



Republic of Kenya

Ministry of Health

Standard Operating Procedure

REPORTING COMMUNITY DEATHS

1. Purpose/ Applicability

1.1 Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe the procedures and provide guidance for identifying, recording and reporting all community deaths. It also describes the quality control procedures for ensuring completeness of mortality reporting

Introduction:

Death reporting is a core function of CHVs and notification is an official process of Kenya's civil registration system. The verification of a death event must be completed by a designated registration official, which includes assistant chiefs, MOH personnel, and other government health workers. While not a formal part of death reporting through Civil Registration, as part of their duties, CHVs record births and deaths in the communities as they visit houses. In order to improve the completeness of coverage of death reporting, engaging CHVs is vital to strengthen the mortality surveillance system within the MOH system and bridge the efforts of the Civil Registration systems to that of the MOH.

Training is done in a ToT approach (Trainer of trainers), where the CHAs per sub-county are well trained then they will training the CHVs that report to them in their respective CHUs on filling of the locator form. CHVs will identify deaths by a combination of routine household interviews and community member reporting. Occurrence of a death in the community will prompt a CHV visit to the household to confirm the event and complete the Locator Form (LF). The CHV then submits the LF to their respective CHAs during their monthly meetings, where the CHA will check and verify the completeness of the LF and transmit the data from the LF to the sub-county HRIO. This will serve as a quality check to ensure that LFs filled by CHVs have been received by their respective CHA. The CHA will schedule verbal autopsies (VAs) with the family of the deceased to occur within 1-3 months of the death. We anticipate that many of the LFs filled by the CHV will be missing D1 and D2 serial numbers. For these, the CHA will visit the office of the Assistant Chief (AC) on a monthly basis. This visit will serve 3 purposes: 1) to

write the D2 serial number into LFs where they are missing, 2) to share all deaths captured by the CHVs with the AC, and 3) to see if the AC has identified any community deaths that the CHVs have missed. If the CHV has missed a death that the AC found, the CHA will fill out as much of the LF from the D2 that the AC has as possible, and return the LF to the appropriate CHV for the CHV to make a home visit and complete the LF.

2. Abbreviations

AC	Assistant Chief
CHV	Community Health Volunteer
CHA	Community Health Assistant
DM	Data Manager
HMT	Health Management Team
ICF	Informed Consent Form
KEMRI	Kenya Medical Research Institute
LF	Locator Form
MOH	Ministry of Health
QA	Quality Assurance
RO	Records Officer
SOP	Standard Operating Procedure
VA	Verbal autopsy
WHO	World Health Organization

3. Equipment and Materials

- Health Facility Death Verification Form
- Locator form
- Tablets
- Field Note books
- Pen
- CHV death notification log
- VA Log/Book
- VA process checklist
- Phone

4. Responsibilities

- 4.1 Country/County coordination (HMT).** Coordination of activities involved during VA implementation according to the guidelines and SOP and providing administrative and general oversight of VA activities within the region. This involves the implementation and review of this SOP as an approval authority.
- 4.2 Quality Assurance.** Providing oversight in data quality control measures to ensure quality data is generated in compliance to this SOP and the data quality protocol.
- 4.3 Data Management and VA software Programming:** is responsible for timely remote troubleshooting, data query and resolution, reporting and support to the teams, communication with partners in strengthening data quality processes and ensuring that the ODK tool kit is functional and updated as required. They will:
- Run daily data checks to confirm that VAs have been performed for home deaths within the 1-3 month time period. The DM will send a list of VAs that have not been performed within 2 months of the date of death to the TLs so that they can follow-up with the CHAs to allow for completion of the VA within the optimal time window of 3 months
 - Will ascertain completeness of VAs, run InterVA to determine cause of death, and provide monthly summaries to PIs and study coordinator for sharing with WHO
 - Development of VA software and set up of ICT infrastructure to support implementation of VA
 - Providing remote troubleshooting and user support.
 - Supporting data query and resolution
 - Reporting of data collection progress and data analysis results to inform the status and progress of VA implementation.
 - Identifying and documenting success and gaps in data collection.
 - Communication with partners in strengthening data quality processes
 - Ensuring that the ODK tool kit is functional and updated as required.

4.4 Field Supervisor (HMT): The field supervisor will oversee the day-to-day implementation of community mortality surveillance, and will:

- Collate and review all reported deaths and countercheck the authenticity of the reports with the respective study CHAs.
- Additionally, on a monthly basis the FS will visit the County Civil registry Office and collect data for all deaths from these offices to share with the DM for comparison with the database
- Will attend CHMT meetings in each of the Counties for which they are responsible as the need arises, but at least once per month to represent the senior project management at all relevant meetings within the county and ensure the local MOH and other partners are informed as appropriately.
- Will periodically conduct quality assurance and control of the verbal autopsies on every CHA.
- Will establish any training and re-training needs for the CHVs and CHAs through supervision of their daily activities and from scheduled meetings with the teams once a month.
- Will ensure that all personnel involved in mortality surveillance are equipped with supplies and adhere to all the procedures by reviewing all the logs

4.5 Community Health Assistant- Will be responsible for working with the CHVs, ACs, and TLs to record all deaths reported by the community in order to perform VAs on all community deaths, and will:

- Will receive a notification of a death in his/her area from the CHV, will fill in the CHA Notification/VA Log, and will meet the CHV in their monthly meetings to collect the LF
- Upon receiving the LF from the CHV, will check for completeness and verify and submit an electronic copy of the LF.
- Will visit the AC to:
 - Complete LFs where D1 and/or D2 serial numbers are missing.

- Will share all deaths captured by CHVs with ACs
- Determine if the AC is aware of deaths not captured by CHVs- if so, will partially fill in the LF as best as possible, and then give to the appropriate CHV to go to the house to complete the LF
- Will organize for VA to be done on all community deaths within 1-3 months from the date of death, or report refusal to the TL as appropriate.
- Will verify all community deaths reported by the CHVs to ascertain their validity before conducting a VA. In the event there is a discrepancy in the details the CHA will fill a changes and correction column in the CHA log.
- Ensure that CHVs have blank LFs for filling

4.6 Community Health Volunteer. The community Health Volunteer will be responsible for identifying deaths, filling LFs, submitting the LF to their respective CHAs in their monthly meetings and will:

- Be responsible for household reporting within their coverage area of the community
- Visit the household to confirm a death within 14 days of the event, and will fill out a LF
- Receive partially filled LFs from the CHA, when appropriate, to go to a household and complete the LF in the following scenarios:
 - When the DM has alerted the CHA that a USSD message was sent, but a LF has not been sent to the DM after 1 month, and neither the CHA nor the CHV can find the LF
 - When the CHA finds out about a death from the AC or the DM that the CHV had not reported

5. Procedures

5.1 Community sensitization

5.1.1 Community sensitization will be conducted by the MOH

5.1.2 The process will start with meeting of the county health management teams, county civil registration offices, local administration and community health extension officers.

5.1.3 The purpose of these meeting will be to ensure that the community understands the planned mortality surveillance, the process and the role of the community in reporting Deaths. The following topics will be discussed during the meeting: Mortality surveillance and the Importance of Civil Registration and Vital Statistics Systems.

5.2 Death Notification

5.2.1 A network of CHVs, the CHA, and other potential community members will be sensitized to report any death in the community by use of the LF

5.2.2 CHVs will ask about deaths from community members, whether the death occurred at the health facility or at home within the community

5.2.3 When a death identified, the CHVs will visit the family at home to console with the family and if appropriate, the death will be recorded in the Locator form. The CHV may book an appointment to revisit the family within 14 days of the death if they are unable to capture the death in the locator form during the first visit to the family.

5.2.4 After completing the LF as much as possible the CHV will submit the LF to their respective CHAs during their monthly meetings or earlier.

5.2.5 After the CHV fills the LF the study CHA will arrange to pick the LF from the CHV within two weeks, and the CHA will submit a digital copy of the LF. If the D1/D2 serial number was not available at the house, the CHA will still submit the LF but will also visit the AC's office every 2 weeks to:

- Inform the AC of all deaths reported by CHVs in the community
- Learn if the AC has heard of deaths that the CHV did not hear about- if so, the CHA will fill out a LF with the information available at the AC's office and give it to the appropriate CHV to complete at the house
- Complete the D1/D2 serial numbers on the LFs where these were missing. Once the D1/D2 is entered, the CHA will re-submit the digital copy of LF to the DM

5.2.6 The CHA will give all completed LFs and ICFs to the HRIO every month.

5.3 Conducting Verbal Autopsies

5.3.1 The sub-county CHAs will conduct VAs using the mortality CRF which is a questionnaire from the 2016 WHO VA instrument that is used for identifying probable cause of death in the absence of medical personnel to medically certify cause of death. It involves conducting an interview with the next of kin or a caregiver of the deceased after a culturally acceptable mourning period

5.3.2 The CHAs will visit families of the deceased to conduct VA interview, and complete the mortality CRF upon notification by the CHV.

5.3.3 CHAs are required to complete all VA interviews within 1 to 3 months after date of death, and in cases of unavailability of appropriate respondent or partially completed interviews, a re-visit is scheduled to the homes within 7 days of the initial visits.

5.3.4 In the event of a refusal, the CHA is to report the case to the supervisor for documentation.

5.3.5 CHAs should ask questions in a polite and neutral tone, and worded exactly as they are 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.

5.3.6 CHAs must ensure that the respondent has understood the questions - if not, questions should be repeated, slowly and clearly.

5.3.7 VAs to be coded using InterVA5 method

5.4 Data submission

5.4.1 The locator information is submitted to the database in a digitized form by the CHA. This will prompt for completion of VA interview within 1 to 3 months of notification.

5.4.2 The data on both notification and locator information is sent by the data manager to the field supervisors and CHAs for follow and monitoring of the VA coverage.

5.4.3 Data quality checks are conducted via scripts run by the data management teams for feedback to the study team. These checks include; validity of dates fields,

relationship of respondent to the deceased, data consistencies between locator form data and the VA data.

5.5 Quality control and quality assurance

5.5.1 The quality control checks are organized into two main visits:

- a. **Scheduled:** The sub-county HMT to visit a family of a deceased at the same time as the CHA to observe completion of a VA and provide feedback.
- b. **Random Checks:** The sub-county HMT will randomly accompany the VA interviewers during field visits to monitor the quality of the process

5.5.2 Every month the Field supervisors should verify if all assigned cases (VA interviews) are conducted as scheduled.

5.5.3 The Field supervisors shall periodically (quarterly) visit and work with each of CHA, in supervised VA interviews to assess if interviews are being conducted in sensitive and ethical manner for quality control

5.5.4 The data manager, field supervisors and the county coordinator will use data from death notification form to verify that all reported deaths have corresponding VAs completed as required.

5.5.5 Copies of the death notification form will be kept in secure file cabinets at the sub-county hubs and should be readily accessible to the quality monitoring teams both internal and external.

5.5.6 Weekly and monthly report of VAs in the mortality database will be generated by the study data manager to monitor performance, and to provide feedback to the field supervisors.

5.5.7 Number of deaths reported by CHV and number of VAs completed will be reviewed during the monthly and quarterly meetings of CHAs, field team leads, Field Supervisors, Quality assurance officer and Data manager.

5.5.8 The field supervisors and subcounty HMT will conduct regular meetings to discuss all VA-related activities, especially progress and coverage of VA conducted, as well as any problem that threatens the quality of data collection.

6. DOCUMENT CONTROL SECTION

SOP Tracking Review Log

Purpose: The log records this SOP's review dates and the status of the review. The Tracking Changes and Version Control Log are completed to detail status of the review.

When: The SOP will be reviewed every two years or more often when necessary.

By whom: Staff directly following the SOP (e.g. field supervisor, sub county HRIO, regional coordinators, etc) review the SOP. The review process is overseen by PI, country/county Coordinator and reviewed by the QA/Regulatory Officer

Supersede number/ Issue date (DD/MMM/YYYY	Version	Review date (DD/MMM/YYYY	Review status: Changes made: Y/N (Complete Tracking Changes Log below)	Reviewer's name and initials	Regulatory/QA staff name and initials

7. REFERENCES

1. Verbal autopsy standards: Manual for the Training of Interviewers on the use of the 2016 WHO VA Instrument V1.0
2. Kenya Verbal Autopsy Training Manual for Supervisor, Trainer, Interviews and data manager, MOH Mar 2018