;
3. Information about the deceased and vital registration;
  - a. Information on the deceased
  - b. Civil registration numbers.
4. History of injury/accidents;
5. Health history;
  - a. Duration of illness
  - b. Medical history associated with final illness
  - c. General signs and symptoms associated with final illness
  - d. Signs and symptoms associated with pregnancy and women
  - e. Neonatal and child history, signs and symptoms
  - f. Health service utilization
  - g. Background and context
  - h. Death certificate with cause of death.
6. Open narrative (text field).
  - a. Check list of additional items to record in the narrative open space.

**Section 1** collects information about the prevalence of malaria and HIV in the area where the deceased lived and whether death occurred in rainy or dry season. This information is essential as some VA interpretation software need this to apply the appropriate algorithm to assign the cause of death. This information is determined by the local project office and is not reported by the respondent.

**Section 2** collects some general information about the respondent, including the name, sex, relationship to the deceased, informed consent, and the date and time of the VA interview.

**Section 3** contains key identifying and socio-demographic information of the deceased, including:

- the name, sex and age of the deceased;
- the time, place and date of death;
- the marital and employment status of the deceased;
- civil registration data that would allow to link cause of death with the civil registration system.

If background information about the deceased is already known, some information from Section 3 may be completed before the interview and loaded onto the

tablet/smartphone in advance. This includes information such as the name, sex, as well as information included in a burial permit (as applicable) or death notification. In case of discrepancies between official records and respondent's accounts, the interviewer should contact the VA supervisor.

Data related to the civil registration of the death (sub-section 3b.), is intended to gather information regarding the status of registration of the deceased to civil registration; and to know whether the deceased has a national identification card number (if available) and to link the deceased to the national civil registration database. If the deceased is under a certain age, it may be appropriate to collect the ID information of one of the parents.

Except for information on the sex and age of the deceased, rules for privacy protection must be ensured for information contained in this section. Information collected through the VA system must remain strictly confidential and must only be shared with authorized agents. Interviewers and supervisors are responsible for maintaining confidentiality and are not permitted to discuss VA case histories, gossip about it, or show records to anyone who is not an authorized officer in the VA system.

**Section 4** provides essential information for assigning the cause of death due to accidental and intentional injuries.

**Section 5** contains several sub-sections that collect information required for assigning causes of death. Sub-sections:

- **5a)** has questions to determine the duration of the final illness;
- **5b)** contains history of known past or present diseases that would give clues to the causes of death;
- **5c)** contains symptoms and signs that are relevant for all deaths;
- **5d)** contains symptoms and signs specific to maternal deaths;
- **5e)** contains symptoms and signs relevant for neonatal and child deaths;
- **5f)** contains questions about the utilization of health services;
- **5g)** contains questions about contextual factors;
- **5h)** has fields for recording information from a medical certificate of cause of death if this is available.<sup>1</sup>

**Section 6** is an open narrative text field, in which the respondent is asked to describe the sequence of events leading to death. The open narrative should be recorded thoroughly by hand or by audio recording. Notes can be taken in any suitable way

---

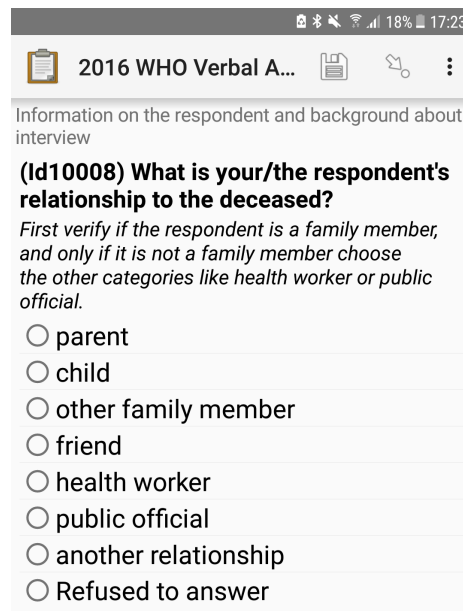
<sup>1</sup> Note that in the context of VA implementation in CRVS systems, deaths assigned for VA won't have a medical certificate of cause of death – unless, for the purposes of quality control and operational research.

and inserted later in electronic or paper forms. Ideally, the original language will be retained. Note that additional consent procedures are needed if any audio recordings are taken. At the end, the interviewer should summarize what the respondent said in order to ensure the correct information was understood and recorded. This section is particularly useful for quality control and for providing additional information for physician assessment of the cause of death if needed (e.g. in cases where analytical software assignment of cause of death may not deliver reliable results).

## Question types

### Close-ended questions

- Questions with listed responses that get answered by simply checking the appropriate response(s). Figure 4 presents an example.
- Most of the questions in the VA questionnaire are close-ended.
- Click the answer or answers that fits best the response.



2016 WHO Verbal A...

Information on the respondent and background about interview

**(Id10008) What is your/the respondent's relationship to the deceased?**

*First verify if the respondent is a family member, and only if it is not a family member choose the other categories like health worker or public official.*

parent

child

other family member

friend

health worker

public official

another relationship

Refused to answer

Figure 4 - Example of a close-ended question from ODK Collect.

### Open-ended questions

- Questions that require writing-in of text or numbers to be completed. Figure 5 provides two examples.
- ODK Collect has a calendar and time widget to specify dates and times.
- Never leave spaces empty for this type of question.

## VERSION 1.0

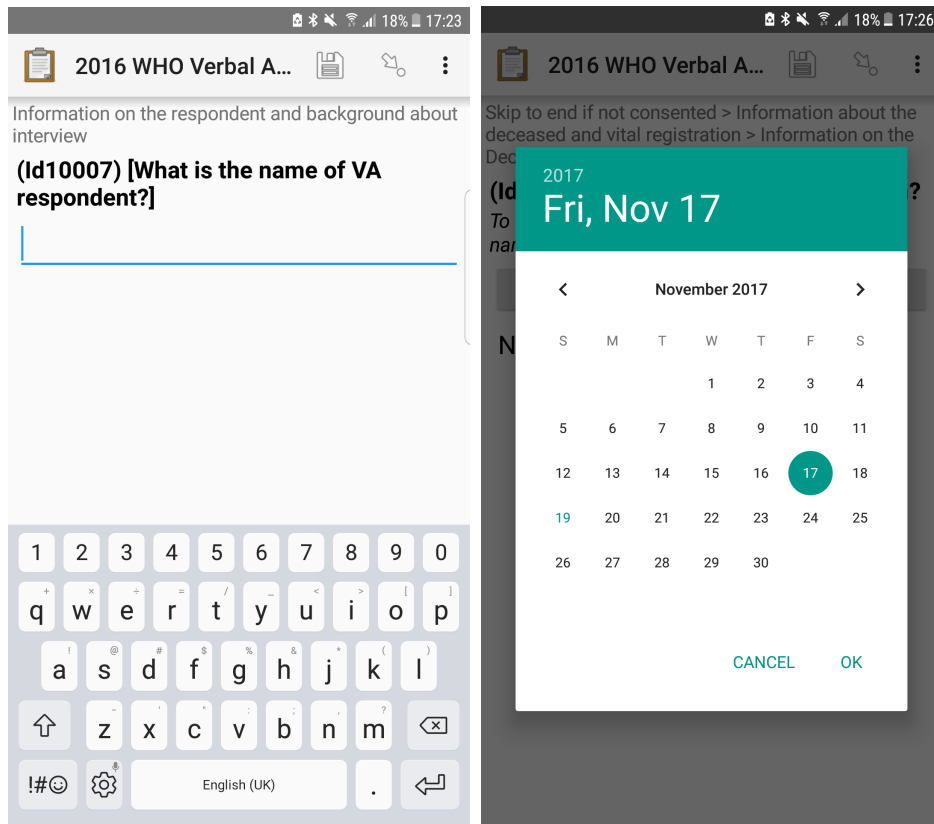


Figure 5 - Example of two open-ended questions from ODK Collect, one for entering text and the other for entering date.

Most of the specific questions about symptoms and signs have several sub-questions about their duration, timing, severity and location. Entry level questions (e.g. did s/he have a cough) are always asked, while sub-questions may be asked depending on response to the respective entry question.

There are many skip patterns throughout the questionnaires, and the tablet/smartphone will skip to the relevant section/question automatically. The embedded skip patterns allow the interviewer to avoid asking irrelevant questions. These specific sets of questions may vary between the three age group specific VA questionnaires and the maternal death specific module.

**NOTE FOR TRAINERS:** Explain to the participants that all the applicable questions from the 2016 WHO VA questionnaires are necessary for the optimal performance of the computer programmes. Therefore, the interviewers must ask all the questions and obtain all the answers from the respondent according to the VA questionnaire. No adaptations can be made to the symptom duration checklist on the VA questionnaires. However, the information collected in the socio-demographic and health-service use sections of the questionnaire may need to be adapted, depending on the needs of the implementing organizations. A detailed discussion of the questions on each form is presented in the following lessons.

## General instructions for completing verbal autopsy questionnaires

- The interviewer must fill in the VA questionnaire during the interview. Questionnaires should never be completed before or after an interview has taken place and should not be completed by anyone other than the trained VA interviewer.
- By entering the deceased's age at death or dates of birth and death in the tablet/smartphone, it automatically determines which type of VA questionnaire should be used.
  - If the deceased is aged under 28 days (four weeks), it will show questions from the Stillbirth and Neonatal VA questionnaire; if the deceased is between 28 days and 11 years, it will show questions from the Infant and Child VA questionnaire; and if the deceased was 12 years or older, it will show questions from the Adolescent and Adult VA questionnaire.
  - If collecting the data via paper forms, the interviewer must determine which VA questionnaire type should be used.
- Proceed with interviewing the respondent, asking the questions as they appear on the screen, or on the paper questionnaire and entering the correct data for each.
  - If collecting the data via paper forms, the interviewer must cover all the sections and sub-sections in the questionnaire (as described in the following lessons) by following the skip instructions.
- Ask all questions on the VA questionnaire as they appear on screen, regardless of personal opinion as to their relevance. The interviewer must enter all the required information according to the respondent response.
  - In the paper questionnaires, the interviewer must follow the skip instructions as indicated in the VA questionnaires.
- In ODK Collect, if the text is in **bold** it should be read aloud to the respondent (Figure 6).
- In ODK Collect, if the text on the questionnaire is *italicized* or in [brackets], it should be considered an instruction or question to the VA interviewer, and should not be read aloud to the respondent (Figure 6).
- The interviewer should take notes, writing down additional relevant information in the blank spaces of a VA form (when using a paper questionnaire), or separate notepad (when collecting information electronically).
- If required, the interviewer may take a short break during the interview, for example to take notes, if the respondent is feeling distressed or to handle any disruptions to the interview.
- Check that questionnaire is 100% complete before leaving the household.

- With few exceptions, VA interviews should be completed in a single visit with the respondent.
- The interviewer should inform the household that once the VA interviews are reviewed, there may be a small chance of the household being contacted again for any clarification.

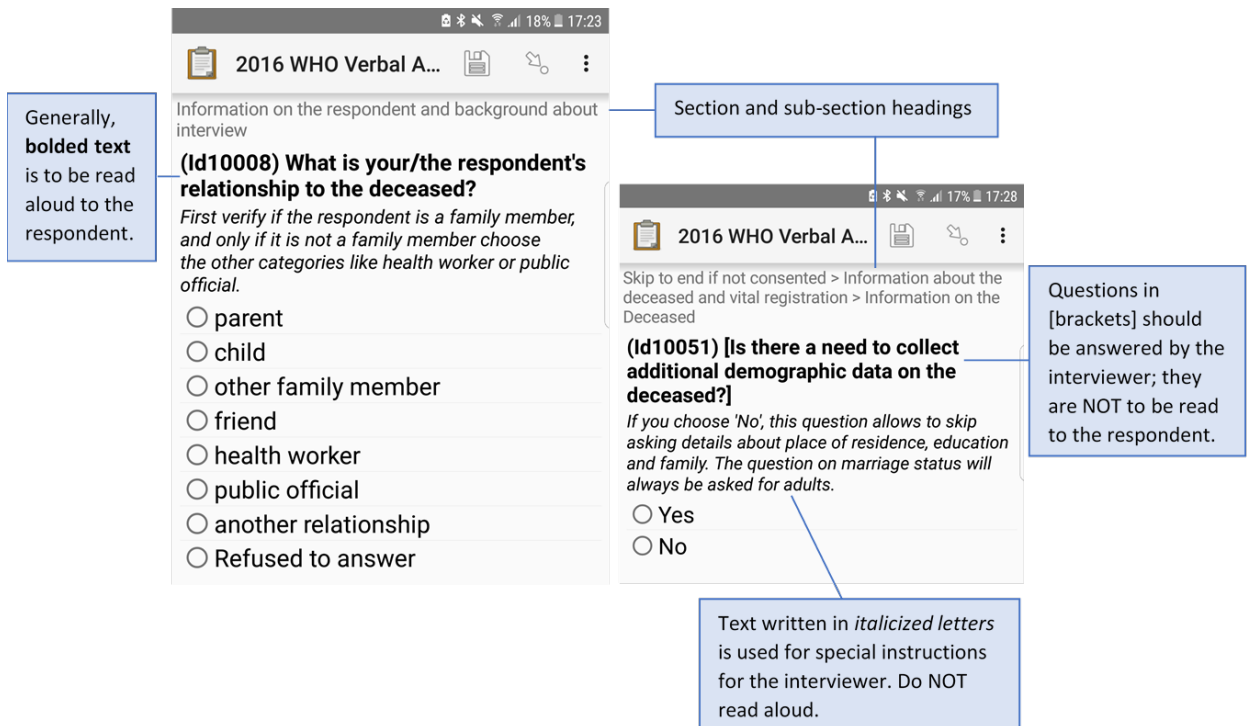


Figure 6 – Two question examples showing how to read the VA questionnaire in ODK Collect. The format of the text specifies how the questionnaire should be administered (as it appears on smartphones/tablets).

Mistakes in filling in the VA questionnaires do occur in the field. When such happens, it is important to annotate in a notepad the number of the question and the information that needs correction and give it to the VA supervisor. If using the paper forms, it is important not to erase the information entered. Instead, cross out the number or text that needs correction, but be certain that the original entry can still be read. Write the correct number or text above the crossed-out number or text. Write the interviewer’s initials and the date in the margin, next to the correction. Never write over the number or text for correcting.

### The Verbal Autopsy Field Interviewer Manual

The *VA Field Interviewer Manual* should be used as a guide or reference for VA interviewers and supervisors, and should be periodically reviewed or referred to when a question arises. The manual contains:

## VERSION 1.0

- Description of the essential features of the 2016 WHO VA questionnaires.
- Brief explanation of the various aspects that need to be taken into consideration for implementing the VA interview.
- Question by question instructions to complete each of the VA questionnaires for the three age groups – questions and expected responses are explained in detail to facilitate understanding of the questions, and to collect information in a standard manner.

**NOTE FOR TRAINERS:** *Take the participants through the different sections of the VA Field Interviewer Manual.*

## Session 10: Verbal autopsy interview - administering the questionnaire for the death of a child aged under 4 weeks

**Objectives:** Learn how to conduct a VA interview using the 2016 WHO VA questionnaire for deaths of children aged under four weeks. By the end of the session, participants should become familiarized with the questionnaire and gain a good understanding of each section and questions included in the VA neonatal questionnaire.



160 min

**Materials:** PowerPoint slides; flip chart; copies for all participants of the paper versions of the 2016 WHO VA instrument for the death of a child aged under 4 weeks (if applicable, translated versions); *VA Field Interviewer Manual* (copies for all participants).

### Directions

1. Start by explaining to the participants, that training sessions 10–12 will focus on how to administer the VA questionnaire through in-depth reviews of each paper-based VA questionnaire for the three age groups – starting with the questionnaire for the death of a child aged under four weeks.
2. Explain how to administer the neonatal VA questionnaire, through the use of “Question by Question Instructions” contained in the Appendix of the *VA Field Interviewer Manual*.
  - a. For participants to remain engaged, it is important to involve them in the review of the questions.
  - b. The trainers should provide an overall introduction to each section of the VA neonatal questionnaire, and then have the participants review each of the questions included in each section, using either **METHOD A** or **METHOD B**, as described in **Activity 10.1**.
  - c. Data collection instruments are translated or adapted for local use, even if administered in English, as lay language differs across English speaking regions. **Activity 10.1** should also be used as an opportunity to carefully review with the class, the accuracy of the translation of the neonatal VA questionnaire.
4. **NOTE FOR TRAINERS:** *Questions reviewed should include all that might be asked during an interview about the death of a child aged under four weeks, but not all questions will be asked during an actual interview, due to embedded skip patterns. Facilitate a discussion with the class, asking for the following aspects:*

VERSION 1.0

- questions/terms that might be difficult to explain to respondents;
- questions and/or responses that are not clear;
- sensitive issues to discuss with respondents;
- what sort of health records might be available.

5. Carry out **Activity 10.2** with the class.
6. Before terminating, summarize the purpose of each of the sections reviewed and clarify any questions and doubts the participants may have regarding the sections or any of the questions included in the neonatal VA questionnaire.

## Activity 10.1

### Directions

Review with the class how to administer the neonatal VA questionnaire, using either **METHOD A** or **METHOD B**.

#### **METHOD A:**

1. Using the *VA Field Interviewer Manual* and following the correct order in which VA questions are asked for the death of a child aged under four weeks, have each of the participants read aloud the description of one of the questions, from each of the questionnaire's section.
2. Use the PowerPoint slides containing images to aid understanding of symptoms and conditions referred to in the VA neonatal questionnaire.
3. Discuss the use of different local terms/expressions for diseases and symptoms referred to in the VA questionnaire.
4. Review, discuss and confirm translations with the class. Take note of any identified issues with the translations that need to be submitted for correction.
5. Allow the participants to ask any questions they may have between the review of each questionnaire question.
6. Ensure that everyone understands the reviewed question and expected responses before moving on to the next one.

### Note for trainers

The trainers should introduce and explain each section of the neonatal VA questionnaire.

#### **METHOD B:**

1. Break the class into small groups (4–5 participants each). Instruct the groups to use the *VA Field Interviewer Manual* to review each of the questions included in the VA neonatal questionnaire's sections before discussion in the plenary.
2. Rotationally, ask one of the groups to explain one and each of the questions and expected responses.
3. Use the PowerPoint slides containing images to aid understanding of symptoms and conditions referred to in the VA neonatal questionnaire.
4. Discuss the use of different local terms/expressions for diseases and symptoms referred to in the VA questionnaire.
5. Review, discuss and confirm translations with the class. Take note of any identified issues with the translations that need to be submitted for correction.
6. Allow the participants to ask any questions they may have between the review of

7. Ensure that everyone understands the reviewed question and expected responses before moving on to the next one.

### **Note for trainers**

The trainers should introduce and explain each section of the neonatal VA questionnaire.

## **Activity 10.2**

### **Directions**

Before practicing with an electronic device, it is recommended that participants first practice the conduction of VA interviews using the paper forms.

An example of a case study (“Case study A”) is given for the participants to practice role play. It is recommended that the additional case studies needed are locally developed – to reflect or highlight specific local issues.

1. Have the participants pair up, asking one to play the role of interviewer and the other of respondent.
2. Distribute copies of the case studies for neonates, or display the relevant PowerPoint slides.
3. Within each pair, the interviewer will ask the questions using the paper form; while the respondent, will reply and improvise according to the information provided in the case study.
4. Once the interview is over, the participants change roles so that both have a chance to practice administering the interview using the paper form – **minimum of two case studies per pair of participants.**
5. Once the pairs have played out the case studies, facilitate a class discussion focusing on the understanding of the questions, valid responses and on the flow of the neonatal questionnaire.

### **Note for trainers**

Ensure that the pairs practice how to enquire and record information on the open narrative. Stress the importance of cross checking information given in the open narrative with the other sections of the questionnaire. Explain that in some instances, respondents state some critical information in the open narrative, which may not be captured in any of the other sections of the questionnaire.

## Case Study A

Details of interview		Details of registration	
Date of interview	28/09/2017	Death registered	No
Starting time	10:00	National ID of deceased/parent	5 7836 2 123698
Name of interviewer	John Kissassunda		
<b>Details of deceased</b>			
Name	Kiluanji Kia Henda		
Sex	Male		
Date of birth (DOB)	09/06/2017		
Date of death (DOD)	10/06/2017		
Age (if DOB and/or DOD not known)	-		
<b>Details of respondent</b>			
Name	Samantha Van-Dunem		
Age	29 years		
His/her relationship to decedent	Mother		

**Situation:** Interviewer goes to a household where a newborn baby has died, for a pre-planned VA interview. Several people were standing in front of the house. Interviewer introduces himself/herself and the motive behind the visit, and asks to speak with the mother of the child. Several people followed. House visitors are curious and want to stay for the interview.

**Case description:** The deceased baby was born at home from a normal vaginal delivery, almost two weeks after the expected delivery date. During labour, the mother had fever and the liquor was greenish. The baby was born very large, limp and blue, without movement/reflexes, and did not cry immediately after birth.

The grandmother, who assisted the delivery, managed to resuscitate the baby. However, the baby was lethargic and breathed with difficulty – drawing in the lower chest wall while breathing in and making a “grunting sound” when breathing out. No bulging of the fontanelle was present. The mother had arranged for transportation to the health facility for the next day, but in the morning the mother found the baby had died.

The mother reported that during the last months of the pregnancy she experienced headaches and blurred vision. She had visited the antenatal clinic two times during pregnancy and taken two injections. Mrs Samantha had a previous miscarriage at three months of gestation.

## Session 11: Verbal autopsy interview - administering the questionnaire for the death of a child aged 4 weeks to 11 years

**Objectives:** Learn how to conduct a VA interview using the 2016 WHO VA questionnaire for deaths of children aged four weeks to 11 years. By the end of the session, participants should become familiarized with the questionnaire and gain a good understanding of each section and questions included in the WHO 2016 child VA questionnaire.



160 min

**Materials:** PowerPoint slides; flip chart; copies for all participants of the paper versions of the 2016 WHO VA instrument for the death of a child aged 4 weeks to 11 years (if applicable, translated versions); and *VA Field Interviewer Manual* (copies for all participants).

### Directions

1. Start by explaining to the participants the objectives of the session.
2. Explain how to administer the child VA questionnaire, through the use of “Question by Question Instructions” contained in the Appendix of the *VA Field Interviewer Manual*.
  - a. For participants to remain engaged, it is important to involve them in the review of the questions.
  - b. The trainers should provide an overall introduction to each section of the child VA questionnaire, and then have the participants review each of the questions included in each section, using either **METHOD A** or **METHOD B**, as described in **Activity 11.1**.
  - c. **Activity 11.1** should also be used as an opportunity to carefully review with the class, the accuracy of the translation of the child VA questionnaire.

**NOTE FOR TRAINERS:** *Questions reviewed should include all that might be asked during an interview about the death of a child aged four weeks to 11 years, but not all questions will be asked during an actual interview, due to embedded skip patterns.*

3. Facilitate a discussion with the class, asking for the following aspects:
  - questions/terms that might be difficult to explain to respondents;
  - questions and/or responses that are not clear;
  - sensitive issues to discuss with respondents;

VERSION 1.0

- what sort of health records might be available.
4. Carry out **Activity 11.2** with the class.
  5. Before terminating, summarize the purpose of each of the sections reviewed and clarify any questions and doubts the participants may have regarding the sections or any of the questions included in the child VA questionnaire.

## Activity 11.1

### Directions

Review with the class how to administer the child VA questionnaire, using either **METHOD A** or **METHOD B**.

#### **METHOD A:**

1. Using the *VA Field Interviewer Manual* and following the correct order in which VA questions are asked for the death of a child aged 4 weeks to 11 years, have each of the participants read aloud the description of one of the questions, from each of the questionnaire's section.
2. Use the PowerPoint slides containing images to aid understanding of symptoms and conditions referred to in the child VA questionnaire.
3. Discuss the use of different local terms/expressions for diseases and symptoms referred to in the questionnaire.
4. Review, discuss and confirm translations with the class. Take note of any identified issues with the translations that need to be submitted for correction.
5. Allow the participants to ask any questions they may have between the review of each questionnaire question.
6. Ensure that everyone understands the reviewed question and expected responses before moving on to the next one.

### Note for trainers

The trainers should introduce and explain each section of the neonatal VA questionnaire.

#### **METHOD B:**

1. Break the class into small groups (4–5 participants each). Instruct the groups to use the *VA Field Interviewer Manual* to review each of the questions included in the child VA questionnaire's sections before discussion in the plenary.
2. Rotationally, ask one of the groups to explain one and each of the questions and expected responses.
3. Use the PowerPoint slides containing images to aid understanding of symptoms and conditions referred to in the child VA questionnaire.
4. Discuss the use of different local terms/expressions for diseases and symptoms referred to in the questionnaire.
5. Review, discuss and confirm translations with the class. Take note of any identified issues with the translations that need to be submitted for correction.
6. Allow the participants to ask any questions they may have between the review of

7. Ensure that everyone understands the reviewed question and expected responses before moving on to the next one.

### **Note for trainers**

The trainers should introduce and explain each section of the neonatal VA questionnaire.

## **Activity 11.2**

### **Directions**

Before practicing with an electronic device, it is recommended that participants first practice the conduction of VA interviews using the paper forms.

An example of a case study (“Case study A”) is given for the participants to practice role play. It is recommended that the additional case studies needed are locally developed – to reflect or highlight specific local issues.

1. Have the participants pair up, asking one to play the role of interviewer and the other of respondent.
2. Distribute copies of the case studies for children, or display the relevant PowerPoint slides.
3. Within each pair, the interviewer will ask the questions using the paper form; while the respondent, will reply and improvise according to the information provided in the case study.
4. Once the interview is over, the participants change roles so that both have a chance to practice administering the interview using the paper form – **minimum of two case studies per pair of participants.**
5. Once the pairs have played out the case studies, facilitate a class discussion focusing on the understanding of the questions, valid responses and on the flow of the child VA questionnaire.

### **Notes for trainers**

Ensure that the pairs practice how to enquire and record information on the open narrative. Stress the importance of cross checking information given in the open narrative with the other sections of the questionnaire.

**Case Study A**

Details of interview		Details of registration	
Date of interview	23/10/2017	Death registered	No
Starting time	15:00	National ID of deceased/parent	7 2023 2 5628698
Name of interviewer	Joseph Anthony		
Details of deceased			
Name	Diya Uwu		
Sex	Female		
Date of birth (DOB)	02/01/2017		
Date of death (DOD)	08/08/2017		
Age (if DOB and/or DOD not known)	-		
Details of respondent			
Name	Mimi Uwu		
Age	40 years		
His/her relationship to decedent	Mother		

**Situation:** The interviewer is visiting a household where a seven month old girl died. The VA interview had already been pre-scheduled with the deceased's mother. The interview is proceeding slowly as the mother transpires to be nervous and hesitates to give answers. However, as the husband arrives home and joins in the VA interview, she becomes more receptive and more easily answers the questions.

**Case description:** The deceased child had been feeling well until five days before death, when it was noticed that the child was having "on and off" episodes of strong belly pain. During these episodes, some of which woke the child from sleep, she cried and pulled her legs up toward her chest while lying on her back. The parents describe how they palpated her belly during some of the episodes and it felt rigid – they did not notice any mass on the belly. At the time, they suspected that she might be having discomfort related to excessive intestinal gas. She ate and drank normally without vomiting.

The next day, she had two bowel movements, and the stools were reddish in colour. With the first bowel movement, the redness seemed to be present in a small amount and only on the outside of the stool; with the second bowel movement, the amount of redness increased. The mother attributed the stool discoloration to beet consumption. The episodes of abdominal pain continued, associated with crying, and between the episodes, the child behaved normally. From the third day: the bowel movements appeared to consist almost entirely of blood; she seemed very pale; and was sweating heavily. The child experienced no fever throughout the illness period. The parents wanted to take her to the hospital, but as there was flood in the area, no transport was available. On the fifth day, Diya became unconscious and passed away.

## Session 12: Verbal autopsy interview - administering the questionnaire for the death of a person aged 12 years and above

**Objectives:** Learn how to conduct a VA interview using the 2016 WHO VA questionnaire for deaths of people aged 12 years and above. By the end of the session, participants should become familiarized with the questionnaire and gain a good understanding of each section and questions included in the VA questionnaire for the death of a person aged 12 years and above.



160 min

**Materials:** PowerPoint slides; flip chart; copies for all participants of the paper versions of the 2016 WHO VA instrument for the death of a person aged 12 years and above (if applicable, translated versions); and *VA Field Interviewer Manual* (copies for all participants).

### Directions

1. Start by explaining to the participants the objectives of the session.
2. Explain how to administer the adolescent and adult VA questionnaire, through the use of “Question by Question Instructions” contained in the Appendix of the *VA Field Interviewer Manual*.
  - a. For participants to remain engaged, it is important to involve them in the review of the questions.
  - b. The trainers should provide an overall introduction to each section of the adolescent and adult VA questionnaire, and then have the participants review each of the questions included in each section, using either **METHOD A** or **METHOD B**, as described in **Activity 12.1**.
  - c. **Activity 12.1** should also be used as an opportunity to carefully review with the class, the accuracy of the translation of the adolescent and adult VA questionnaire.

**NOTE FOR TRAINERS:** *Questions reviewed should include all that might be asked during an interview about the death of a person aged 12 years and above, but not all questions will be asked during an actual interview, due to embedded skip patterns.*

3. Facilitate a discussion with the class, asking for the following aspects:
  - questions/terms that might be difficult to explain to respondents;

VERSION 1.0

- questions and/or responses that are not clear;
  - sensitive issues to discuss with respondents;
  - what sort of health records might be available.
4. Carry out **Activity 12.2** with the class.
  5. Before terminating, summarize the purpose of each of the sections reviewed and clarify any questions and doubts the participants may have regarding the sections or any of the questions included in the adolescent and adult VA questionnaire.

## Activity 12.1

### Directions

Review with the class how to administer the adolescent and adult VA questionnaire, using either **METHOD A** or **METHOD B**.

#### **METHOD A:**

1. Using the *VA Field Interviewer Manual* and following the correct order in which VA questions are asked for the death of a person aged 12 years and above, have each of the participants read aloud the description of one of the questions, from each of the questionnaire's section.
2. Use the PowerPoint slides containing images to aid understanding of symptoms and conditions referred to in the adolescent and adult VA questionnaire.
3. Discuss the use of different local terms/expressions for diseases and symptoms referred to in the questionnaire.
4. Review, discuss and confirm translations with the class. Take note of any identified issues with the translations that need to be submitted for correction.
5. Allow the participants to ask any questions they may have between the review of each questionnaire question.
6. Ensure that everyone understands the reviewed question and expected responses before moving on to the next one.

### Note for trainers

The trainers should introduce and explain each section of the neonatal VA questionnaire.

#### **METHOD B:**

1. Break the class into small groups (4–5 participants each). Instruct the groups to use the *VA Field Interviewer Manual* to review each of the questions included in the child VA questionnaire's sections before discussion in the plenary.
2. Rotationally, ask one of the groups to explain one and each of the questions and expected responses.
3. Use the PowerPoint slides containing images to aid understanding of symptoms and conditions referred to in the child VA questionnaire.
4. Discuss the use of different local terms/expressions for diseases and symptoms referred to in the questionnaire.
5. Review, discuss and confirm translations with the class. Take note of any identified issues with the translations that need to be submitted for correction.
6. Allow the participants to ask any questions they may have between the review of

7. Ensure that everyone understands the reviewed question and expected responses before moving on to the next one.

### **Note for trainers**

The trainers should introduce and explain each section of the neonatal VA questionnaire.

## **Activity 12.2**

### **Directions**

Before practicing with an electronic device, it is recommended that participants first practice the conduction of VA interviews using the paper forms.

An example of a case study (“Case study A”) is given for the participants to practice role play. It is recommended that the additional case studies needed are locally developed – to reflect or highlight specific local issues.

1. Have the participants pair up, asking one to play the role of interviewer and the other of respondent.
2. Distribute copies of the case studies for adolescent and adults, or display the relevant PowerPoint slides.
3. Within each pair, the interviewer will ask the questions using the paper form; while the respondent, will reply and improvise according to the information provided in the case study.
4. Once the interview is over, the participants change roles so that both have a chance to practice administering the interview using the paper form – **minimum of two case studies per pair of participants.**
5. Once the pairs have played out the case studies, facilitate a class discussion focusing on the understanding of the questions, valid responses and on the flow of the adolescent and adult VA questionnaire.

### **Note for trainers**

Ensure that the pairs practice how to enquire and record information on the open narrative. Stress the importance of cross checking information given in the open narrative with the other sections of the questionnaire.

**Case Study A**

Details of interview		Details of registration	
Date of interview	12/11/2017	Death registered	No
Starting time	10:15	National ID of deceased/parent	8 4598 1246 83765 9863 1
Name of interviewer	Tamika Fahad		
Details of decedent			
Name	Gika Mukarji		
Sex	Male		
Date of birth (DOB)	04/07/1939		
Date of death (DOD)	02/08/2017		
Age (if DOB and/or DOD not known)	-		
Details of respondent			
Name	Desmond Mukarji		
Age	60 years		
His/her relationship to decedent	Brother		

**Situation:** The interviewer is visiting for the first time the household of the deceased's brother. The deceased lived alone, and the brother took care of him during the period of illness. The brother agreed to participate in the VA interview.

**Case description:** Mr Gika had been well until three months before death, when he started having decreased energy, poor appetite and weight loss. In the first week of illness, he started complaining of feeling a bit feverish, of being extremely tired all the time and of difficulty breathing, which prevented him from engaging in his usual activities. Worried, he went with his brother to the town's hospital where some tests were made, and he was given some unspecified medication to take. Despite the medication, fever got worse, and a few days after he had an episode of vomiting. The brother does not know if there was blood in the vomit. He had an unwitnessed fall, claiming that he had felt generally weak and had tried to sit down but fell backward and struck his head, without loss of consciousness. He was found on the floor by his brother and was unable to stand up. His brother tried to convince him to go to the health facility, but Mr Gika refused.

His brother recalled that he started having headaches, but no neck stiffness. Two months before death, Mr Gika rapidly developed an altered mental status, being increasingly agitated and confused, and having difficulties formulating sentences. This was quickly followed by loss of the control of the movement of his arms and legs; and then he fell into a coma. The brother described how he tried to care for his brother the best he could, but one day he came to see his brother and he found him dead in bed.

Mr Gika had a history of hypertension and diabetes. He drank alcohol occasionally and had not smoked tobacco in 30 years – but had previously smoked one pack of cigarettes per day for 20 years.

## Session 13: General instructions on the use of electronic devices

**Objectives:** Learn to use and operate tablets/smartphones: parts, functions and interface; routine care; and how to troubleshoot frequent problems.



40 min

**Materials:** PowerPoint slides; flip chart; and tablets/smartphones for all training participants (loaded and operational with the 2016 WHO VA instrument and ODK Collect).

### Directions

1. Start by explaining to the participants the objectives of the session.
2. Distribute the tablets/smartphones to the participants.
3. Carry out **Activities 13.1** and **13.2** with the class to review the basic functions and key operations of the electronic devices that VA interviewers will be using.

**NOTE FOR TRAINERS:** *Give sufficient time for the participants to familiarize themselves with the electronic devices. Participants need to be very familiar with the electronic device to feel comfortable operating the device in the field.*

4. Before terminating, clarify any questions and doubts the participants may have regarding the operation of the electronic device.

## Activity 13.1

### Directions

1. Explain by showing and demonstrating to the participants, the different parts of the tablet/smartphone, functions and basic operation of the device. Focus your explanation on how these features will be used during data collection.
2. Allow the participants to identify the parts/buttons on the tablet/smartphone, and practice its use.
3. Provide instructions on how to charge and take care of the electronic device, including productivity tips (e.g. turning off settings that are not needed to prolong battery life).
4. Discuss any issues and concerns the participants may foresee in the use of the tablet/smartphone for data collection.
5. Answer any questions that participants may have.

## Activity 13.2

### Directions

1. Explain to the participants that there are a series of common problems that can occur with the use of electronic devices.
2. List on a flip chart the common problems that occur with electronic devices:
  - *device does not turn on*
  - *screen does not respond to touch*
  - *device overheats*
  - *device performs very slowly.*
3. Discuss with the participants how to overcome the common problems, and allow them to practice:
  - *pressing and holding the wake/sleep button*
  - *connecting the electronic device to a power adaptor*
  - *performing a soft reset*
  - *safely removing the SD card.*

## Session 14: Use of electronic devices for the collection of data for the 2016 WHO verbal autopsy instrument

**Objectives:** Learn how to operate the devices to administer, collect, edit and save data for VA through ODK Collect; and how to send remotely the completed questionnaires to a central database (ODK Aggregate) or upload them into a computer. Understand the skip patterns embedded within the questionnaire for the three different age groups. By the end of the session, participants should be confident in using an electronic device to conduct a VA interview through ODK Collect.

**Materials:** PowerPoint slides; flip chart; tablets/smartphones for each of the training participants (loaded and operational with the 2016 WHO VA instrument and ODK Collect); connector to project smartphone/tablet from projector screen (if available).



135 min

### Directions

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and using the PowerPoint slides, explain to the class the use of electronic devices and ODK for the collection of data for the 2016 WHO VA instrument.

**NOTE FOR TRAINERS:** Adapt the contents of *this session to also instruct participants on locally adopted version control procedures for the 2016 WHO VA instrument (i.e. regular checks of new versions and deletion of an outdated questionnaire version from ODK Collect).*

3. Carry out **Activities 14.1** and **14.2** with the class.
4. Before terminating, clarify any questions and doubts the participants may have.

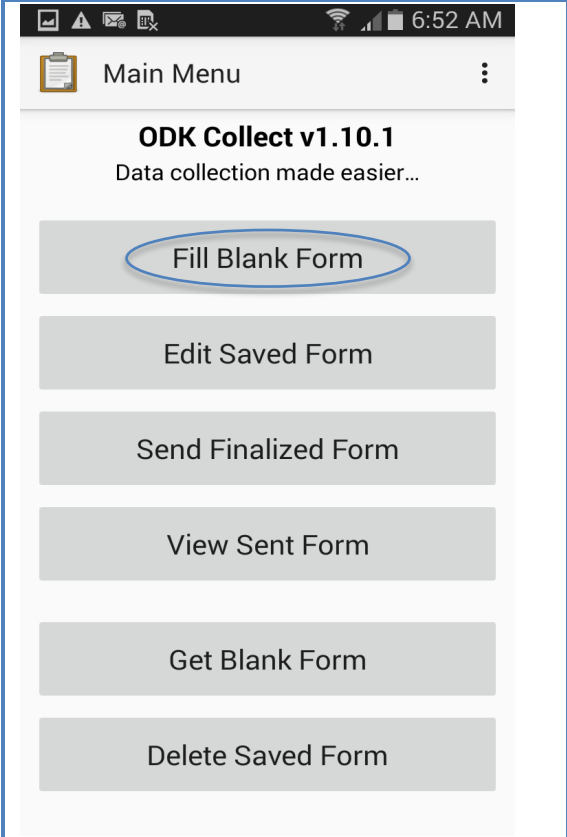
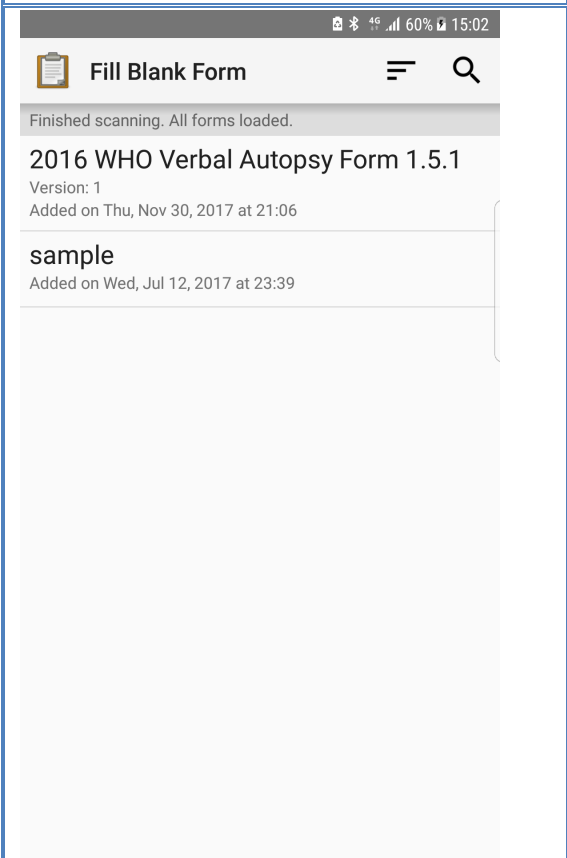
## **Text: Using the electronic data collection platform**

Open Data Kit (ODK) is a free and open-source set of tools that allows data collection using Android mobile devices, and data submission to an online server – even without an Internet connection or mobile carrier service at the time of data collection. ODK has three main components:

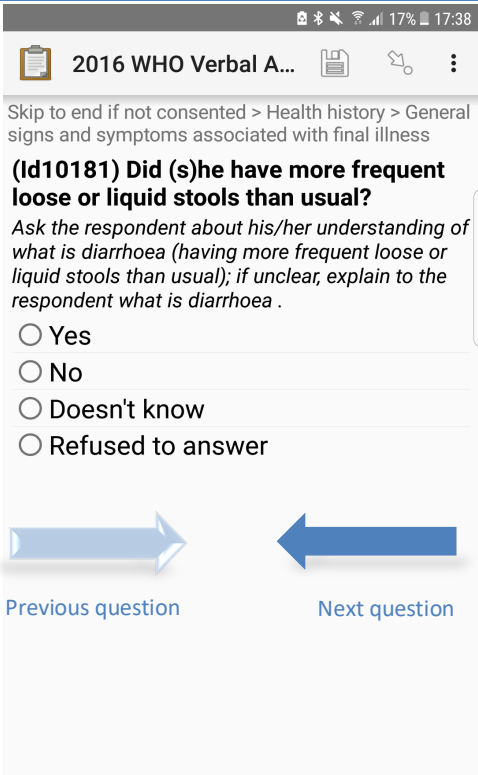
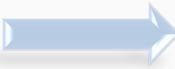

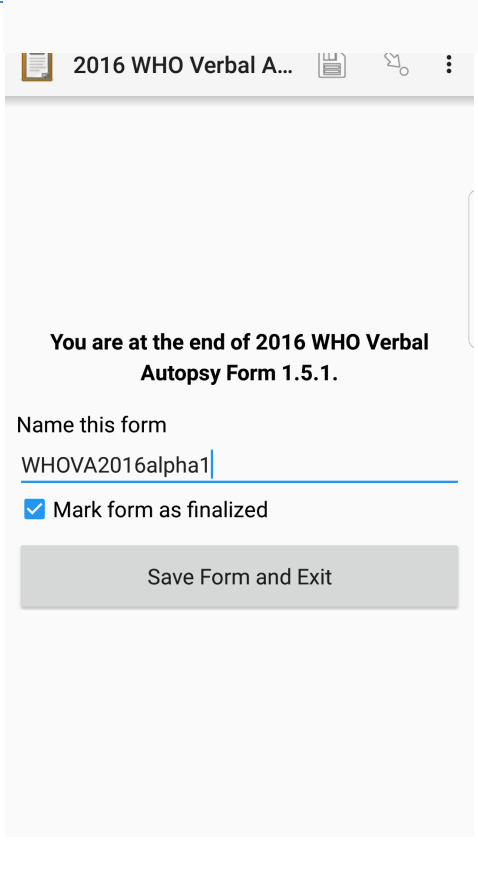
- **ODK Collect** – an Android application that allows for the collection of data through smartphones and tablet devices. It is a powerful replacement for paper forms. It also allows the transfer of collected data to ODK Aggregate and ODK Briefcase.
- **ODK Aggregate** – a ready to deploy server and data repository for supporting collection of data through ODK Collect. It can function as a local server or as a cloud based server.
- **ODK Briefcase** – allows data to be transferred from ODK Collect to a laptop/desktop. It can function as an alternative to ODK Aggregate for collating data, where there is no Internet connectivity.

General instructions on using the ODK Collect for the collection of data for the 2016 WHO VA instrument are included below.

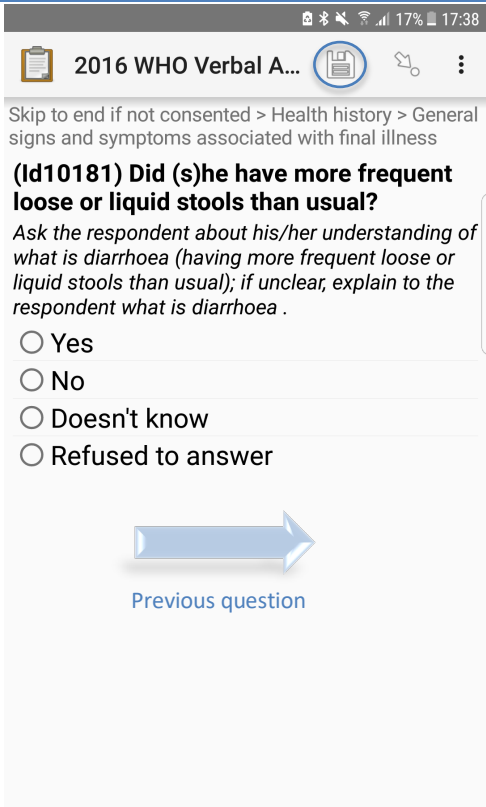



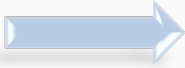

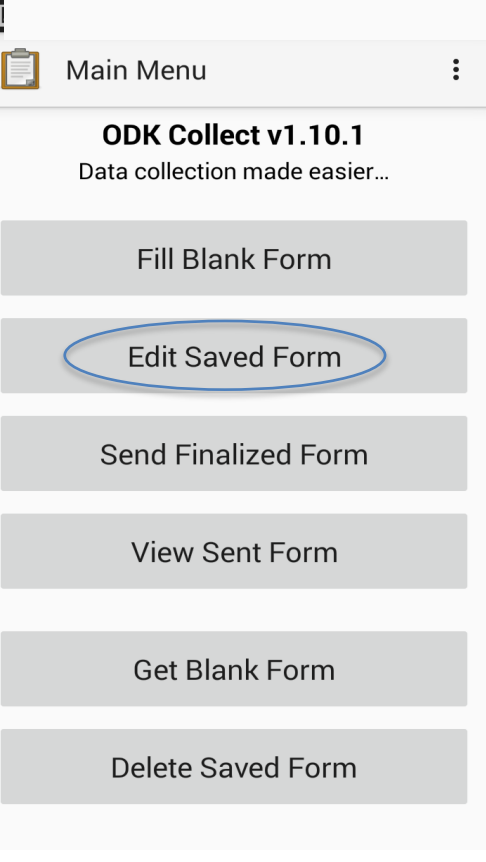


## Starting ODK Collect and opening the 2016 WHO verbal autopsy questionnaire


	<ol style="list-style-type: none"><li>1. Turn on your Android device.</li><li>2. Touch/press on the ODK Collect icon to open the ODK Collect application.</li><li>3. In the main screen, there are five options: “Fill Blank Form”, “Edit Saved Form”, “Send Finalized Form”, “Get Blank Form”, and “Delete Saved Form”.</li><li>4. Tap on the "Fill Blank Form" option.</li></ol>
	<ol style="list-style-type: none"><li>5. Touching “Fill Blank Form”, launches and displays all the forms that have been loaded in ODC Collect.</li><li>6. Tap the loaded file “2016 WHO Verbal Autopsy Form 1.5.1” to open the VA questionnaire.</li></ol>

## Completing the verbal autopsy questionnaire

 <p>2016 WHO Verbal A... 17% 17:38</p> <p>Skip to end if not consented &gt; Health history &gt; General signs and symptoms associated with final illness</p> <p><b>(Id10181) Did (s)he have more frequent loose or liquid stools than usual?</b></p> <p><i>Ask the respondent about his/her understanding of what is diarrhoea (having more frequent loose or liquid stools than usual); if unclear, explain to the respondent what is diarrhoea .</i></p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Doesn't know  <input type="radio"/> Refused to answer     </p> <p>  <span>Previous question</span> <span>Next question</span>  </p>	<ul style="list-style-type: none"> <li>• Enter data into the questionnaire, swiping from right-to-left with your finger to get to the next questions; or swiping from left-to-right to go back to a previous page for checking contents or making changes.</li> <li>• Enter data for all the questions, as they appear on screen.</li> <li>• Single touching/tapping on the radio button or check box will mark a response.</li> <li>• Double touching/tapping will remove the response selected. This feature can be used for correcting the mistakes made during an interview.</li> </ul>
 <p>2016 WHO Verbal A... 17% 17:38</p> <p><b>You are at the end of 2016 WHO Verbal Autopsy Form 1.5.1.</b></p> <p>Name this form</p> <p>WHOVA2016alpha1</p> <p><input checked="" type="checkbox"/> Mark form as finalized</p> <p>Save Form and Exit</p>	<ul style="list-style-type: none"> <li>• At the end of an interview, a message will pop up saying “You are at the end of ENTER FORM NAME.” You will be asked to name this file.</li> <li>• Ensure to touch the “Save Form and Exit” button to properly save the completed VA questionnaire.</li> </ul>

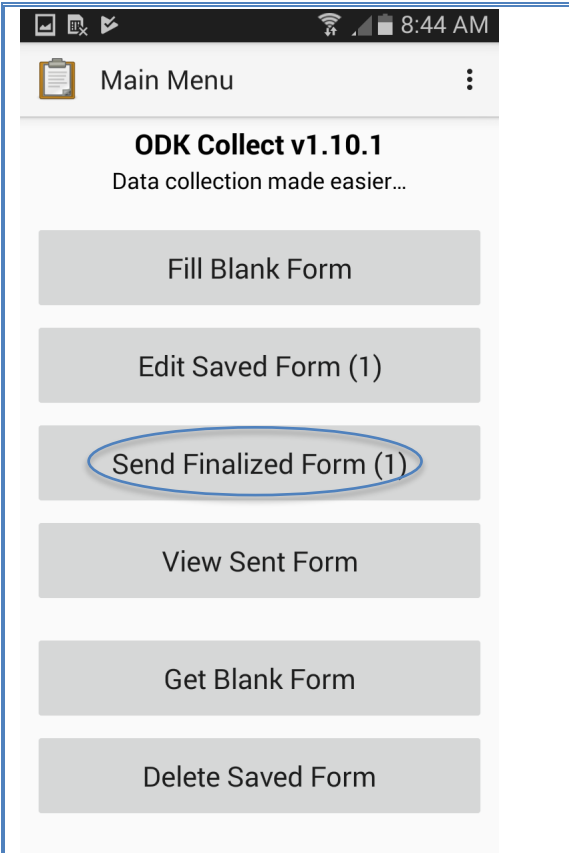
## Editing and saving the verbal autopsy questionnaire

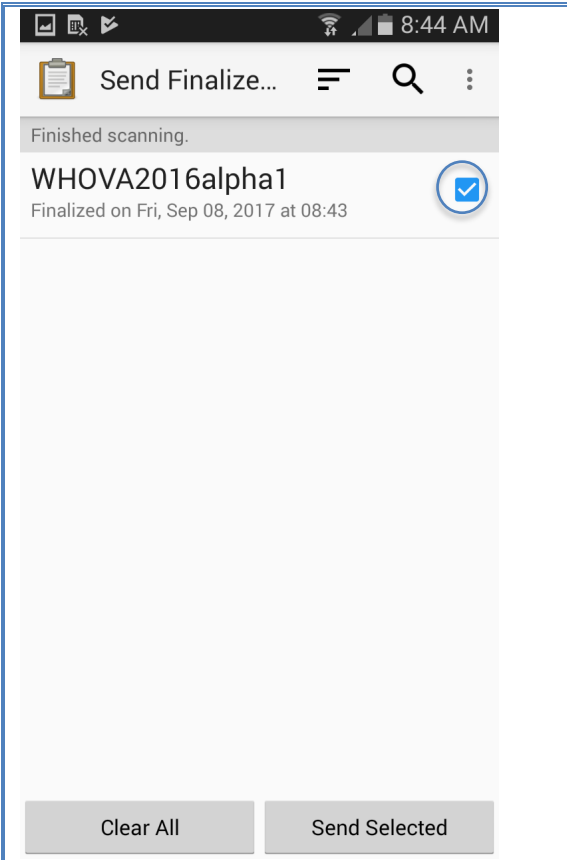
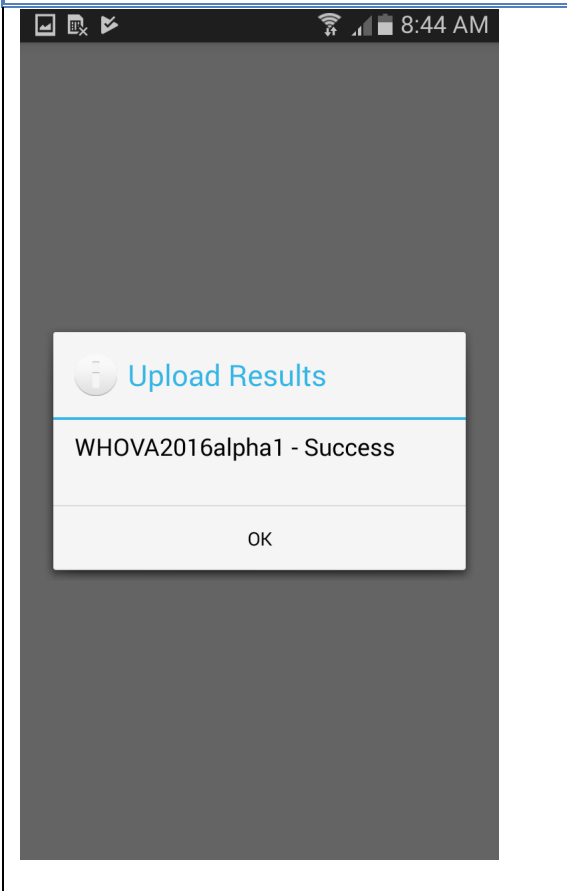
 <p>2016 WHO Verbal A...   </p> <p>Skip to end if not consented &gt; Health history &gt; General signs and symptoms associated with final illness</p> <p><b>(Id10181) Did (s)he have more frequent loose or liquid stools than usual?</b></p> <p><i>Ask the respondent about his/her understanding of what is diarrhoea (having more frequent loose or liquid stools than usual); if unclear, explain to the respondent what is diarrhoea .</i></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p> <p></p> <p>Previous question</p>	<ul style="list-style-type: none"> <li>As mentioned, if anything has been wrongly entered, edits can be made by going back to a previous page (swiping from left-to-right).</li> <li>The VA questionnaire may be saved after any question, by clicking on the  icon.</li> <li>The questionnaire can also be saved after completing any question and pressing the “back button” on the electronic device, and tapping on “Save Changes” from the dialog box.</li> </ul>
 <p>Main Menu </p> <p><b>ODK Collect v1.10.1</b> Data collection made easier...</p> <p>Fill Blank Form</p> <p><b>Edit Saved Form</b></p> <p>Send Finalized Form</p> <p>View Sent Form</p> <p>Get Blank Form</p> <p>Delete Saved Form</p>	<p><b>To review and make edits, once the form has been completed:</b></p> <ol style="list-style-type: none"> <li>Go to the ODK Collect main screen, and select "Edit Saved Form".</li> <li>A list of completed VA forms will appear; choose the data submission form to be reviewed.</li> <li>Navigate through the list of VA questions, identify the question(s) to be reviewed, and make the necessary correction(s) if anything has been wrongly entered.             <ul style="list-style-type: none"> <li>The entire questionnaire is accessible by scrolling up and down.</li> </ul> </li> <li>To make an edit – touch on the desired question to open it in full screen, then correct the answer and touch on the  icon.</li> </ol>

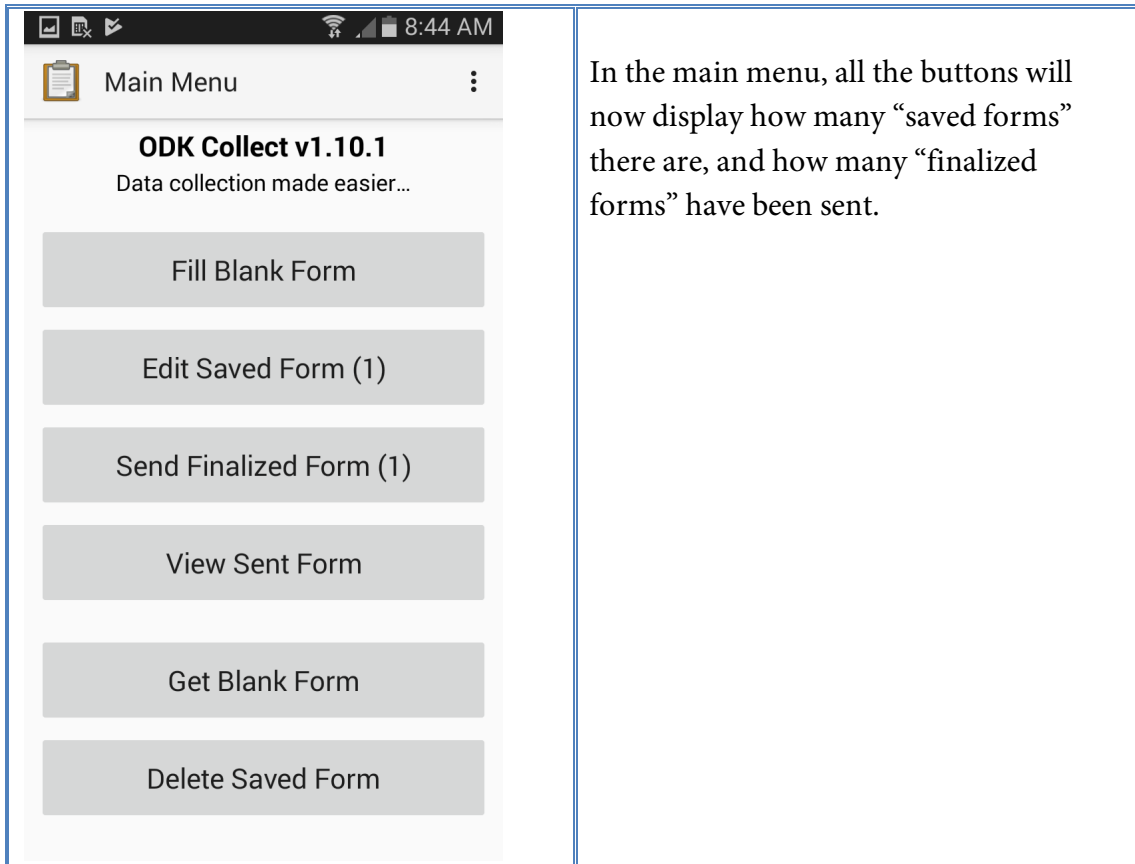
	<p>5. To come back to the entire questionnaire and continue the review, touch on the  icon.</p>
--	--

### **Sending the completed verbal autopsy questionnaire**

Once the VA interviews have been completed, the information needs to be uploaded to a database for analysis and storage. There are two methods of data transfer: online – through the Wi-Fi or cellular network; or offline – by uploading the data to a computer. The chosen method of data transfer must be communicated to the VA interviewers.

	<p><b>Online method</b></p> <ol style="list-style-type: none"> <li>1. Make sure the device is accessing the Internet, either via a Wi-Fi connection or a data plan on a cellular service.</li> <li>2. Open ODK Collect and select "Send Finalized Form", from the main screen.</li> </ol>
--	---

	<ol style="list-style-type: none"> <li>3. This will display all the forms that have been collected (in our case, for our demonstrative purposes, only one).</li> <li>4. Touch the box next to the completed questionnaires to select the forms that are to be uploaded to the ODK Aggregate server.</li> <li>5. Touch “Select All/Clear All” to check or uncheck all forms.</li> <li>6. Touch on the “Send Selected” button to send the forms.</li> </ol>
	<ol style="list-style-type: none"> <li>7. Once the forms have been uploaded into the ODK Aggregate server, a “Upload Results” message will appear saying data was sent successfully (or not, depending on the Internet connection).</li> <li>8. Touch “OK” to continue.</li> </ol> <p><b>NOTE FOR TRAINERS:</b> <i>Instruct participants that if there is an error when trying to send completed VA questionnaires to ODK Aggregate, the data connection should be switched off, and after a few seconds, switched on again. Doing this helps refresh network settings, which is affected by network availability.</i></p>



In the main menu, all the buttons will now display how many “saved forms” there are, and how many “finalized forms” have been sent.

If using the offline method: the smartphone/tablet needs to be connected to a computer via a USB cable, so that VA information can be transferred from ODK Collect and saved on a local computer using ODK Briefcase.

## **Activity 14.1**

### **Directions**

1. Demonstrate on the screen of a tablet/smartphone, and ask the participants to follow on accordingly on their own respective tablet/smartphone.
2. Practice: turning “on” the electronic device; opening ODK Collect; opening a blank VA form; answering different types of questions; editing; saving; and sending the completed questionnaire.
3. Instruct the participants on any additional practical considerations for data collection (e.g. if using cellular network – how to check data bundles and available credit).
4. Clarify any questions the participants may have. Note to participants that in the following activities they will have opportunities to practice more with the electronic devices by themselves.

## Activity 14.2

### Directions

An example of a case study for each of the three age groups (“Case studies A, B and C”), is given for the participants to practice. It is recommended that the additional case studies needed are locally developed – to reflect or highlight specific local issues.

1. Have the participants pair up, asking one to play the role of interviewer and the other of respondent.
2. Distribute copies of the exercises for neonates, children, and adolescent and adults to each pair of participants; or display the relevant PowerPoint slides.
3. Within each pair, the interviewer will ask the questions and operate the tablet/smartphone, while the respondent will reply and improvise according to the information provided on the case study.
4. Once the interview is over, the participants change roles so that both have a chance to practice administering the interview using an electronic device for each of the three age groups – **minimum of two exercises of an age group per pair of participants.**
5. Once the pairs have completed the exercises, facilitate a class discussion focusing on challenges encountered and any participants' concerns.

### Notes for trainers

The primary objectives of this exercise are to get: a) participants familiarised with the operation of tablets/smartphones and ODK Collect to conduct an interview and collect VA data; b) participants to get a good understanding of how the skip patterns work within the VA questionnaire. Thus, at this stage we are not focusing on all the steps required to conduct sensitive interviews or the communication techniques that should be employed

## Case Study A

Details of interview		Details of registration	
Date of interview	23/10/2017	Death registered	Yes
Starting time	09:00	National ID of deceased/parent	7 2023 2 5628698
Name of interviewer	Anna Cassoule		
Details of deceased			
Name	Not given		
Sex	Female		
Date of birth (DOB)	-		
Date of death (DOD)	-		
Age (if DOB and/or DOD not known)	0 days (born dead)		
Details of respondent			
Name	Ruby Mingas		
Age	20 years		
His/her relationship to decedent	Mother		

### Case description:

- Mrs Ruby was pregnant for ten months and had attended antenatal care only once.
- She was trying to deliver at home with assistance from her mother-in-law.
- She was having labour pains for more than 24 hours but was unable to deliver the baby. Then she started to have bleeding from her vagina and she felt that the baby was no longer moving in her abdomen.
- When she was brought to the local health centre she was referred to the district hospital, where the attending physician told her that the baby had died, and she needed an operation to deliver the baby.
- She did not know what kind of operation she had but she was told the baby had died.
- She stayed in the hospital for seven days after the operation.

**Case Study B**

Details of interview		Details of registration	
Date of interview	10/06/2017	Death registered	No
Starting time	09:00	National ID of Decedent / Parent	3 2010 2 51001258
Name of interviewer	Ava Sorieul		
Details of decedent			
Name	Jean Milleaux		
Sex	Male		
Date of birth (DOB)	07/12/2013		
Date of death (DOD)	08/05/2017		
Age (If DOB and / DOD not known)	-		
Details of respondent			
Name	Koyo Milleaux		
Age	38 years		
His/her relationship to decedent	Mother		

**Case description:**

- According to mother, the child had always been small and weak for his age.
- The child had “on and off” fever and persistent cough for the past week and a half.
- Four days before death, his health deteriorated as he started vomiting, having difficulty breathing, and having loose stools 4-5 times a day. There was no blood in the stool or in the vomit.
- Before death, he was taken to a local private doctor and medicines were given. The doctor did not provide any information regarding what was affecting the child.
- The mother was instructed to prepare and give a home-made oral rehydration solution to the child.
- There was no improvement on the fever, coughing, vomiting or diarrhoea and the child died soon after.

**Case Study C**

Details of interview		Details of registration	
Date of interview	09/02/2017	Death registered	No
Starting time	14:00	National ID of Decedent / Parent	9 0168 2 15149761
Name of interviewer	Mamoyo Botu		
Details of decedent			
Name	Ademire Chinjekure		
Sex	Male		
Date of birth (DOB)	Not known		
Date of death (DOD)	07/01/2017		
Age (if DOB and/or DOD not known)	78 years		
Details of respondent			
Name	Mukhi Chinjekure		
Age	58 years		
His/her relationship to decedent	Brother		

**Case description:**

- Mr Ademire was a diagnosed hypertensive for the past 30 years. He was on medications which he did not consume regularly.
- He had a persistent productive cough with yellow coloured sputum for the past three years. His brother does not think there was any no blood in the sputum, but he is not sure.
- He always used to be breathless in early mornings and lacking strength.
- He was a smoker for the past 50 years (used to smoke locally made cigars every day).
- He had no recent history of fever.
- For the last four months he had “on and off” chest pain, which increased when walking to town, for which he was taken to the health facility. He was given some medication, which again he did not take as he was supposed to.
- Mr Ademire lived with his younger brother’s family, and was found dead in one morning on his bed. Mr Mukhi thinks his brother died of old age.

## Session 15: Practicing the conduction of verbal autopsy interviews

**Objectives:** Review all the steps necessary to conduct a VA interview from start to finish through role plays. By the end, participants should be prepared to confidently conduct VA interviews in the field using electronic devices.



415 min

**Materials:** PowerPoint slides; flip chart; tablets/smartphones for all training participants (loaded and operational with the 2016 WHO VA instrument and ODK Collect); copies for all participants of the VA information letter (Appendix D); copies for all participants of the VA accompanied supervision checklist (Appendix E); and the *VA Field Interviewer Manual* (copies for all participants).

### Directions

1. Start by explaining to the participants the objectives of the session.
2. Review the key contents of training sessions 7 and 8: Preparing for the VA interview; and VA principles and communication techniques for conducting VA interviews.
  - Note that the aim is for participants to understand both how to operate an electronic device AND how to conduct the VA in a sensitive manner.
3. Carry out **Activity 15.1** with the class.
4. Before terminating, clarify any questions and doubts the participants may have.

## Activity 15.1

### Directions

An example of a case study for each of the three age groups (“Case studies A, B and C”), is given for the participants to practice role play. It is recommended that the additional case studies needed are locally developed – to reflect or highlight specific local issues.

1. Split the class into small groups of 3–4 participants.
2. Distribute copies of the case studies to the groups, or display the relevant PowerPoint slides.
3. Within each group, assign each participant to a role of: interviewer, supervisor or respondent.
4. Review the VA accompanied supervision checklist (Appendix E), instructing the participants on how it should be filled to review the performance of VA interviewers.
5. Instruct the participants to get into the characters and simulate what an actual interview will be like, from start to finish, imagining likely different scenarios that interviewers will encounter.

Within each group:

- **Interviewer** - Acts out approaching the household, establishing rapport with the family, identifying the best respondent; and conduct the VA interview operating the tablet/smartphone while making use of adequate communication techniques.
  - **Supervisors** - Observe and make notes on the VA accompanied supervision checklist (Appendix E), regarding: VA interview steps followed; use of communication techniques; the way the interviewer handled challenges; and any other observations regarding the conduct of the interviewer and operation of the tablet/smartphone.
  - **Respondent** - Act out the role and answer interview questions and improvise according to the information provided in the case study.
6. Give everyone 15 minutes to review the case study, before conducting the role play.
  7. Once an interview is completed, the supervisor(s) give(s) feedback to the interviewer. Other members of the group can also share any additional observations or recommendations for the improvement of the performance of the interviewer and supervisor.
  8. At the end of the round of role plays, discuss with the class:
    - *“How was it being the VA interviewer and supervisor?”*
    - *“As a respondent how did it feel answering the VA questions?”*
    - *“What were the supervisors' feedback?”*

9. Repeat again the process, but have the participants within each group change roles with a different case study – **so that each participant has a chance to be both a VA interviewer, respondent and supervisor.**

### Notes for trainers

This activity is about putting into practice most of what has been learned so far, and providing opportunities for the participants to practice conducting a VA interview from start to finish using a tablet/smartphone.

Ensure that the participants practice how to enquire and record information on the open narrative. Stress the importance of cross checking information given in the open narrative with the other sections of the questionnaire.

It is important to stimulate the participants to impersonate each character in natural ways. For instance, you may suggest that:

- the respondent gets upset;
- the respondent refuses to answer some questions;
- the respondent decides to stop the interview midway through;
- the respondent starts deviating from the interview to talk about unrelated things to the VA.

### Case Study A

Details of interview		Details of registration	
Date of interview	08/04/2017	Death registered	No
Starting time	10:30	National ID of deceased/parent	2 1172 2 536948
Name of interviewer	Jeiza Sambo		
<b>Details of decedent</b>			
Name	Not given		
Sex	Female		
Date of birth (DOB)	10/01/2017		
Date of death (DOD)	10/01/2017		
Age (if DOB and/or DOD not known)	-		
<b>Details of respondent</b>			
Name	Rabia Malik		
Age	28 years		
His/her relationship to decedent	Mother		

**Situation:** The interviewer is conducting a VA interview, planned 10 days ahead, with the mother of a deceased newborn at her home. The VA interview has been going well, with the mother remembering the events with little trouble. As the interviewer asks questions about the time closer to death, the mother slows in her responses and begins to cry.

**Case description:** The baby was born at seven months of pregnancy and died on her first day of life. It was a traditional birth attendant who assisted the vaginal delivery. The mother does not know the baby's weight at birth but she was smaller than average size at birth. The baby did not cry or move immediately after birth; the birth attendant wiped the baby and resuscitated, then the baby cried. The baby's suckling was poor. Besides the size, the baby seemed normal - there were no apparent injuries or bruises, and her breathing was even. The mother does not know if the baby had a fever. As the baby stopped being able to suckle, developed yellow discoloration of the eyes and looked less alert – both the baby and the mother were taken to the hospital in a van. But on the way to the hospital, the baby died.

The mother had regular antenatal check-ups at the village clinic. She received two doses of injections, vitamins and iron tablets. At the sixth month of her pregnancy she had noted swellings at ankles and her face was puffy. The physician had informed that her blood pressure was slightly elevated and advised to rest.

## Case Study B

Details of interview		Details of registration	
Date of interview	10/06/2017	Death registered	No
Starting time	09:00	National ID of deceased/parent	5 2422 2 52244449
Name of interviewer	Aderemi Adegbite		
Details of deceased			
Name	Bryce Dagha		
Sex	Male		
Date of birth (DOB)	08/01/2015		
Date of death (DOD)	04/03/2017		
Age (if DOB and/or DOD not known)	-		
Details of respondent			
Name	Susan Bettencourt		
Age	33 years		
His/her relationship to decedent	Mother		

**Situation:** The interviewer is visiting a household where a two year old boy died. The interviewer had to visit the household several times to explain the VA procedure and to set a time for the interview with the mother about the death of her child. The interview has been going well, with the mother remembering symptoms and events with little trouble. With questions about the time closer to the death, the mother gets stressed and asks, why she has to answer all these questions. Mother describes feeling helpless, not knowing what to do to help her child.

**Case description:** Fifteen days before death, fever and vomiting developed in the child. The vomiting resolved after two days, but fever continued and worsened. On the fourth day of illness, cough developed. His mother gave him some home remedy, but on the seventh day of illness, without improvement, the parents brought him to a health facility. The child was given some medication, but the child's appetite decreased and the fever although gone for a few days, was back soon after. The mother reports that the child was urinating infrequently, and his urine was very smelly. Four days after the visit to the health facility, the cough worsened, and fast breathing developed. Mother noted that few days before death, Bryce started vomiting again, developed diarrhoea and it could be seen the ribs being pulled in as her child breathed in. During the course of the interview, the interviewer learns that the child had a history of recurrent "pneumonia" that had lasted for at least five months despite both medical and traditional treatment.

## Case Study C

Details of interview		Details of registration	
Date of interview	23/11/2017	Death registered	No
Starting time	09:00	National ID of deceased/parent	1 2023 2 5621698
Name of interviewer	Julia Cassamba		
Details of deceased			
Name	Susanne Thompson		
Sex	Female		
Date of birth (DOB)	18/02/1999		
Date of death (DOD)	20/04/2017		
Age (if DOB and/or DOD not known)	-		
Details of respondent			
Name	Joseph Thompson Mary Olibe		
Age	35 years (husband) 76 years (mother)		
His/her relationship to decedent	Husband Mother		

**Situation:** The interviewer arrives at a household where she is told by the mother-in-law of the deceased, that for a VA interview permission will be needed from the husband of the deceased, and that he has gone to the field and will be back in an hour. Finally, the husband arrives and agrees to be interviewed, however, he says he was not with his wife at the time of her death. His wife went to her mother's place when she was six months pregnant, and he was visiting her once a month. He received a message from his mother-in-law that his wife died just before giving birth, and he does not know what exactly happened. *What should the interviewer do?*

**Case description:** Mrs Susanne was pregnant for eight months at the time of her death and had attended antenatal care only once – when she was five months pregnant. She was having swelling around her ankles since she was six months pregnant. She also told her mother a few times that she had headache and blurred vision.

On the day of her death, she suddenly had two episodes of convulsion, and following the second episode she became unconscious. While arranging to take her to the nearby hospital, her condition became worse and she died. She had no fever, and the baby was still in her womb.

## Session 16: Field practice of verbal autopsy interviews using electronic devices

**Objectives:** Conduct VA interviews with respondents for the three age groups in the field using electronic devices. Class review and discussion of the interviews' process, challenges encountered and ways to overcome these.



375 min

**Materials and preparations:** selected sites and VA cases for which to conduct the field practice interviews; PowerPoint slides; flip chart; tablets/smartphones for all participants (loaded and operational with the 2016 WHO VA instrument and ODK Collect); copies for all participants of the VA information letter (Appendix D); copies for all participants of the VA accompanied supervision checklist (Appendix E); and the *VA Field Interviewer Manual* (copies for all participants).

### Directions

#### Preparatory work:

The session requires that the trainers select cases for VA interviews with antecedence. These are sensitive interviews, and the sites and cases must be selected appropriately.

- These should be deaths identified in the community through local reporting systems, allowing for an appropriate grieving period.
- The communities and respective families should be contacted through the appropriate mechanism (country-specific), and the interviews should be arranged in advance. In all other ways, the VA interviews should be undertaken as a “routine VA” is expected to be carried out.

#### During class/Before field practice:

1. Start by explaining to the participants the objectives of the session.
2. Review all the procedures required to conduct a VA interview using a tablet/smartphone, including:
  - all the steps that should be followed for a VA interview
  - VA principles and communication techniques.
3. Allow time for the participants to review the *VA Field Interviewer Manual*,

and clarify any doubts and questions the participants may have regarding the VA process, VA questionnaires or use of the tablet/smartphone.

4. Divide the class into small groups (maximum of four participants). Instruct the groups that while one participant acts as an interviewer, the other(s) act as supervisor(s), observing the interview process and assessing the interviewer's performance in the VA accompanied supervision checklist (Appendix E).

**NOTE FOR TRAINERS:** *Each of the groups should be accompanied by one of the trainers, a supervisor or someone with a manager role to help supervise and coordinate the field interviews.*

5. Assign a sufficient number of VA cases per group, in a way that each participant has a chance to act as an interviewer and supervisor.
6. Before the groups head out to conduct the field interviews, make sure the participants have the following:
  - tablet/smartphone (charged, loaded and operational with 2016 WHO VA questionnaire;
  - VA information letters (Appendix D);
  - VA accompanied supervision checklists (Appendix E);
  - information on location of households of VA cases;
  - pen, pencil, eraser and notepad.

**After field practice:**

7. Carry out **Activity 16.1** with the class.

## **Activity 16.1**

### **Directions**

1. Facilitate an open forum for participants to reflect on the experiences and discuss freely any challenges, questions, concerns and improvements. Orient the participants to discuss the annotations made on the VA accompanied supervision checklists (Appendix E).

### **Questions to guide the discussion**

- *“What were the supervisors' feedback?”*
- *“What were the difficulties in conducting the interviews?”*
- *“What ways were used to resolve the problems/challenges?”*
- *“What could have been done differently/improved?”*

## Session 17: Supervisory procedures

**Objectives:** Learn the principles of supportive supervision and the supervisory procedures that must be followed during VA activities, including accompanied and unaccompanied supervision during field work.



90 min

**Materials:** PowerPoint slides and flip chart.

### Directions

**NOTE FOR TRAINERS:** *It is recommended that these contents be adapted to reflect the national strategies and operational guidelines for supervisory procedures.*

1. Start by explaining to the participants the objectives of the session.
2. According to the “Text” and using the PowerPoint slides, explain to the class the supervisory procedures that VA supervisors must follow.
3. Carry out **Activities 17.1** and **17.2** with the class.
4. Before terminating, clarify any questions and doubts the participants may have.

### Text: Supervisory procedures

Supervision of VA interviewers should be conducted regularly (once every month or every three months) for performance review, to provide feedback, coaching, problem solving, skills development, and data review. VA supervisor also organizes quality assurance activities in each assignment area, sometimes with and sometimes without the interviewers being aware of the planned visit. The overall aim of supervisory procedures is to improve quality of data collected and maintain consistency of VA data over time.

### Supportive supervision

Supportive supervision is a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits and meetings as an opportunity to improve knowledge and skills of the fieldworkers. Supportive supervision encourages an open, two-way communication, and building of team approaches that facilitate problem-solving.

In general, during a supervision session the supervisor should follow the following main steps: 1) Collect information; 2) Problem-solving and feedback; 3) On-the-job training; and 4) Recording the results of supervision.

Supervisors can collect information using a number of methods, including:

- observing the interviewers conducting VA interviews
- listening to the fieldworkers
- reviewing the records and checklists
- talking with community members
- reviewing recommendations from past supervisory sessions.

Supervisors should use supervision sessions to identify areas which require individual or group training among VA interviewers. To provide on-the-job training, the supervisor should use the *VA Field Interviewer Manual* and the *Manual for the Training of Interviewers on the Use of the 2016 WHO VA Instrument*. On-the-job training sessions can be given during meetings with the VA interviewers or during feedback sessions after observing an interview. Supervisors should review the completed VA accompanied supervision checklist (Appendix E), and the respective relevant sections in the manual that the interviewer should study again and improve for the next supervision session.

It is common for interviewers to experience emotion distress. It is very important that supervisors remain vigilant of signs of emotional distress among the VA interviewers. There should be measures in place to prevent or minimize the emotional impact on the interviewers, such as scheduled debriefings for self-care and processing of stress.

### **Accompanied supervision**

During accompanied supervision, the supervisor observes the VA interviewer while s/he conducts an interview, and assesses the performance of the interviewer. After completion of each interview, the supervisor gives feedback and discusses the interviewer's performance. The questionnaire should be reviewed, and it is equally important for the supervisor to highlight things that the interviewer did correctly as well as addressing problems/mistakes and areas in need of improvement.

When an interviewer first begins to work, it is recommended that the supervisor accompanies him or her during initial VA interviews. If there are already experienced VA interviewers and if logistical conditions permit, these can instead accompany the inexperienced interviewers. If experienced interviewers in the use of the 2016 WHO

VA instrument are to be used, the supervisor must instruct how to adequately provide support for the inexperienced interviewers.

Once the VA interviewers have gained experience, the supervisor accompanies the interviewers when required for quality control of VA interviewing processes. For instance, accompanied supervision could be triggered by: patterns of inconsistencies in the data collected; community feedback; and feedback from the analysis of VA data indicating significantly higher than expected indeterminate outcomes or other irregular and unexpected outcomes.

When observing interviews, the supervisor should sit close enough to see what the VA interviewer is entering into the tablet/smartphone to verify if the respondent's answers are being interpreted correctly. To assess the performance of the interviewer, the supervisor should use an accompanied supervision checklist (Appendix E).

The supervisor should not intervene during the course of the VA interview and should try to conduct him/herself in such a manner as not to make the VA interviewer or respondent nervous or uneasy. Only in cases where serious mistakes are being made by the VA interviewer, should the supervisor intervene in the most unobtrusive way possible and in a manner that does not compromise the interviewer.

### **Group meetings with VA interviewers**

At the end of each month, the supervisor should meet at a central location with all the VA interviewers to:

- Review progress of VA interviews conducted on the assigned VA cases, checking against the list of notified deaths assigned for VA (including also the review of interviewers' self-assessment checklists).
- In case interviewers are unable to remotely send completed VA questionnaires to ODK Aggregate, receive the electronic devices from the interviewers to upload the completed VA questionnaires to a computer/send to ODK Aggregate.
- Discuss problems that the interviewers were not able to resolve.
- Assign new cases for VA interviews (as applicable).

The supervisor can also meet with the interviewers individually, but group meetings are good occasions for exchange of experiences and peer-learning. Meetings with the VA interviewers should always be seen as opportunities for their capacity building, and it is essential that the supervisor stimulates the continuous self-improvement of interviewers.

## **Unaccompanied supervision**

It is recommended that VA supervisors should conduct quality control in the field by re-interviewing a proportion of VA respondents. Quality control re-interviews should be conducted using an adapted shorter version of the WHO VA questionnaire, as a way of monitoring the performance of individual interviewers and cross-checking the accuracy and completeness of VA data.<sup>1</sup>

The re-interview should not use a full reproduction of the original 2016 WHO VA questionnaire, but rather use a checklist that verifies whether certain questions were asked and certain standard procedures were followed during the original interview. It is also an opportunity to find out about the VA interviewer's conduct during an original interview and discuss any concerns the respondents may have.

The specific proportion of how many VA cases should be re-interviewed is context and country-specific. However, the process should be based on the number of interviewers, ensuring that all get corrective action as needed. In principle, it is recommended that a minimum of a few cases (e.g. 2–3) per interviewer should be re-interviewed quarterly. Generally, interviewers should not be informed of which cases will be re-interviewed beforehand. The cases for re-interviewing should be randomly selected and representative of all the assigned areas under supervision.

In addition, data management should also flag VA cases for re-interview through the identification and review of unexpected or abnormal proportions of undetermined or implausible causes of death, and of “No/Don't know/Refused to answer” responses. The review by the data manager should identify any data concerns that can be selectively targeted for review by the supervisor during the re-interview. For these cases, the supervisor should use the routine re-interview instrument AND inquire about any additional specific issues of concern. In these situations, it might be useful for the supervisor to talk with the interviewer about the flagged issues before making the return visit to the household, to ensure that all factors have been considered before the return visit.

During these visits, the VA supervisor needs to be very respectful of the grieving families, as they have already been previously visited by an interviewer. The supervisor must assure the family that the visit is a routine follow-up, only to verify some of the information collected previously, and thank them again for their time, patience and cooperation. For an accurate verification of accounts, the re-interviews should be conducted with the same respondent of the original VA interview.

---

<sup>1</sup> *A quality control VA re-interview instrument is under-development and will be made available through a later update to this manual.*

Once at the office, the answers obtained from a re-interview should be compared with the answers from the original interview conducted by the interviewer. If issues are detected, the supervisor should contact the respective VA interviewers to review the results. Errors should be discussed, and appropriate concepts and procedures should be reviewed as necessary with the interviewers.

In addition, it is also recommended that supervisors conduct random unannounced visits to each area to confirm the interviewers' presence when they are supposed to be there conducting interviews. These opportunities should also be used to liaise with community members and/or community leaders to discuss community' perceptions and concerns over civil registration and the VA process. These opportunities are useful to identify any problems that may exist between the community and the fieldworkers.

### **Regarding quality**

When receiving the list of notified deaths assigned for VA and distributing the workload across the team of VA interviewers, the supervisor must make sure that no duplication of cases exists (e.g. checking unique identification numbers). Strategies to eliminate duplicates and to ensure that duplicate interviews are not conducted are country-dependent.

Supervisors must ensure that VA interviewers are not taking any "shortcuts" or submitting falsified data — under any circumstances. Fake data are of no value. Worse still, it weakens accurate data collected by others. It is essential for the supervisor to constantly stress, during supervision sessions, the importance of maintaining ethics throughout the VA data collection process.

If a supervisor feels that the quality of work of a fieldworker is not adequate, the supervisor should ask the VA interviewer to stop conducting VA responsibilities and activities until errors and problems have been fully resolved. In some cases, a fieldworker may fail to improve and will need to be replaced. This applies particularly to those who have been dishonest in the recording of any information. The supervisor should share and discuss any concerns over integrity of work with the VA coordinator to determine how best to resolve them.

## Activity 17.1

### Directions

1. Break the class into groups of 4-5 participants. Have each of the groups come up with a “supervision plan” for the first quarter of the year for VA interviewers under supervision, based on the following case study information:
  - *Interviewer A - VA data analysis feedback points to a higher than expected % of “refused to answer” answers in VA questionnaires;*
  - *Interviewer B - New interviewer;*
  - *Interviewer C - Tablet/smartphone has become non-operational;*
  - *Interviewer E - No supervisory visits in the last four months;*
  - *Interviewer M - Community reported the interviewer is often off-duty;*
  - *you (the supervisor) are busy with other activities between 1-15 of January;*
  - *Interviewer C lives far from your office and her/his community is inaccessible during March due to heavy rains;*
  - *you can schedule only one supervisory visit per month because of limited resources.*
2. The groups must identify which interviewers are a priority for supportive supervision, and elaborate a supervision plan and schedule.
3. Have each of the groups present their supervision plan.
4. Facilitate a plenary discussion over the different plans elaborated and the implications of each.

## Activity 17.2

### Directions

1. Break the class into groups of 4-5 participants.
2. Show the relevant PowerPoint slide or distribute print outs of the example of a list of problems/issues that a supervisor observed during a supervisory visit (see below).
3. Have each of the groups elaborate on what corrective actions should the supervisor take to solve the problems, both on site during the visit, and in the longer term.
4. Discuss in plenary.

### Example of supervisory notes for the groups

- *Interviewer did not describe the interview process to the respondent.*
- *Interviewer did not give the respondent a chance to ask questions, during the consent process.*
- *Interviewer did not maintain direct engagement and/or eye contact regularly with the respondent.*
- *Interviewer guided some of the respondent's responses to the VA questions.*
- *Interviewer fumbled several times with the tablet/smartphone.*
- *Interviewer was not able to completely record the narrative - lost some key parts of the account and did not know how to follow up.*
- *After the interview, the interviewer did not review the questionnaire to make sure it*

## Session 18: Course evaluation and closing

**Objectives:** Evaluation of the training course, delivery of the closing remarks and distribution of the training certificates.



60 min

**Materials:** copies of the pre-/post-test (Appendix A) for all training participants; copies of the end of training feedback form (Appendix F) for all training participants; and training certificates (as applicable).

### Directions

1. Inform the class that the training has come to an end, and that a pre-/post-test and end of training feedback form (see Appendices A and F, respectively) will be completed to evaluate the training as a whole. If applicable, the session should terminate with the attribution of training certificates to the participants.
2. Instruct participants to put away all class notes and training materials.
3. Remove any flip chart pages from the walls that may contain hints for the test's responses.
4. Distribute a copy of the pre-/post-test (Appendix A) to each participant and give instructions on how to correctly fill out the questionnaire (e.g. entering the name at the top of the page, ticking the box "Post-test", etc.).
5. Collect the pre-/post-tests when the participants have finished.
6. Hand out a copy of the end of training feedback form (Appendix F) to each participant. Ask participants to fill out the form and add any suggestions they have for improving future trainings.
7. Collect the end of training feedback forms when the participants have finished.
8. Deliver the closing remarks of the training and hand out the certificates, calling each participant by name.

**NOTE FOR TRAINERS:** *It would also be good to give an opportunity for participants to share thoughts and reflections about what training meant, their desires, commitments and thoughts on how they will use what they have learned.*

## Appendix A: Pre-/Post-Test

Name (first and last): \_\_\_\_\_ Date: \_\_\_\_\_

Pre-Test

Post-Test

- 1. What is the main purpose of verbal autopsy (VA)? [Circle one response option]**
  - a. To increase death registration in low- and middle-income countries.
  - b. To determine the most probable cause of death where medical certification is lacking.
  - c. To determine the immediate cause of death for health facility deaths.
  - d. To locate deaths in the community based on reports by community leaders.
  
- 2. What does VA involve? [Circle all response options that apply]**
  - a. Interview with relative or caregiver of a deceased person.
  - b. A standardized questionnaire on signs and symptoms during the illness that lead to death.
  - c. Interpretation of interview data by physicians or automated algorithms to determine a cause of death.
  - d. Medical certification of cause of death by a single physician.
  
- 3. What three age groups correspond to the 2016 WHO VA questionnaires? [Circle all response options that apply]**
  - a. Under 1 year old.
  - b. Under 4 weeks.
  - c. 1 year to 5 years old.
  - d. 4 weeks to 11 years old.
  - e. 5 years to 18 years old.
  - f. Above 18 years old.
  - g. Twelve years old and above.
  
- 4. What are the roles of the VA interviewer? [Circle all response options that apply]**
  - a. Identify the appropriate respondents for the interview.
  - b. Explain the purpose of the interview and obtain informed consent from the respondent.
  - c. Conduct the VA interview and ensure that all information remains confidential.
  - d. Inform the respondent on the cause of the death of the deceased person.
  - e. Report progress, discuss and solve problems with the supervisor.
  
- 5. Who is responsible for the ethical conduct of VA activities? [Circle one response option]**
  - a. Interviewer, supervisor, coordinator.

- b. Respondent.
- c. Head of household.
- d. All of the above.

**6. What are the roles and responsibilities of the VA supervisor? [Circle all response options that apply]**

- a. Making sure VA interviewers are well trained and prepared to conduct VA interviews.
- b. Supervising and coordinating field operations.
- c. Analysing VA data to determine the causes of death.
- d. Answer any questions VA interviewers may have regarding data collection.
- e. Have knowledge of effective communication techniques for leading sensitive interviews.

**7. Circle which statement(s) are TRUE.**

- a. A VA interview should be conducted as soon as possible.
- b. When contacting a household for the first time, the interviewer should convey condolences for the death that occurred according to local social practices.
- c. When the VA interviewer obtains consent for a VA it means that the respondent is obligated to answer questions even if they feel uncomfortable.
- d. Being sensitive when the interviewer visits the home, means joining the bereaved family in mourning.
- e. To avoid refusals in participation, the interviewer should omit from the respondents the potential risks associated with a VA interview, such as emotional distress and stigma.
- f. Participation in a VA interview does not bring any direct personal benefits to the respondents.

**8. Who is the best respondent for a VA interview? [Circle one response option]**

- a. The head of the household.
- b. The caregiver who was present during the illness and/or the time of death.
- c. The mother in law.
- d. The deceased's best friend.

**9. When giving feedback to VA interviewers, which of the following should NOT be done? [Circle one response option]**

- a. Ask the interviewers to discuss how they think they performed before the supervisor begins giving feedback.
- b. Only provide negative feedback so that the interviewers do not become overconfident and neglectful.
- c. Ask the interviewers how they think they could overcome some of the difficulties that they experienced.

**10. Circle which statement(s) correctly refer to supportive supervision.**

VERSION 1.0

- a.** Supervisor is like a policeman that needs to focus on finding faults with interviewers.
- b.** Helping interviewers improve their own work performance continuously.
- c.** Carried out in an authoritarian way.
- d.** Feedback should be given depending on the supervisor's available time.
- e.** Promote and facilitate the development of problem-solving skills of interviewers.

## Answers to pre-/post-test

1. b
2. a; b; c
3. b; d; g
4. a; b; c; e
5. a
6. a; b; d; e
7. b; f
8. b
9. b
10. b; e

## Appendix B: Verbal autopsy interviewer checklist

### BEFORE THE INTERVIEW

#### Interview materials:

- A. \_\_\_ identification card;
- B. \_\_\_ smartphone/tablet operational, fully charged and with ODK Collect and VA instrument installed;
- C. \_\_\_ VA information letters in sufficient numbers for scheduled interview(s) (if applicable);
- D. \_\_\_ VA paper questionnaire copies (for back up);
- E. \_\_\_ question by question guides (*VA Field Interviewer Manual*);
- F. \_\_\_ calendar of local historical events, and year-of-birth calculator;
- G. \_\_\_ pen/pencil, eraser and notepad/blank paper for notes;
- H. \_\_\_ stylus/Pen for mobile device (if applicable);
- I. \_\_\_ bag for carrying the VA materials.

#### Household location information

- A. \_\_\_ Identify the address and location information for assigned interview(s)/respondent(s).
- B. \_\_\_ Meeting(s) arranged with community leader(s) or other community member(s) (as necessary).

### AT THE HOUSEHOLD

#### Before the interview

- A. \_\_\_ Inform household member of the reason for the interview.
- B. \_\_\_ Show household member your personal identification.
- C. \_\_\_ Identify an appropriate respondent.
- D. \_\_\_ Arrange another visit if best respondent(s) is not available or if the time is inconvenient.
- E. \_\_\_ Gain the trust and cooperation of the respondent(s).
- F. \_\_\_ Review terms for informed consent with respondent(s):
  - intention, purpose and scope of content of the VA interview;
  - approximate duration of interview;
  - possibility of feeling some discomfort when talking about bad experiences;
  - strict confidentiality of shared information;
  - lack of direct personal benefits from participation. However, VA helps better health measurement at population level;
  - right to stop, withdraw consent and quit the interview at any stage;
  - whether and how results will be shared on the community level, as legally mandated by the country.

During the interview

- A.  Complete all questions on questionnaire and enter all required information.
- B.  Read all questions slowly exactly as written on the VA questionnaire.
- C.  Give the respondent sufficient time to think over a question and give a response; ensuring that the respondent understood the question and the given response is valid.
- D.  Record open narrative thoroughly (by hand or by audio recording).
- E.  Answer any questions the respondent(s) ask.
- F.  Do not provide opinions, make assumptions or demonstrate any surprise, approval or disapproval.
- G.  Be polite and mindful of the emotions of respondent(s).

After the interview

- A.  Mark the VA form as finalized and save the form in ODK Collect.
- B.  If using online methods: Select the respective finalized form and send the finalized form to the central server through ODK Collect.
- C.  If using offline methods: Deliver the electronic device to the supervisor so that collected data is transferred to a computer.
- D.  If using paper forms: Hand over completed VA questionnaires directly in person to the VA supervisor.

**SUPERVISOR AND TEAM MEETINGS**

- A.  Discuss checklist and any problems with supervisor; report and discuss challenges and suggestions for improvement.
- B.  Develop strategies for corrective action to address any problems.

## Appendix C: Verbal autopsy interviewer reporting log book

Interviewer's name/code: \_\_\_\_\_

# VA cases assigned: \_\_\_\_\_

# VA interviews conducted: \_\_\_\_\_

# VA interviews pending: \_\_\_\_\_

Name and unique ID <sup>I</sup>	Location/Address	Date of initial visit to household (dd/mm/yyyy) <sup>II</sup>	Scheduled date for VA interview (dd/mm/yyyy)	Status of VA interview and questionnaire submission <sup>III</sup>	Comments (e.g. reasons for pending or unsuccessful interviews and any data collection problems)

<sup>I</sup>Death notification number, death registration number or another unique ID.

<sup>II</sup>Date of initial visit and of VA interview may coincide.

<sup>III</sup>VA interview - conducted/not conducted; and Submission of VA form – sent or delivered/not sent or not delivered (as applicable).

## Appendix D: Verbal autopsy information letter

My name is 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.<sup>1</sup> I would like to invite you to participate in an interview as a main caretaker of [the deceased's name], about the circumstances leading to his/her death.

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. There will not be any direct personal benefits and you will not be paid for taking part in this interview.

If you agree to participate, we will interview you about the past health of the deceased. The interview will last approximately 30–60 minutes and may be much shorter. We will be using a smartphone/tablet to record all information.

You are free to decide not to participate in the interview. You might feel some discomfort or emotional distress recalling some details and/or events related to the death. We understand that this is a sad and difficult time and you may not want to talk about the person and the event. We would very much appreciate your participation in this effort. Even if you agree at first to take part, you are free to change your mind at any time and to quit the interview. You can choose not to answer any individual question or all of the questions. If you want to stop, you just need to tell the interviewer that you want to stop the interview. No one will be mad at you and you will not suffer any consequences of any kind. However, we hope that you will participate in this survey since the results will help the government improve services for people.

Whatever information you provide will be kept strictly confidential. Please understand that no data will be published linking your name to your answers, so no one will be able to connect the information shared back to you or your family. 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]

---

<sup>1</sup> *Should be adapted to each setting.*

## Appendix E: Verbal autopsy accompanied supervision checklist

For each interviewer and accompanied interview: mark each item completed by the interviewer (yes or no); and assess the interviewer's performance. Performance can be graded from 0–2 (0=non-satisfactory; 1=average; 2=good). For any issues observed, record comments in the respective column, and suggestions for the interviewer in the box at the bottom. Discuss with the interviewer what was done correctly and what needs improvement.

<b>BEFORE THE START OF VA INTERVIEW</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Comments</b>
Interviewer identified the best respondent(s).				
Interviewer established a good level of rapport with respondent(s).				
Interviewer obtained privacy for the conduction of the VA interview.				
<b>INFORMED CONSENT PROCESS</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Comments</b>
Described the interview objectives and process to the respondent(s).				
Explained clearly that participation is voluntary.				
Explained clearly that information will be kept confidential.				
Informed about the risks and benefits of participating in VA.				
Informed whether and how VA results will be shared on the community level, as legally mandated by the country.				
Gave the respondent a chance to ask questions and answered all questions.				
Obtained informed consent.				
In case of multiple respondents, each respondent consented to participate and is of the age of majority.				
<b>INTERVIEW PROCESS - INTERVIEWER BEHAVIOUR</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Comments</b>
Maintained direct engagement and eye contact with respondent(s).				
Respected the sensitive nature of the interview.				
Answered questions raised by the respondent.				
Did not provide opinions, made assumptions or demonstrated any surprise, approval or disapproval.				
<b>INTERVIEW PROCESS – QUESTIONNAIRE USE</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Comments</b>
Asked and documented responses for all appropriate questions.				
Read all questions slowly exactly as written in the VA questionnaire.				

Did not influence or guide respondent(s) to responses.			
Gave the respondent sufficient time to think over a question and give a response; ensuring that the respondent understood the question, and that the given response was valid.			
Recorded the open narrative adequately.			
Demonstrated a good understanding of the questions and familiarity with the VA questionnaire.			
Use of mobile device did not stall interview process. (If it did, annotate the estimated length of delay, under the "Comments column")			
<b>AFTER THE INTERVIEW</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Addressed any remaining questions or concerns of the respondent(s).			
Reviewed the questionnaire to make sure it is complete.			
Uploaded the interview data to the server (if applicable).			
<b>OPERATIONAL CONSIDERATIONS</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Interviewer uses smartphone/tablet device case and carries the electronic device in protective bag.			
Electronic device was more than 75% charged prior to the start of the interview.			
Interview was completed prior to the depletion of battery charge.			
Interviewer has all VA interviewer materials needed to conduct the interview.			

**COMMENTS & SUGGESTIONS FOR CORRECTIVE ACTION:**

---



---



---



---



---



---



---

## Appendix F: End of training feedback form

Please answer every question, circling your response option and/or giving responses when asked as specific as possible.

**1. How would you rate your satisfaction with the training content?**

Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied

**2. How effective was the overall format of the sessions? Please elaborate on your response.**

Very Poor | Poor | Fair | Good | Very Good

---

---

---

---

---

**3. How do you rate the materials used in the training (e.g. handouts, PowerPoint slides, supplementary materials)? Please elaborate on your response.**

Very Poor | Poor | Fair | Good | Very Good

---

---

---

---

---

**4. How would you rate your satisfaction with the trainers?**

Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied

**5. The length of training was:**

Too short | Perfect | Too Long

6. After the training, do you feel confident in being able to conduct a VA interview with the 2016 WHO VA instrument using both the electronic and paper form formats? Please elaborate on your response.

Not Confident | Confident

---

---

---

---

---

7. What suggestions do you have for any future trainings?

---

---

---

8. What recommendations do you have to help the facilitators improve their training methods?

---

---

---

9. Any other comment.

---

---

---

---