



CRVS technical guide

SmartVA: Facilitator's Guide

April 2019





Resources available from the University of Melbourne, Bloomberg Philanthropies Data for Health Initiative

CRVS course prospectuses

These resources outline the context, training approach, course content and course objectives for the suite of CRVS trainings delivered through the Bloomberg Philanthropies Data for Health Initiative. Each course focuses on a specific CRVS intervention or concept, and is designed to support countries to strengthen their CRVS systems and data.

CRVS Fellowship reports and profiles

The CRVS Fellowship Program aims to build technical capacity in both individuals and institutions to enhance the quality, sustainability and health policy utility of CRVS systems in Fellows' home countries. *Fellowship reports* are written by Fellows as a component of the program, and document, in detail, the research outcomes of their Fellowship. *Fellowship profiles* provide a summary of Fellows' country context in relation to CRVS, an overview of the Fellowship experiences, the research topic and the projected impact of findings.

CRVS analyses and evaluations

These analytical and evaluative resources, generated through the Initiative, form a concise and accessible knowledge-base of outcomes and lessons learnt from CRVS initiatives and interventions. They report on works in progress, particularly for large or complex technical initiatives, and on specific components of projects that may be of more immediate relevance to stakeholders. These resources have a strong empirical focus, and are intended to provide evidence to assist planning and monitoring of in-country CRVS technical initiatives and other projects

CRVS best-practice and advocacy

Generated through the Initiative, CRVS best-practice and advocacy resources are based on a combination of technical knowledge, country experiences and scientific literature. These resources are intended to stimulate debate and ideas for in-country CRVS policy, planning, and capacity building, and promote the adoption of best-practice to strengthen CRVS systems worldwide.

CRVS country reports

CRVS country reports describe the capacity-building experiences and successes of strengthening CRVS systems in partner countries. These resources describe the state of CRVS systems-improvement and lessons learnt, and provide a baseline for comparison over time and between countries.

CRVS technical guides

Specific, technical and instructive resources in the form of *quick reference guides*, *user guides* and *action guides*. These guides provide a succinct overview and/or instructions for the implementation or operation of a specific CRVS-related intervention or tool.

CRVS tools

Interactive and practical resources designed to influence and align CRVS processes with established international or best-practice standards. These resources, which are used extensively in the Initiative's training courses, aim to change practice and ensure countries benefit from such changes by developing critical CRVS capacity among technical officers and ministries.

Published by the University of Melbourne, Civil Registration and Vital Statistics Improvement, Bloomberg Philanthropies Data for Health Initiative.

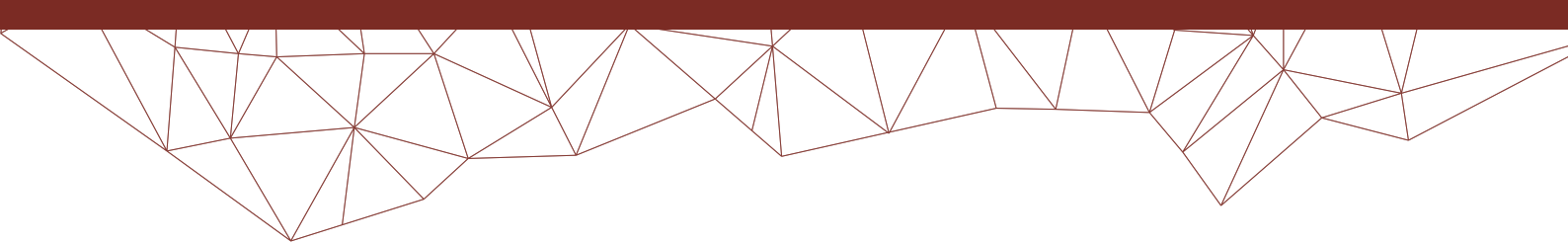
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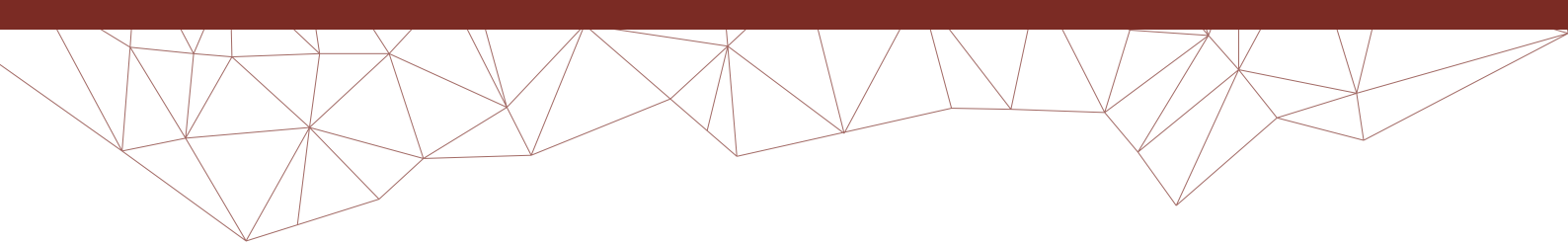
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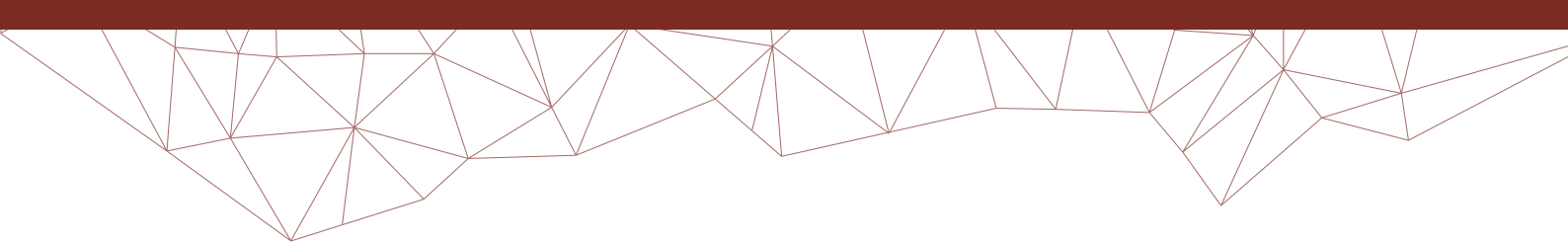
This manual provides generic information to intended VA master trainers on how to train VA interviewers and supervisors. It has been developed for implementation as part of a broader package of resources and tools. As such, countries are strongly recommended to adapt the manual to meet their local needs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

To be used in conjunction with *SmartVA: Interviewer's manual*



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Background

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

VA is the most practical option for diagnosing CODs when deaths occur outside hospitals or in health care facilities where it is not possible to assign COD, either due to limited diagnostic capabilities or because the patient arrived shortly before or after death. VA is a method for collecting information from the family about an individual's signs and symptoms prior to death, and interpreting these to diagnose the likely or most probable COD. The process consists of three basic steps: 1) setting up a VA interview by a trained VA staff member at the household (or other appropriate place); 2) conducting an interview and collecting information on signs and symptoms of illnesses/events that the deceased suffered before death; and 3) interpreting the interview data to diagnose the most likely COD.

About this guide

This guide has been produced to assist those who are responsible for training interviewers and supervisors on all aspects of VA using electronic collection methods, specifically, the SmartVA questionnaire and analytical software. It provides advice regarding preparatory activities and documents, slide presentations and equipment necessary to run the different sessions. Notes for facilitators and training tips are provided in italics throughout the guide. The guide covers the importance of VA for assigning COD for community deaths, the roles and responsibilities of VA interviewers and supervisors, ethics and sensitivity in conducting a VA interview, detailed review of the questions included in the four modules of the SmartVA questionnaire, and how to collect information using a tablet. It also includes a lesson plan and introduction to adult training principles, which are intended to assist facilitators to more effectively teach all aspects of VA using acknowledged best-practice training techniques. This guide should be used for the training of VA interviewers and supervisors responsible for the ethical collection of VA information using a tablet. Facilitators are encouraged to develop the curriculum for VA and adapt it to their country context, since this guide is intended as a generic resource. Some recommendations for adapting the curriculum are provided.

The course package includes accompanying PowerPoint slides for each session. It also includes tablet exercises (dummy questionnaire answers) and role-play case studies. The document *SmartVA: Interviewer's manual*, rather than this facilitator's guide, is intended to be distributed to the VA interviewers who will be the participants of this training. An example training schedule has been included (Annex 2). However, the schedule and duration of activities may vary by country and site and should be taken as guidance only.

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

Course summary

This five-day course will equip VA Interviewers and their supervisors with all the knowledge and skills required to conduct quality VA data collection using the SmartVA Questionnaire on a tablet.

Expected results

Interviewers

SmartVA interviewers understand and can apply the ethics and methods of conducting a VA interview using a tablet, and have actively participated in practical exercises to demonstrate their skills and capacity. They also understand the roles and responsibilities of interviewers and supervisors as they relate to their country context and can apply these in their verbal interviews.



Supervisors

SmartVA supervisors understand and can apply the ethics and methods of conducting a VA interview using a tablet, and other supervisory responsibilities for the implementation of routine VA.

Facilitators

SmartVA facilitators continue to improve their VA Interviewer training content and delivery based on their experience of training and feedback from the participants of VA Interviewer training. Facilitators are expected to review and update materials to make them contextually relevant as well as adapt methods to assist in the delivery of the course content.

Objectives

Interviewers

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

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

Supervisors

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

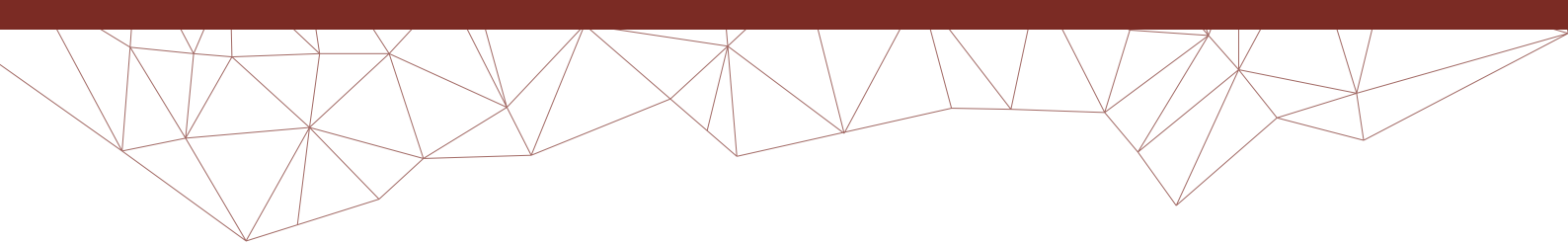
1. Explain the concept and purpose of VA within a CRVS system
2. Describe the purpose of SmartVA for generating COD data for the country
3. Explain how to conduct the VA activities according to general ethical standards
4. Explain how the deaths that require a SmartVA interview will be identified from reporting systems, as appropriate for the country
5. Describe the roles and responsibilities of supervisors regarding VA implementation and quality control
6. Explain the SmartVA questionnaire and the questions within the different modules, and how to ask questions and record information following a routine procedure, using a tablet/mobile (cell) phone
7. If applicable, conduct training of VA interviewers with minimal support.

Course prerequisites

Note that these prerequisites are the ideal, but may differ by country, depending on how VA is being implemented and integrated with the existing CRVS system.

Interviewers

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



Supervisors

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

Facilitators

- To cover the range of required experience and skills, it is highly recommended that each training course on VA for interviewers or supervisors has two facilitators. While not a necessity, some level of clinical knowledge (such as obtained through medical or nursing training) is of great benefit to conducting the training. In addition, familiarity and confidence with the technology needed to conduct VA (tablet, and electronic questionnaire) is needed amongst the facilitator team.
- Ideally, the facilitators would have participated in courses developed for D4H countries. They should have knowledge of CRVS systems and a good understanding of local mortality systems.

Course content

The course is delivered over four to five days, and has 16 main sessions:

1. Orientation, personal introduction, overview of agenda	10. Adult and Adolescent VA Module
2. What is a CRVS system?	11. Child VA Module
3. Overview of VA and SmartVA	12. Neonatal VA Module
4. Identifying deaths that require a VA interview	13. Tablet. Parts of a tablet and their uses. Troubleshooting
5. Roles and responsibilities of the VA interviewer	14. Using the tablet for VA. How to administer, collect, edit and save
6. Supervisory procedures	15. Role-play. Conducting the VA interview
7. Ethical training	16. Field practice of VA interviews using the tablet
8. Sensitivity training	
9. Review of SmartVA: Interviewer’s manual and General Information Module	

Duration

This is a four or five-day workshop, depending on the mix of participants and baseline level of knowledge. It is recommended that a facilitator meeting be arranged prior to the training to ensure the smooth running of the workshop.

The facilitation role is a full-time commitment, including evening review and preparation meetings.

The ideal number of participants is 20–25 persons.



Course materials

- *SmartVA: Facilitator's guide (this document, not for distribution to interviewers or supervisors)*
- Supplementary materials for facilitators:
 - VA Interviewer's self-assessment checklist
 - Supervisor's checklist
 - Example information sheet/consent form
 - Test for ethical training
 - Ethics exercise worksheet
 - Situation scenarios
 - Medical dictionary of terms
 - VA Interview - Observer's checklist
 - Feedback form
- *SmartVA: Interviewer's manual*
- Tablet exercises
- Role-play case studies
- PowerPoint presentations

Teaching and learning methods

Course delivery is based on adult learning principles. A range of teaching methods, such as presentations, discussions, case studies, exercises and group work, will be used to address the varying learning styles of course participants.

Summary of course flow

Each day has a theme. This makes it easier to explain the flow and ensure that every session relates to the whole. See Annex 2 for more details on the recommended agenda.

Day	Theme	Topics	Sessions
Day 1	General overview and introduction to VA	Introductions	<i>Session 1</i> Orientation, personal introductions and overview of agenda
		CRVS systems	<i>Session 2</i> What is a CRVS system?
		Verbal autopsy overview	<i>Session 3</i> Overview of VA and SmartVA
		Conducting a VA interview	<i>Session 4</i> Identifying deaths for a VA interview
			<i>Session 5</i> Roles and responsibilities of the VA interviewer
			<i>Session 6</i> Supervisory procedures
			<i>Session 7</i> Ethical training
<i>Session 8</i> Sensitivity training			
Day 2	VA modules in the SmartVA questionnaire	VA modules	<i>Session 9</i> Review SmartVA: Interviewer's manual and the General Module
			<i>Session 10</i> Adult & Adolescent VA Module
			<i>Session 11</i> Child VA Module
Day 3	VA modules and using tablets to collect VA data	VA modules	<i>Session 12</i> Neonatal VA Module
		Tablets	<i>Session 13</i> Tablets and troubleshooting
			<i>Session 14</i> Using the tablet for VA interviews
Day 4	Practical application of VA knowledge and skills	Role-play	<i>Session 15</i> Role play. Conducting a VA interview
		Field practice	<i>Session 16</i> Field practice of VA interviews using a tablet (theory and preparation)
Day 5	Practical application of VA knowledge and skills	Field practice	<i>Session 16</i> Field practice and feedback session
		Closing	Questions, course evaluation and closing



Day-by-day in detail

Day 1: General overview and introduction to verbal autopsy

(8 sessions, 7 teaching hours¹)

Objectives of the day

To explore and define the context for VA data collection in the country including the rationale for VA in strengthening CRVS systems, the roles and responsibilities of key staff in VA data collection and the ethics and sensitivities of conducting VA Interviews in the community.

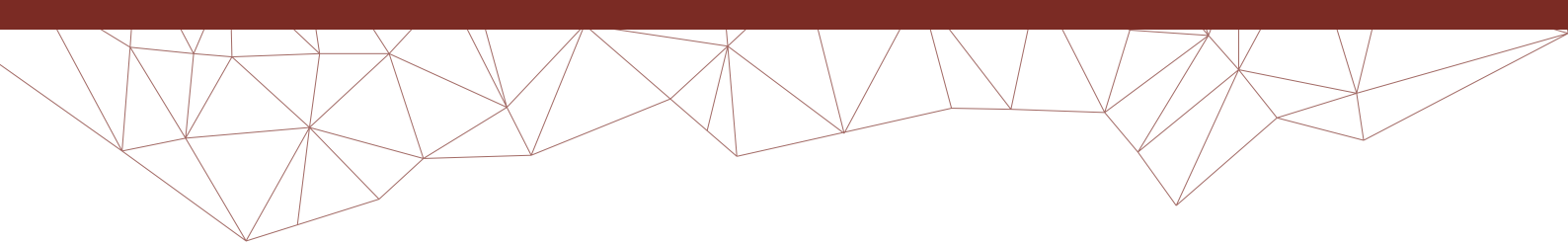
Session 1: Orientation, personal introductions and overview of the agenda

To explore and define the context for VA data collection in the country including the rationale for VA in strengthening CRVS systems, the role

Duration	60 minutes
Prepared ahead of time	Arrange for appropriate space to conduct the training
Additional materials needed	Provide: Agenda for interviewer training (Annex 2), Pre-training Test – Knowledge ²
Purpose and content	The purpose of this session is to welcome all participants to the training and provide an opportunity for them to get to know the trainers and one another. A brief overview of the training schedule should be provided and general housekeeping items addressed. Ideally a pre-training test should also be conducted.
Objectives	<ol style="list-style-type: none">1. To become familiar with the trainers2. To become familiar with the other participants3. To orientate the trainees on the schedule and discuss any questions they may have4. To conduct a pre-training test of knowledge and experience related to verbal autopsy activities
Getting started	<p>Slide Presentation: Orientation</p> <p>Welcome the participants and introduce the trainers. Explain the training schedule, times for coffee and meal breaks, and any other housekeeping items. Explain that slides will be presented during the training and there will be interactive activities to practise what has been learnt.</p> <p>Request that participants take 20 mins to conduct a pre-training assessment of knowledge and experience of verbal autopsy</p>

¹ Lunch and tea breaks are not included in this timing. See Annex 2 for a recommended agenda.

² These can be adapted from the SmartVA assessment tools package.



Activity 1.1: Introductions

Purpose: To introduce each participant and discover their expectations of the training.

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

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

Alternative activities:

- Ask participants to interview each other for two minutes, asking each other about their name, where they work, their experience in CRVS, and perhaps something informal (if you were not in this training where would you rather be?). Invite each participant to very briefly introduce the person they interviewed (about 30 seconds). This is a more personal way to do introductions, (which can become very boring) and is effective when participants may not know each other at all.
- Working in table groups, participants write on a large sheet of paper their expectations of: 1) the course, 2) the presenters and 3) each other. Allow the trainees about five minutes to brainstorm two or three points for each of the three expectations, then ask each group to put their summaries on the wall to review, perhaps over morning tea. After each group has finished, do a very quick summary of their key expectations of each other, as this then produces a set of ground rules for the course (for example, participants will arrive on time, be respectful of each other, have phones on silent).

Activity 1.2: Introduce agenda

Purpose: Inform the trainees of the schedule

Directions: Present the training schedule using PowerPoint. Ask participants if they have any questions about the agenda. Note that timing of sessions may vary according to need.

Activity 1.3: Conduct pre-training test of knowledge on verbal autopsy

Purpose: Obtain a baseline for the participants’ knowledge and experience for VA prior to the training.

Directions: Hand out the pre-training test form for knowledge. Explain that this is just to get a baseline for participants prior to training and that we would not expect them to know very much about verbal autopsy before the training.

Session 2: What is a civil registration and vital statistics system?

Duration	45 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Flipcharts and markers
Purpose and content	The purpose of this session is to give a brief overview of the operations of the CRVS system to provide the context for the integration of VA into CRVS.
Objectives	<ol style="list-style-type: none"> 1. Describe the purpose and goals of CRVS and the relationship between them 2. Explain the types of vital records collected by the CRVS 3. Explain benefits of the different elements of CRVS at the individual, administrative, vital statistics and public health programming and research levels
Getting started	<p>Slide Presentation: What is CRVS?</p> <p>Explain that this session covers the overall context for CRVS in the country. It illustrates the link between the civil registry and the vital statistics that are compiled from this information. The main purpose of this session is to allow participants to appreciate the broader context into which VA will be integrated and why it is needed.</p>

Activity 2.1: Description of the CRVS system

Directions³: Ask participants, 'What have you (as a private citizen) used the civil registration system for?' Write all responses on the board or on flipchart paper.

Ask participants, '*How is the information from the civil registration system used?*' Write all responses on the board or on flipchart paper.

Ask participants, '*What are the benefits of registration?*' Write all responses on the board or on flipchart paper.

Using these answers, discuss with the group their knowledge about the operations of the civil registration system, how the information collected is used for vital statistics and by other agencies. Discuss the benefits of registration for different stakeholders.

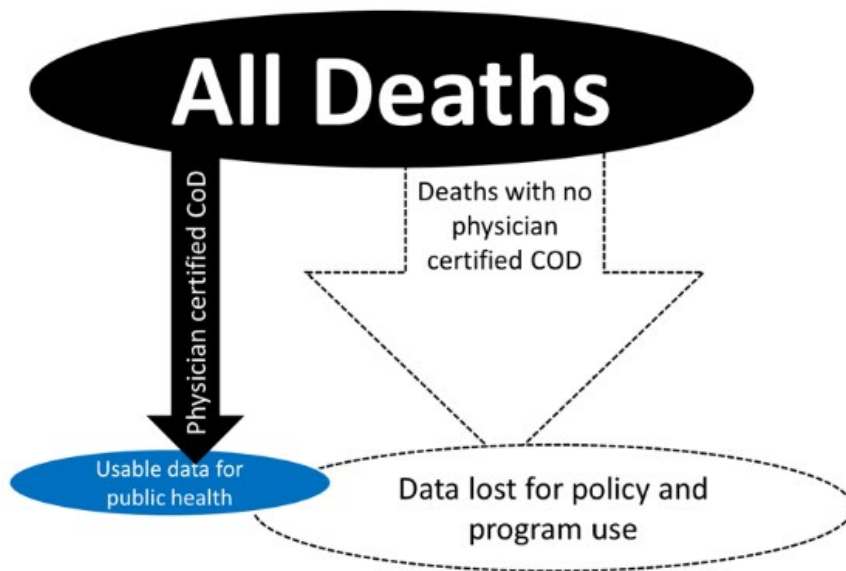
Explain: The civil registration system is used by the government to record vital events required by law or regulations. In most countries, information is collected on births, deaths, marriages, divorces and for a number of other events. We are interested in information collected through the registration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

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



Birth and death information from vital records is the most useful source of data to help us understand things like the size and age distribution of the population and, importantly, how many people are dying, and where and from what. This is important for planning of essential services for the population and to know where to allocate resources to health programs. For this we need accurate records of the sex and age of the deceased. We also need to know what they died from – the **cause of death (COD)**. Unfortunately, in many countries where many deaths occur in the community without a physician to assign a COD, much of the information on COD is lost. This means governments are making decisions based on information from only a small fraction of the population. This information may not represent the population as a whole, since the characteristics of those who die in hospital may be different from those who die in the community.

³ This activity can also be done in groups with discussion of the answers in the plenary.



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

Summary

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

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

Session 3: Overview of verbal autopsy and SmartVA

Duration	60 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Flipcharts, markers, (trainers should have a list of common CODs for the country/region)
Purpose and content	The purpose of this session is to give an overview of VA and SmartVA.
Objectives	<ol style="list-style-type: none">1. Describe the overall goal of VA and SmartVA2. Define VA and Smart VA3. Explain how information from a SmartVA interview is used to identify COD
Getting started	<p>Slide Presentation: Overview of verbal Autopsy and SmartVA</p> <p>Explain This session will provide an overview of VA and SmartVA so that participants understand the purpose of VA and the benefits of using the SmartVA methodology. VA aims to generate CODs of neonates, children, and adults & adolescents that die in the community. When someone dies in a hospital or health facility, a physician who has treated that person is able to record the underlying COD on a death certificate. However, since many people die outside of hospital we can use a VA interview to find out COD for the person that died. Sometimes, VA is also used when there is not enough information from the hospital records or from the attending physician to determine a COD.</p>

Activity 3.1: Importance of accurate information on CODs

Directions: Break participants into groups. Allocate to each group a topic: 'Adult/Adolescent', 'Child' or 'Neonate'.

Ask each group to answer the following questions:

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

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

Note to trainers:

What do we mean by COD? What are the CODs?

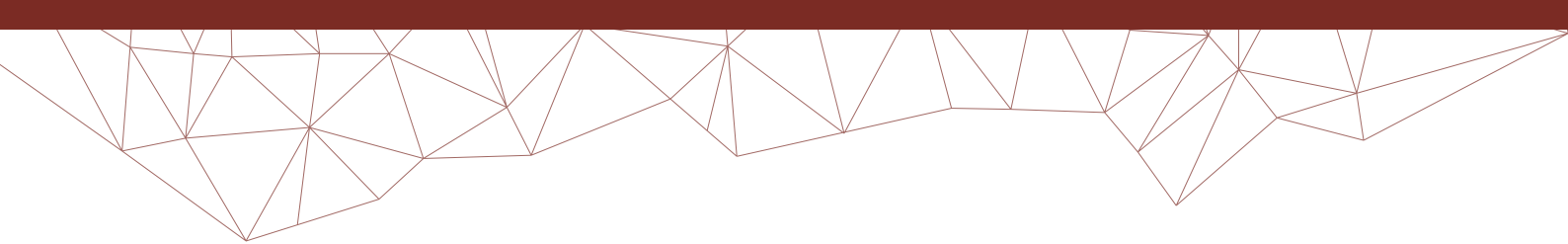
Have a list of common CODs and as you read the causes identified by participants, check or cross them off your list. Note any significant CODs that participants have not mentioned. Also note where participants have listed 'risk factors' (for example, hypertension, alcohol or smoking) rather than actual causes. Include a discussion on the difference between CODs and risk factors.

Why is it important for us to have accurate information on COD?

Discuss any points missing from participant responses. Key answers are as follows:

1. *To identify health program priorities*
2. *To evaluate health intervention programs*
3. *To understand COD trends (support ongoing surveillance, registration and certification of COD).*

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



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

Ask participants: *‘Does anyone have experience with a VA? Can anyone define a VA?’*

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

Alternative activity: Break into groups to discuss your current practice of collecting information on out of hospital death. Ask participants:

- *Do you collect data on out-of-hospital deaths? If yes, how?*
- *Are you confident about the information you collect?*
 - *If so, why?*
 - *If not, why not?*

What is the purpose of VA?

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

What is a VA interview?

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

1. Questions on injuries and accidents that may have directly led to the death of the deceased persons (Adult and Child modules only)
2. Questions about the deceased person’s signs and symptoms in the period leading to death
3. Questions on health care use and outcomes during terminal illness
4. Examination of medical records and death certificate if available in the home
5. A structured interview with an open history section. An open response allows the respondent to describe in their own words the events leading up to the death.

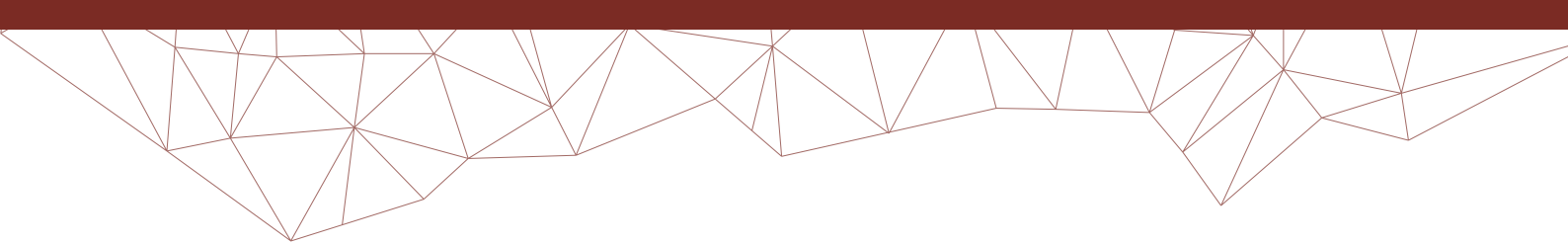
How do we determine the COD from the information obtained from the interview?

1. Automated (algorithms) method
2. Physician reviews.

Algorithms in general are step-by-step procedures for assigning a COD. They do not require expert input by medical personnel but follow a standard automatic method to derive a COD from VA questionnaires. These questionnaires enquire about the signs and symptoms of the deceased in the period leading to their death.

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

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



VA questionnaires. VA interviews use standardised VA questionnaires. A number of questionnaires have been developed and improved. For the purposes of conducting routine VA, a questionnaire that is as short as possible but still provides sound results for the probable COD is the most appropriate. The Population Health Metrics Research Consortium (PHMRC) shortened VA questionnaire (SmartVA questionnaire) has been validated, takes around 30 minutes on average to administer, and has been field tested in several countries. The SmartVA questionnaire has four modules. Depending on the age of the deceased, the following modules may be used:

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

What is SmartVA?

SmartVA is a package that includes the SmartVA questionnaire, software for electronic data collection of VA interview information using a mobile device (tablet or phone) and an automated diagnostic method (SmartVA Analyze) for deriving COD. The information from the VA interview produces COD estimates using Tariff 2.0. This method was designed and validated by the PHMRC, and was found to be the most reliable of all automated diagnostic methods, and better than PCVA at assigning COD at a population level.⁴

Summary

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

Teaching tips:

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

⁴ Adapted from Murray CJL, et al (2014). Using verbal autopsy to measure causes of death: the comparative performance of existing methods. *BMC Medicine* 12: 5. Available at <https://bmcmmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-5>



Session 4: Identifying deaths for the VA interview

Duration	45 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: Example death reporting/medical record form, ⁵ country business process map death in the community with VA (if available), Flip chart and markers
Purpose and content	To understand how deaths that require VA, whether in the community or from health facilities, will be identified.
Objectives	<ol style="list-style-type: none"> 1. Explain the process of identifying deaths that require VA, based on community reporting 2. Explain the key steps in order, from identifying a death to conducting the VA interview and sending the information for analysis
Getting started	<p>Slide Presentation: Identifying deaths for the VA interview</p> <p>Explain that this session is about how deaths will be identified for a VA Interview.</p>

Use slides to explain: Your job as the VA interviewer is to conduct the VA interview. These interviews are with family members (or other appropriate respondents) about an adult or child who has died recently.

How do we identify deaths for the VA interview?

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

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

When will interviews be conducted?

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

Activity 4.1: Identifying deaths for VA

Directions: Ask participants to describe the process for identifying deaths in their country. Ask them to identify the different agencies involved and the links between these agencies. Draw this as a flow chart on a flipchart or white board. In the plenary facilitate a discussion to ensure participants understand the process for identifying deaths and allocating VA interviews in their country and context.

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

Alternative activity:

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

⁵ This will be country-specific and will need to be discussed at the training of trainers session.

Teaching tips:

- *Small groups work best with around five people per group (big enough to have a range of opinions and small enough that everyone contributes). Groups with more than six people usually lead to one or two very disengaged participants.*
- *Inserting an activity to generate the flow of death notification has a couple of advantages:*
 - *You may generate additional means of identifying deaths.*
 - *The analysis exercise is more likely to reinforce the challenge of identifying deaths than simply asking people to discuss it – particularly when done as a group activity*

Summary

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

Session 5: Roles and responsibilities of the VA interviewer

Duration	60 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: VA interviewer's self-assessment checklist (Annex 3)
Purpose and content	The purpose of this session is to clarify the role of the VA interviewer.
Objectives	<ol style="list-style-type: none">1. Identify the main task of the VA interviewer and ways the VA interviewer can accomplish them2. Use the VA interviewer's self-assessment checklist to help improve performance3. List materials the VA interviewer will need4. Anticipate some of the challenges associated with conducting VA interviews and develop ways to deal with these challenges
Getting started	<p>Slide Presentation: Roles and responsibilities of the VA interviewer</p> <p>Explain: The procedures emphasise conducting the work in a high-quality manner. The main role of the VA interviewer is to collect information on signs and symptoms of deceased persons through interviews with an appropriate family member (the VA interview).</p>

Use slides to explain: The role of the VA Interviewer is to:

- Receive information on deaths from the community
- Locate households and identify the appropriate respondents
- Explain the purpose of the interview and conduct the VA interview and registration
- Discuss and solve problems with the supervisor
- Maintain good relations with the community

To do the best job possible, the VA interviewer must

- strive for continuous self-improvement of her/his performance
- maintain ethical standards
- meet/talk daily (or as per local arrangement) with her/his supervisor to receive interview assignments, to update work status and submit electronic data for onward transmission, as outlined/arranged locally and discuss problems encountered during the conduct of VA tasks

Explain: The VA interviewer's self-assessment checklist (Annex 3) lists these tasks and others that you must perform to conduct high-quality interviews. VA interviewers should review the checklist before each interview and complete the form after each VA interview to help them maintain and improve their performance. Supervisors will review the checklist with their VA interviewers to help solve any problems.



Activity 5.1: Review the interviewer's self-assessment checklist

Directions: Ask participants to read through the VA interviewer's self-assessment checklist. Ask them if they have any questions.

The VA interviewer will need to carry:

- fully charged tablets with installed SmartVA questionnaire
- informed consent forms and/or information sheets (if used)
- pens/writing utensils
- historical events calendar (for prompting on timing of events to estimate age)
- death notification form/apps (if appropriate) for notification of death via tablet.

Activity 5.2: Rearrange the tasks in the order they will occur

Directions: Below are six activities⁶ the interviewer will perform when conducting the interview. Ask the participants in their groups to rearrange the activities in the order that the interviewer will perform them. Ask participants to write these tasks in order on a flipchart. Provide only a short amount of time for them to do this.

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

1. Conduct the interview
2. Provide information about the VA interview to the household
3. Receive information on the occurrence of death in the community
4. Select the respondent
5. Thank the respondent for his/her participation
6. Obtain informed consent
7. Introduce yourself to the household

If there are any questions, discuss with participants.

FOR TRAINERS: Correct sequence of activities

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

Activity 5.3: Identify challenges to conducting VA activities

Directions: Either in small groups or as part of the plenary, **ask the participants** to think about the different roles and activities of the VA interviewers and to identify any challenges they can anticipate. Write these on a flipchart. Ask participants for suggestions on how they might deal with these challenges.

⁶ For specific countries, there may be additional activities to the six listed. If necessary, these can be added to the task list.

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

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

Summary

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

Session 6: Supervisory procedures

Duration	30 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: Copies of the VA Supervisor’s checklist (Annex 4)
Purpose and content	The purpose of this session is to explain supervisory procedures that must be followed during the VA activities.
Objectives	<ol style="list-style-type: none">1. List the supervisory procedures to be followed for the VA activities2. Describe the interviewers’ and supervisors’ roles in maintaining the quality of the interviews3. Understand and apply the VA supervisor’s checklist
Getting started	Slide Presentation: Supervisory procedures This session is to clarify the supervisory procedures for VA. This will vary by country but is a critical aspect of VA implementation to ensure challenges that VA Interviewers are facing are resolved and quality of the VA interview is preserved.

Use slides to explain: Certain supervisory procedures need to be followed to help maintain the quality of the work. The procedures stress continuous improvement. Smart VA interviewers will be supervised by the VA supervisor and the VA coordinator.⁷

The VA supervisor is responsible for ensuring the VA interviewers are well trained and prepared to conduct the interviews using a tablet. They will also supervise the interviewers to help them maintain the quality of their work and protect their general wellbeing regarding this challenging role. Annex 4 is a supervisor’s checklist to help the supervisors accomplish their role. The checklist can also help interviewers understand how they will interact with their supervisor.

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

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

⁷ These titles will vary by country but usually there will be a direct supervisor and an overall coordinator for the VA activities, often at different levels of government

- First, the interviewer should use all available resources and try to resolve problems on their own. They should be encouraged to strive for continuous self-improvement.
- Second, if the problem is more serious or persistent, the interviewer should talk to their VA supervisor to resolve the problem.
- Finally, if a problem persists, the VA interviewer and supervisor should contact the VA coordinator.

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

Activity 6.1: Reviewing the role of the VA supervisor

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

Note to trainers: The VA Interview- Observer’s Checklist (Annex 10) can also be used by the supervisor to assess how well the VA Interviewer is adhering to the conduct of a quality and ethical VA Interview. Often supervisors will be part of the training team, or they may be part of the group being trained on VA. If the supervisory team are present in the training, it is a good opportunity to discuss the different tasks and responsibilities (specific to the country) to ensure everyone is aware of their role.

Summary

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

Session 7: Ethical training

Duration	30 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: Example information sheet/consent form (Annex 5) if applicable, test for ethical training sheet (Annex 6), ethics exercise worksheet (Annex 7)
Purpose and content	To explain and ensure participants understand confidentiality, the importance of ethics and the concept of informed consent for any public health data collection.
Objectives	<ol style="list-style-type: none"> 1. Define three key principles of ethics for data collection 2. Define informed consent 3. Define confidentiality in conducting VA activities
Getting started	<p>Slide Presentation: Ethical training</p> <p>Explain: Any data collection must follow ethical standards. This session will explore ethical principles as they apply to VA</p>

Use slides to explain: We need to consider ethics to safeguard individuals, communities and society at large against unnecessary risks. There are three key ethical principles that govern all activities related to Public Health:

1. Autonomy - Respect for individuals’ autonomy.
 - Everyone has the right to determine their own participation.
 - Respect for autonomy of those who are capable of deliberating about their personal choices and for self-determination

Autonomy is maintained by

- Informed consent
- Questionnaires translated to the local language
- Confidentiality is maintained

2. Beneficence

An obligation to protect persons from harm, to minimize risks and maximize possible benefits.

Beneficence is maintained by

- Adequate mourning period given for relatives
- A probable COD is given⁸
- Ensure death is registered

3. Justice

- Fair distribution of risks and benefits

Justice is maintained by

- VA is done for all home deaths
- Delivering health care services will not be affected by their decision to participation

How do we ensure equitable and factual recruitment?

- Clearly describe the purpose of the VA activities – to identify COD and factors contributing to adult, child and neonatal deaths.
- Invite participation – REMEMBER – it is the woman's or man's choice.
- Describe the interview process – when, where, how long.

There are several key things to remember about **informed consent**.⁹ The interviewer should administer informed consent just before the interview. For electronic data collection, you need to get the main respondent's consent and check the 'Yes or No' radio button for recording consent. You should remember to inform the respondent about:

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

Team responsibilities

Supervisors are responsible for:

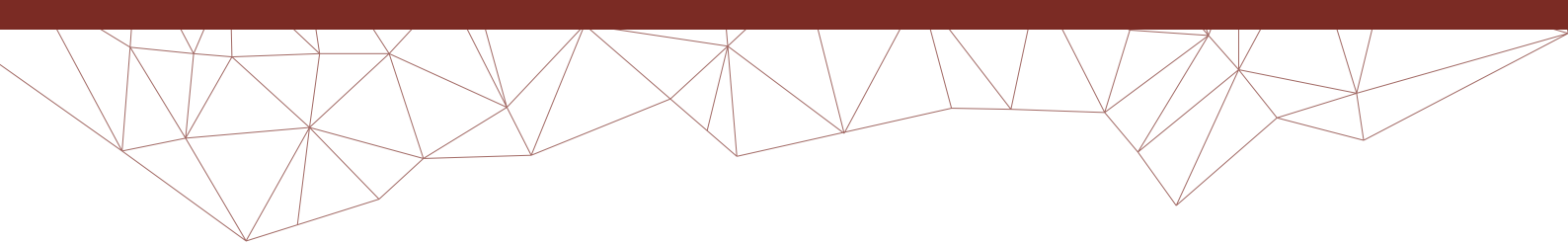
- Protecting the rights and welfare of human subjects by following ethical principles in conducting the activities.
- Training and supervising the VA team in ethical procedures.

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

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

⁸ This may not be possible within the framework of the VA activities

⁹ Some countries may not require formal informed consent for routine activities. However, the principles of informed consent still apply and respondents may still decline to conduct the interview.



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

Activity 7.1: Test for ethical training

Directions: Hand out the test for ethical training sheet to participants (Annex 6). Ask them to circle true or false for questions 1–3 and 5–7, and to circle the three correct choices for question 3.¹⁰

Review the answers to the test for ethical training. Discuss where there are questions or disagreements

ANSWERS TO TEST FOR ETHICAL TRAINING (FOR TRAINERS)
 (1) True (2) True (3) 1,2 and 3 (4) False (5) False (6) False

Activity 7.2: How ethical principles are affected by characteristics of participants/settings/interviewers

Directions: Hand out the ethics exercise worksheet (Annex 7). Ask participants to consider the different characteristics of participants/settings/interviewers and decide which ethical principles would be affected. When the groups have finished, discuss in the plenary.

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

¹⁰ This activity may also be done in the plenary by showing the questions and asking for the answers from the participants present.

FOR TRAINERS: Typical Answers - Ethical principles flawed by characteristics of the interviewers

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

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

Summary

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

Session 8: Sensitivity training

Duration	90 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out. A trained psychologist may be invited to facilitate the discussion
Additional materials needed	Flipchart, markers. Provide: Situation scenarios (Annex 8)
Purpose and content	To obtain a brief overview and understanding of the psychology behind the loss of a loved one and to learn communication techniques to help administer the VA questionnaire in a sensitive manner.
Objectives	<ol style="list-style-type: none"> 1. Discuss what it means to have a loss of a family member or household resident 2. Identify some possible reactions of respondents and sensitive ways to deal with such responses. 3. Approach the family and initiate the introduction and identify the best respondent 4. Apply communication techniques to help the respondent feel more comfortable
Getting started	<p>Slide Presentation: Sensitivity training</p> <p>During this session, you may ask a trained psychologist to help you facilitate discussion of what it means to have a loss. Participants may also share personal experiences of death and mourning if they wish.</p> <p>Conducting a VA Interview is difficult and requires a sensitive approach. Family members are likely to be in mourning and grief can exhibit in a number of ways. The VA Interviewer needs to make the respondent as comfortable as possible in order to obtain the information they need from the VA Interview and ensure they do not cause unnecessary distress to the respondent. This session explores some of the issues and some techniques to deal with issues that may arise during the VA Interview.</p>



Activity 8.1: Conducting a VA in a sensitive manner

Directions: Ask participants to break into groups and discuss:

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

Discuss in the plenary.

FOR TRAINERS: Possible answers may include:

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

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

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

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

Approaching the household to conduct the VA interview

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

Step 1: Approach the household and manage the scene

You will receive information from your supervisors/surveillance system record or from the health facility log about the address/location information of the deceased person. You may also consider working with local respected persons (for example schoolteachers or village leaders) to prearrange the meeting. They may accompany you to the interview as locally appropriate.

- Be sensitive to observe the mourning period as well as any other sensitive date (birthday, death anniversary, religious holiday) in which it may be inappropriate to conduct the interview.
- Arrive to the household as agreed. Make sure to carry your identification, tablet, consent form/information sheet (if appropriate), and wear appropriate attire.

Step 2: Identify the best respondent(s)

Talk with family members – introduce yourself and tell them the purpose of the visit. Build a rapport with them. Allow time to ask questions to make them clear about the purpose of work – the risks, benefits, what will be involved and confidentiality of the information collected. If they agree, then identify a good respondent

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

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

A good respondent is a person who:

- was present during the illness and the time of death
- was involved in the care of the deceased during the illness and at the time of death
- knew the deceased very well
- knew the habits and lifestyle of the deceased.

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

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

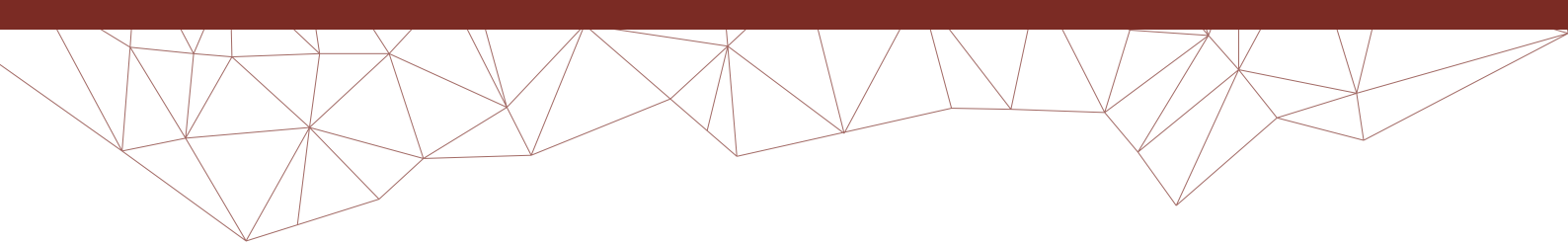
If official informed consent is required, remember to read the informed consent form exactly as it appears. Once the respondent agrees to participate, the respondent should click the radio button of the relevant question in the tablet to indicate his/her consent.

Even if official informed consent is not necessary, the respondent can still refuse to conduct the interview. They need to understand well the risks, benefits and purpose of the interview, what will be involved, the confidentiality of the information and how long it will take.

Step 4: Conduct the interview.

Identify a comfortable place and look for a place with some privacy

- The application of a VA is a very difficult interview, in which memories and sensitive issues will be raised. Be aware of that, and respect the respondent at all times.
- If required, you may take a pause during the interview. In some instances, the data collection protocol may include, as an ethical consideration, emotional support for the interviewees after the VA collection.



Activity 8.2: Communication techniques for successful interviews

Directions: Ask participants,

When conducting a verbal autopsy interview:

- *What should you do if the respondent doesn't understand a question?*
- *What should you do if the respondent starts talking about things that are not in the questionnaire?*
- *How should you respond to the answers that are given by respondents?*
- *What are some communication techniques to help the respondent feel more comfortable answering questions?*

Discuss in the plenary.

FOR TRAINERS: Possible answers may include:

- *Why is it important that you, as interviewers, be sensitive when conducting the VA interviews?*
Repeat the question as it appears in the questionnaire. If they still do not understand, try using alternative words or probe. For example, if the respondent does not know who delivered the baby you could ask "Who was in the room when the baby was born?" Provide time for the respondent to think before they give their answer.

- *What should you do if the respondent starts talking about things that are not in the questionnaire?*
Allow the respondent to talk. When there is a natural pause, gently bring them back to the questions in the VA questionnaire.

How should you respond to the answers that are given by respondents?

The VA Interviewer should remain neutral at all times – both in the delivery of the questions and in receiving the answers from the respondent. The VA Interviewer should not anticipate answers or indicate to the respondent which response is correct. This will bias the interview.

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

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

Activity 8.3: Problem solving sensitive situations

Directions: Hand out Annex 8, 'Situation scenarios'. Ask the participants to discuss the situations in pairs. Then facilitate a group discussion about how to handle the situations.

Teaching Tip: *As much as possible, participants should decide how to handle the situations by themselves. This will give them confidence in similar situations in the field. Use your own experience and the guidance provided in Annex 8 to provide help when needed. Try not to tell the participants the right thing to do. Rather, give hints or ask questions that will help them get back on the right path.*

Role-plays are an effective way to encourage reflective thinking of participants. An alternative to discussing each of the scenarios in Annex 8 is to give each small group one scenario and get them to act it out for the other participants and then follow up with a plenary discussion of potential solutions. One way of doing this would be that each group becomes the family within the scenarios 1, 2, 3, 4 and 5. A member of a different group is assigned as the VA interviewer and has to 'face' the difficult scenario. Role-play will be further explored in Session 15: Role-play.

Summary

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

Day 2: VA modules

(3 sessions, 6 ½ teaching hours)

Objectives of the day

To review *SmartVA: Interviewer’s manual* in detail and provide participants with the opportunity to review and discuss the general, adult and child modules of the SmartVA questionnaire.

Session 9: Review of SmartVA: Interviewer’s manual and General Information Module

Duration	90 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: <i>SmartVA: Interviewer’s manual</i>
Purpose and content	To review <i>SmartVA: Interviewer’s manual</i> and General Information Module for all VA interviews.
Objectives	<ol style="list-style-type: none">1. Navigate the sections in the <i>SmartVA: Interviewer’s manual</i>2. Explain the purpose and content of the VA General Information Module
Getting started	Slide Presentation: SmartVA: Interviewer’s manual and General Module This session will cover the VA Interviewer’s manual and the General Module of the SmartVA questionnaire.

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

The manual includes:

- background information about the SmartVA questionnaire and the VA method
- general instructions about completing the interview using the tablet
- question-by-question details for the General Information Module, Neonate Module, Child Module, and Adult & Adolescent Module.

Activity 9.1: Reviewing the VA Interviewer Manual

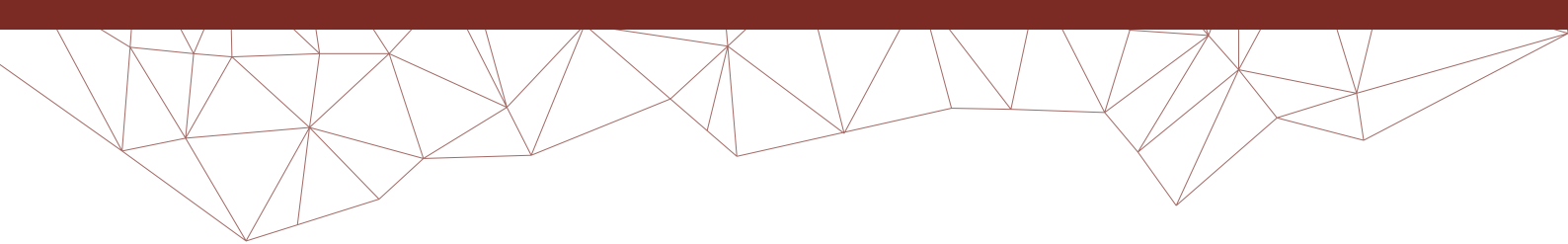
Directions: Ask participants to briefly review the different sections of the VA Interviewer manual. Discuss any questions in the plenary.

The SmartVA questionnaire

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

VA General Information Module

Using slides explain: The General Information Module will be used in all VA interviews irrespective of the age of the deceased. This module contains background information about the deceased and may be completed **BEFORE** the interview and loaded onto the tablet in advance. The General Module is the only aspect of the SmartVA questionnaire that may be changed in line with country requirements. As such, fields may vary by country.



Fields to enter in the General Module

Preliminary information such as details of the VA Interviewer (name, contact details) appear at the beginning of the SmartVA Interview.

Section 1: Consent

Explain: Whether or not official consent is needed for the VA Interview, the VA Interviewer is required to explain the purpose of the VA Interview, the risks and benefits and what will be involved. If the respondent gives permission, the VA Interviewer can press “Yes”. If they do not give permission, the VA Interviewer must press “No” and the interview will skip to the end and the interview will be terminated.

Section 2: Questions on the deceased

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

Section 3: Information about the respondent

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

Section 4: Questions on the registration and notification of death¹¹

Explain: This section is intended to determine whether the death has been notified and/or registered with the civil registration office, and if the deceased has a national identification card number to use to link the deceased to the national civil registration database. If the deceased is too young, the ID of one of the parents may be used.

Activity 9.2: Reviewing the General Module of the SmartVA Questionnaire

Directions: Ask participants to use the VA Interviewer’s guide to review the General Module of the SmartVA questionnaire. Discuss any questions in the plenary.

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

Summary

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

Session 10: Adult and Adolescent VA Module

Duration	120 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: <i>SmartVA: Interviewer’s manual</i> ; medical dictionary of terms (Annex 9)
Purpose and content	To review the Adult & Adolescent VA Module question by question
Objectives	<ul style="list-style-type: none"> ■ Explain all questions in the Adult & Adolescent VA Module ■ Understand which questions will be difficult to explain and find local terms to help describe them
Getting started	<p>Slide Presentation: SmartVA Adult & Adolescent Module</p> <p>This session involves reviewing the different sections of the SmartVA Adult & Adolescent VA module. This is the longest of the age-specific modules.</p>

¹¹ In some countries, this section is not included in the General Information Module.

Note to trainers: To ensure that participants remain engaged, it is important to involve them in the review of the questions. The facilitator can provide an overall introduction to the section using PowerPoint slides and then ask participants to review questions in groups before discussion in the plenary. SmartVA: Interviewer's manual can be used to run through the questions and their meanings

Use slides to explain: The Adult & Adolescent Module contains a series of questions divided into seven sections. The questions include all those that might be asked during an interview about an adult death (12 years and above). When using the tablet, skip patterns that occur in response to questions mean that for each interview only some of these questions will be asked. However, it is important for VA interviewers and supervisors to fully understand all the questions that might need to be asked for this module. This is the purpose of this session.

The Adult & Adolescent Module includes seven sections.

1. Injuries and accidents
2. History of chronic conditions of the deceased
3. Symptom checklist
4. Questions for women
5. Tobacco use
6. Health Records
7. Open-ended response (11 keyword checklist)

Section 1: Injuries and accidents

Explain: The interview for the Adult & Adolescent Module starts with questions on injuries and accidents. The tablet will move to this module after the General Information Module if the age of the deceased is 12 years or older at the time of death. Since we are interested in the underlying COD, at the beginning of the module there is a screening question to establish whether this was due to an injury. In this instance questions on conditions not relevant to the death need not be asked.

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

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

The answer to this question will determine whether the tablet will skip to the next relevant section in the module (History of Chronic conditions) or proceed to other questions about the injury.

It is very important to establish that the injury was directly related to the death and

- NOT an injury in the past that is not related to the death
- NOT the result of other medical conditions – e.g. if someone suffered a fall due to a stroke injury is not the underlying cause of death

Other symptom questions will not be asked if the death was due to an accident/injury and the questionnaire will skip to "Health Records" section.

Section 2: History of chronic conditions of the deceased

Explain: These questions ask about any history of nine listed chronic conditions that the deceased may have had. *We are interested only about whether a health professional (doctor, nurse, paramedic, for example) diagnosed the deceased or told them they were suffering from these conditions.* Ensure participants understand what we mean by health professional, especially if interviewers are not health professional themselves. During the cause of death analysis, there is a high emphasis on conditions that have been confirmed by a health professional so we should not miss these cases.

Some diseases are difficult to explain and may not have a direct translation. The respondent may not have been told the name of the disease that their family member was suffering from. If the deceased was not told the name of the disease but they were treated in a facility for a chronic illness we can ask if they were **treated** for particular symptoms. It is important to clarify that they were actually treated for these symptoms by a health professional.

For example:

COPD (Chronic Obstructive Pulmonary Disease)

- Was the deceased treated for chronic cough and breathlessness on more than two occasions in a health facility?

Note to trainers: There may be many different names for the chronic conditions being described. A medical dictionary should be compiled prior to the training for discussion (see Annex 9) and used in the training.

Section 3: Symptom checklist

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

The questions that appear on the tablet will be determined by the responses and skip patterns to previous questions.

For example:

“Did _____ have a cough”

- Coughs are common symptom in many conditions. Saying ‘No’ to this question will mean that all other questions about cough will be skipped

In addition, certain symptom questions may need to be clarified.

For example:

- The difference between coughing blood and vomiting blood
 - Blood in the vomit could look like ‘coffee grounds’ (black)
- Difficulty swallowing
 - A sensation of food getting ‘stuck’
 - Usually reported by patients to their relatives

Explanations and guidance on all questions – including those related to symptoms - are included in *SmartVA: Interviewer’s Manual*.

Section 4: Questions for women

This section will be completed only if the deceased was a woman. They are aimed at understanding whether the COD relates to sex (for example, maternal death). If the deceased was a man, the tablet will automatically skip to Section 5: Tobacco use.

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

There are certain questions to establish if the deceased woman was in her child-bearing years. Different questions will be asked depending on the age of the woman as follows:

- If under 18

Did _____ ever have a period or menstruate?

 - If “Yes” will proceed with questions related to pregnancy
 - If “No” will go straight to ‘Tobacco Use’ section
- If between 18 and 39 years –automatically ask questions about pregnancy
- If 40-59 years

Had _____’s periods stopped naturally because of menopause?

 - If “Yes” there will be some further questions about post-menopausal symptoms
 - If “No” pregnancy related questions will be asked

The interviewer may need to clarify with the respondent to avoid asking unnecessary pregnancy questions for women under 60 who have reached menopause

- For women 60 and above it will be assumed they have reached menopause and only questions on post-menopausal symptoms will be asked.

There are a couple of questions in this section that relate to abortion. In the context of the SmartVA questionnaire, abortion relates to either spontaneous or induced abortion. It is not necessary to clarify which.

Section 5: Tobacco use

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

Section 6: Health records

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

Information to be noted in the free-text fields of the Health records section of the SmartVA questionnaire relate to diagnosis. Interviewers should not transcribe the notes in full. If only one cause of death is available on the death certificate, this should be included on the first line in the death certificate section of the SmartVA questionnaire.

Section 7: Open-ended response

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

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

If, during the open-ended response, the interviewer hears one of the keywords, they should ask the respondent to pause momentarily and then record the word of interest by checking the box. Once the box is checked, the respondent should be asked to continue. They should be asked to pause each time a key word is mentioned, until the interview is finished. It is important that the respondent be allowed to spontaneously mention words and that this is not prompted by the interviewer.

See SmartVA: Interviewer's manual for more information.



Activity 10.1: Reviewing the questions in the Adult and Adolescent Module

Directions: Break the class into groups and ask them to review the Adult & Adolescent VA Module.

Ask them to consider:

- questions that they think will be difficult to explain
- any answers that are not clear
- questions that are particularly sensitive
- what sort of health record will be available
- what should be written in the 'transcribe note'?

Once the groups have reviewed the Adult & Adolescent Module, ask participants to describe:

- *Chronic Obstructive Pulmonary disease*
- *Pattern of fever*
- *Difficulty swallowing*
- *Neck stiffness in an adult*
- *Abortion (as it applies in this questionnaire)*

At the end of the review of the adult module, review the medical dictionary of terms (Annex 9). Discuss the different local terms for diseases and symptoms and ensure VA interviewers are familiar with them. Discuss additional terms or symptoms that could be added to this medical dictionary.

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

Summary

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

Session 11: Child VA Module

Duration	120 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: SmartVA: Interviewer's manual; medical dictionary of terms (Annex 9)
Purpose and content	To review the Child VA Module question by question
Objectives	<ol style="list-style-type: none"> 1. Explain all questions in the Child VA Module 2. Understand which questions will be difficult to explain and find local terms to help describe them
Getting started	<p>Slide Presentation: SmartVA Child Module</p> <p>Provide: SmartVA: Interviewer's manual and medical dictionary of terms</p> <p>This session involves reviewing the different sections of the SmartVA Questionnaire Child module.</p>

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



The Child Module includes five sections.

1. Child injuries and accidents
2. Background
3. Infant and child deaths
4. Health Records
5. Open-ended response (10 keyword checklist)

Section 1: Child injuries and accidents

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

Since we are interested in the underlying COD, at the beginning of the module there is a screening question to establish whether this was an injury. Questions on conditions not relevant to the death need not be asked.

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

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

The answer to this question will determine whether the tablet will skip to the next relevant section or proceed to other questions about the injury. Other symptom questions will not be asked if the death was due to an accident/injury and the questionnaire will skip to "Health Records" section. Therefore it is important to clarify that the injury lead directly to the death of the deceased.

Section 2: Background

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

Section 3: Infant and child deaths

Explain: These questions ask about different signs and symptoms before the death. For some questions, the tablet will show a photo that can be used by the VA interviewer to help them understand the questions better and explain them to the family. Due to the nature of the pictures, showing these to the family members is not recommended.

Photos for the following conditions are available in the tablet:

1. head too small
2. head too large
3. mass defect at back of head/spine
4. other defect (i.e. cleft lip)
5. bulging fontanelle
6. Chest in-drawing
7. stiff neck.

Section 4: Health records

Explain: It is important to get information from the health records if the family has them in the home. If a record of care provided during the fatal illness is available, or if the death certificate is available, record the main diagnosis or cause of death.

The Health records section of the child module includes some questions about the HIV status of the mother. These questions will not be asked if the child died due to injury or accident.

Section 5: Open-ended response

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

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

If, during the open-ended response, the interviewer hears one of the keywords, they should ask the respondent to pause momentarily and then record the word of interest by checking the box. Once the box is checked, the respondent should be asked to continue. They should be asked to pause each time a key word is mentioned, until the interview is finished. It is important that the respondent be allowed to spontaneously mention words and that this is not prompted by the interviewer.

Note: More information is available in *SmartVA: Interviewer's manual*.

Activity 11.1: Reviewing the questions in the Child VA Module

Directions: Break the class into groups and ask them to review the Child VA Module.

Ask them to consider:

- questions that they think will be difficult to explain
- any answers that are not clear
- questions that are particularly sensitive
- what sort of health records will be available
- what should be written in the 'transcribe note'?

Once the groups have reviewed the Child VA Module, ask participants to describe:

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

At the end of the review of the child VA module, review the medical dictionary of terms (Annex 9). Discuss the different local terms for diseases and symptoms relating to children and ensure VA interviewers are familiar with them. Discuss additional terms or symptoms that could be added to this medical dictionary.

Summary

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

Day 3: VA modules and using tablets

(3 sessions, 6 ½ teaching hours)

Objectives of the day

To review and discuss the Neonatal Module and provide a brief overview on tablets, their parts and functions, how to take routine care of tablets and how to troubleshoot the most commonly reported problems of tablets. Learn how to conduct a VA Interview using the SmartVA questionnaire on a tablet.

Session 12: Neonatal VA Module

Duration	120 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: <i>SmartVA: Interviewer’s manual</i>
Purpose and content	To review the Neonatal VA Module.
Objectives	<ol style="list-style-type: none">1. Explain all questions in the Neonatal VA Module2. Understand which questions will be difficult to explain and find local terms to help describe them
Getting started	Slide Presentation: SmartVA Neonatal Module, Review Quiz -Questionnaire Provide: SmartVA: Interviewer’s manual and medical dictionary of terms. This session involves reviewing the different sections of the SmartVA Questionnaire Neonatal module.

Explain: If the deceased is aged 28 days or younger, the tablet will select the Neonate Module, which is made up of five sections.

1. Background
2. Maternal history
3. Neonatal death
4. Health Records
5. Open response (seven keyword checklist)

Section 1: Background

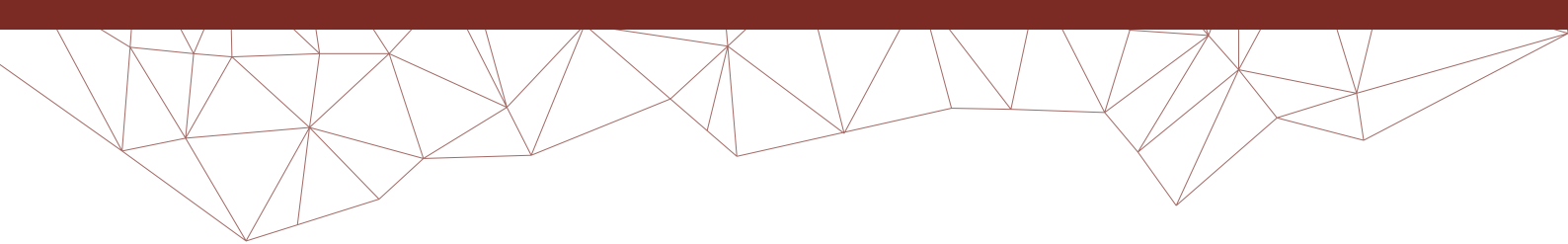
Explain: The background section helps the interviewer understand the circumstances of the baby who has died. This section will give some basic information about the neonate at the time of birth.

For some questions there are pictures that help the VA interviewer to understand the problem and explain it to the family. Due to the nature of the pictures, showing these to the family members is not recommended.

Photos for the following conditions are available in the tablet:

1. head too small
2. head too large
3. mass defect at back of head/spine
4. other defect (for example, cleft lip)
5. bulging fontanelle
6. chest in-drawing.

There are different questions in the neonatal module depending on whether this was a live birth or a still birth. A stillbirth is defined as: the birth of a dead fetus of at least 28 weeks of gestation.



There are three critical questions to establish if this was a live birth or a still birth since still birth will not exhibit these signs.

- Did the baby ever cry?
- Did the baby ever move?
- Did the baby ever breathe?

Answering “No” to all these questions will define this as a stillbirth¹²

If any of the questions are answered “Yes” (or ‘don’t know’ or ‘Refused to answer’) this will be defined as a live birth

If this was a stillbirth, other, specific questions are asked in the background section. Then the tablet will skip to Section 4: Health Records section.

If it is a live birth, then the tablet will skip to Section 2: Maternal history.

Section 2: Maternal history

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

Section 3: Neonatal deaths

Explain: These questions ask about different signs and symptoms the neonate may have had before the death. During the interview, if the question asks about a condition and there is an instruction ‘(Show Photo)’, then the VA Interviewer can decide whether to show the corresponding photo on the tablet screen. However, due to the nature of the pictures, showing these to the family members may not be appropriate.

Section 4: Health records

Explain: It is important to get information directly from the health records if the family has them in the home. If a record of the care provided during the fatal illness is available, or if the death certificate is available, copy the information on final diagnosis or cause of death. In this module there are some additional questions about the weight of the neonate.

Section 5: Open-ended response

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

Key words	Mentioned
Asphyxia (lack of oxygen)	<input type="checkbox"/>
Incubator	<input type="checkbox"/>
Lung Problems	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>
Preterm Delivery	<input type="checkbox"/>
Respiratory Distress	<input type="checkbox"/>

If, during the open-ended response, the interviewer hears one of the keywords, they should ask the respondent to pause momentarily and then record the word of interest by checking the box. Once the box is checked, the respondent should be asked to continue. They should be asked to pause each time a key word is mentioned, until the interview is finished. It is important that the respondent be allowed to spontaneously mention words and that this is not prompted by the interviewer.

Note: Please review SmartVA: Interviewer’s manual for more information.

¹² If age as inputted into the general module is greater than 0 and respondent replies “No” to all three question there will be a clarifying question about age.



Activity 12.1: Reviewing the questions in the Neonatal VA Module

Directions: Break the class into groups and ask them to review the Neonatal VA Module

Ask them to consider:

- questions that they think will be difficult to explain
- any answers that are not clear
- questions that are particularly sensitive
- what sort of health record will be available
- what should be written in the 'transcribe note'?

Once the groups have reviewed the Neonatal Module, ask participants to describe:

- a 'normal size' baby
- 'pulpy' in relation to a stillbirth
- gross congenital abnormalities
- in-drawing of the chest.

At the end of the review of the neonatal module, review the medical dictionary of terms (Annex 9). Discuss the different local terms for diseases and symptoms relating to neonates and ensure VA interviewers are familiar with them. Discuss additional terms or symptoms that could be added to this medical dictionary.

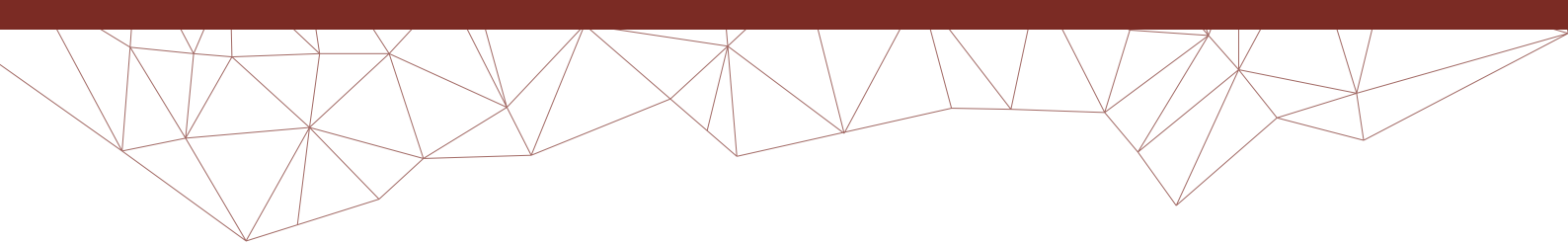
Summary

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

Activity: Reviewing the SmartVA Questionnaire – quick quiz

At the end of the review of the four modules of the SmartVA Questionnaire facilitators may conduct a review session. This involves a quick quiz on different aspects of the questionnaire in a plenary session.

Directions: Use slides **Review Quiz – Questionnaire** to ask participants questions relating to the modules of the SmartVA questionnaire.



Session 13: Tablet. Parts of tablets and functions. Troubleshooting

Duration	60 minutes
Prepared ahead of time	Have slides ready to present and copies to hand out Tablets should have ODK Collect installed and country version of the SmartVA questionnaire uploaded (one for each participant)
Additional materials needed	May invite an IT staff member to facilitate discussion or support this part of the training Provide: Tablets with ODK Collect and SmartVA questionnaire uploaded
Purpose and content	To provide a brief overview of tablets, including their parts and functions. ¹³ How to take routine care of tablets and how to troubleshoot their most commonly reported problems.
Objectives	<ol style="list-style-type: none">1. Identify different parts of Tablets and how to use them during data collection2. Know how to charge the Tablets3. Be able to solve common problems with the tablet
Getting started	Slide Presentation: Tablet: Parts of the tablet, functions, Trouble-shooting Supply: Tablets to participants This session will review the basic functions of the tablet. The VA interviewer needs to be very familiar with this to feel comfortable operating the tablet in the field.

Activity 13.1: Practising with the tablet

Directions: Allow participants to identify parts/buttons on the tablet and practise its use (Figure 1). Answer queries that arise.

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

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

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

¹³ Countries will use different types of tablet. The facilitator should be fully familiar with the tablet being used and be able to demonstrate all its features.

Figure 1: Parts of a tablet (Samsung Galaxy)



Activity 13.2: Overcoming common problems with tablets

Directions: Allow participants to practise:

- pressing and holding the wake/sleep button
- connecting the tablet to a power adaptor
- performing a soft reset
- safely removing the SD card.



Session 14: Using the tablet for VA. How to administer, collect, edit and save

Duration	150 minutes
Prepared ahead of time	Software such as DroidAtScreen or Bluestacks for demonstrating the tablet on screen on facilitator’s computer
Additional materials needed	Provide: <i>SmartVA: Interviewer’s manual</i> , tablet exercises for adult, child and neonate. Tablets.
Purpose and content	To provide a brief overview and understanding of how to open the SmartVA questionnaire and how to operate the tablet and administer the VA questionnaire. To provide an opportunity for participants to get familiar with operating the tablet to conduct a VA interview.
Objectives	<ol style="list-style-type: none"> 1. Proficiency to open the SmartVA questionnaire on the tablet, collect, edit and save the data from a VA Interview and (if applicable) send to an external server. 2. Describe the skip patterns in the General Module, Adult & Adolescent VA Module, Child VA Module and Neonatal VA Module
Getting started	<p>Slide Presentation: Note there is no slide presentation for Session 14. Review Quiz - tablet</p> <p>Explain: VA interviewers need to be confident using the tablet to conduct a VA interview. This session will review how to open the interview, navigate and complete the sections, edit and save the interview, ready for diagnosing COD.</p>

Activity 14.1: Using the tablet to administer, edit and save information

Directions: Demonstrate on the screen¹⁴ and ask participants to follow on their tablet. Practise opening the tablet, answering questions, editing and saving the questionnaire. The facilitator should go through the adult module demonstrating the skip patterns that occur when you receive different responses to the questions. They can then demonstrate the differences in the child and neonatal section. Facilitators should pay particular attention to critical skip points in the questionnaire. For example, the ‘Questions for Women’ in the adult module, the ‘Accidents and Injuries’ section in the Adult and Child module and the Stillbirth questions for the neonatal module.

Activity 14.2: Practise in pairs administering VA for an adult death

Directions: Distribute copies of the tablet exercises for adults and adolescents (aged 12 and above). Pair up participants and ask one to be the interviewer and one to be the respondent. The interviewer will operate the tablet and ask the questions. The respondent will reply according to the answers provided in the exercise.

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

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

Activity 14.3: Practise in pairs administering VA for a child death

Directions: Distribute copies of the exercises for children (29 days to 11 years). As for adult deaths, practise administering VA with one participant being the interviewer and one the respondent. Ensure all participants get opportunities to practise using the tablet. It is important to practise several different scenarios to get familiar with the different skip patterns.

¹⁴ For this session facilitators will need software that allows the tablet to be displayed on the screen (e.g. DroidAtScreen) or an emulator such as Bluestacks.



Activity 14.4: Practise in pairs administering VA for an neonatal death

Directions: Distribute copies of the questionnaire exercises for neonates. Follow the same process, ensuring each participant gets to practise using the tablet. It is important to practise several different scenarios to get familiar with the different skip patterns.

Review/questions

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

***Note to trainers:** Some participants prefer to practise by themselves rather than pair up. Since the intention is to get participants familiar with inputting information into the questionnaire, it is not essential to simulate a VA Interview by doing this exercise in pairs. The more exercises that are completed, the more familiar participants will be with the skip patterns that occur when different responses to questions are given.*

Summary

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

Activity: Reviewing the SmartVA Questionnaire on the Tablet – quick quiz

At the end of the review of the four modules of the SmartVA Questionnaire facilitators may conduct a review session. This involves a quick quiz on the use of the tablet to conduct a VA Interview in a plenary session.

Directions: Use slides **Review Quiz – Tablet** to ask participants questions relating to the modules of the SmartVA questionnaire.

Day 4: Practical application

(3 sessions, 6 ½ teaching hours)

Objectives of the day

To provide participants with the opportunity to practise their skills in how to conduct a VA interview.

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

Session 15: Role-play. Conducting the VA interview

Duration	210 minutes (includes 30 min review of Session 7 and 8)
Prepared ahead of time	Have slides ready to present and copies to hand out
Additional materials needed	Provide: SmartVA: Interviewer's manual, Role-play case studies for VA, ¹⁵ consent form or information sheet (Annex 5), VA Interview - Observer's checklist (Annex 10), Tablet.
Purpose and content	To practice conducting a VA using a tablet and simulate some scenarios that might occur in the field
Objectives	<ol style="list-style-type: none">1. Conduct a verbal autopsy interview using a tablet2. Understand some of the challenges that might be faced in the field and think of strategies to overcome these
Getting started	<p>Slide Presentation: Ethics training (Revisit), Sensitivity training (Revisit), Role-play</p> <p>Explain: This session is about 'putting it all together' and providing a practical session where VA interviewers can role-play conducting a VA interview using a tablet. It is not important that the questions are 100% medically correct (this will not happen even during an actual VA interview) but that participants get into the characters to try to simulate what an actual interview might be like. For instance, the respondent may get angry or refuse to answer questions. They may decide to stop the interview part of the way through or start to talk about things unrelated to the questions being asked. Observers may act as 'nosey neighbours' or family members with differing opinions. It is not important (or possible) to anticipate all the things that may happen during a VA interview, but it helps to think about some of the likely scenarios that VA interviewers will come across.</p>

Note to trainers: Many VA interviewers will have worked in the community and be familiar with asking questions of families. They can be encouraged to use this experience to enhance their 'performance' as the respondent for VA. These sessions are particularly important to identify any issues prior to field practise. To help familiarise the VA interviewer with the interview process, they will be using the skills learned during this training to conduct some real VA interviews in the field on the last day of training. Trainers/supervisors will observe these interviews.

¹⁵ Role-play case studies and groupings might be arranged at the end of Day 3 so that participants have time to review overnight.



Activity 15.1: Practise VA role-play

Directions: Distribute case studies to participants (or participant groups) and allocate ‘respondents’, VA interviewers, VA supervisor (observer) and other characters. Give everyone 15 minutes to review the case study. Depending on the number of participants,¹⁶ divide into groups and conduct the role-play. It is not necessary to get everything ‘right’, but try to conduct the role-play in the most natural way possible. Those assigned to be the VA interviewer will need to approach the household, establish rapport with the family, identify the correct respondent and conduct the VA while taking all external circumstances into consideration. If time allows, a ‘demonstration’ role-play can be done in front of the group using the facilitator and nominated participants prior to breaking into groups.

Those that are respondents or other ‘characters’ will need to try to act out their role and answer interview questions in line with the descriptions given. The person nominated as a ‘Supervisor’ or ‘Observer’ will need to use the VA Interview - Observer’s Checklist to note how the VA interviewer handles the challenges, and other observations related to the conduct of the interview. Once the role-play has been completed, the observer can give their observations. If there are other members of the group not directly involved in the role-play, they can also offer suggestions on what is good and what could be improved.

The members of the group should conduct three role-plays giving everyone a chance to be the VA interviewer, the respondent and the observer.

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

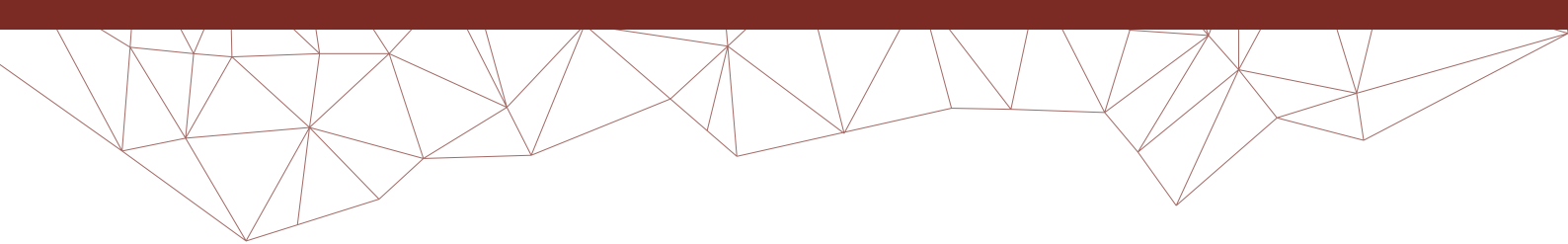
The experience of the role-play can also be discussed in the plenary. Challenges and solutions can be discussed in order to improve the performance of all participants when they undertake field practice.

Teaching Tip: Role-plays work best when each person has a clear set of instructions. That is why we recommend to use specific role-plays. The observer needs to have a set checklist to observe the interview and provide discussion points (Annex 10).

Summary

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

¹⁶ If it is a small number of participants, this session could be run as a plenary session. In cases where there is a large number of participants, this could be done in small groups with a plenary session at the end to discuss the issues that arose.



Session 16: Field practice of VA interviews using a tablet

Duration	Theory and Preparation: 120 minutes Practical experience: half to one day
Prepared ahead of time	Trainers should have selected sites in which to conduct the field practice interviews
Additional materials needed	Informed consent form (Annex 5); SmartVA instrument loaded onto the tablet; <i>SmartVA: Interviewer's manual</i>
Purpose and content	To prepare for and practise administering the VA interview in the field
Objectives	<ol style="list-style-type: none">1. Conduct a VA interview with a respondent for an actual death in the field2. Reflect on challenges experienced during the field practise, and ways to overcome these challenges
Getting started	<p>Slide Presentation: Field Practice</p> <p>Make sure all interviewers have:</p> <ul style="list-style-type: none">■ informed consent forms■ <i>SmartVA: Interviewer's manual</i>■ pen/pencil■ locator information.

Preparation for field practice

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

1. Selection of deaths for the VA interview
 - It is the responsibility of the Training facilitators/VA supervisors to select/organise sites for field testing. These are sensitive interviews so it is important to select sites appropriately.
 - These should be deaths in the community identified through local reporting systems, allowing for an appropriate period of mourning.¹⁷
 - These communities should be contacted through the appropriate mechanism,¹⁸ and interviews must be arranged in advance. In all other ways, the interviews should be as close to a real 'routine' VA interview as possible.
2. Decide on mechanisms for quality control feedback
 - This may involve supervisors observing VA interviews and providing direct feedback to interviewers, or a group meeting for VA interviewers to share their experiences and discuss how others overcame challenges.
3. Thoroughly review *SmartVA: Interviewer's manual* and practise with the tablet
 - Review ethical standards and sensitivity issues around VA interviews including interviewer self-assessment checklist (Annex 4).
 - Review the questions in the four modules for VA and discuss any concerns with the VA supervisor.
 - Ensure equipment (tablet) is in working order and is fully charged and that you have all materials necessary for the interview.

Reflection and discussion about field practice

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

¹⁷ This will vary by country. Within three months of the date of death is considered the optimal time to conduct the interview.

¹⁸ How the community is approached to conduct this field practise will be country-specific.

Ask participants

- *What were some of the difficulties in conducting the interviews?*
- *What were some ways you resolved obstacles that may have arisen?*
- *What are some things you could have done differently that might have made the interview go better?*
- *Do you need any additional training or support before the data collection?*

Summary

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

Questions, course evaluation and closing

Duration	60 minutes
Prepared ahead of time	If appropriate, distribute certificates of participation
Additional materials needed	Provide: Post-Training Test -Knowledge, ¹⁹ Feedback form (Annex 11) Other assessment tools as appropriate. Certificates of attendance (if appropriate)
Purpose and content	To answer any last-minute questions about the VA interview or any VA activity procedures and conduct a post-training test and course evaluation.
Objectives	<ol style="list-style-type: none">1. To conduct a post-training test of knowledge and experience related to verbal autopsy activities2. To gain information for the improvement of the VA Interviewer training
Getting started	Explain: This is an opportunity for the interviewers/supervisors to give us feedback about the training. What did they like about it? What could we have done better or differently? It is also a chance to assess whether their knowledge on VA related activities has improved after the training.

Directions: Hand out the Post-Training Test. Ask participants to take 20 mins to complete this test and hand to the facilitators.

Facilitate a discussion on the questions posed in the Post-training assessment. Answer any questions participants may have regarding the test.

Hand out the Feedback Form (Annex 11). Ask participants to fill this out and provide as much feedback as possible to help improve the training.

Activity: Closing ceremony

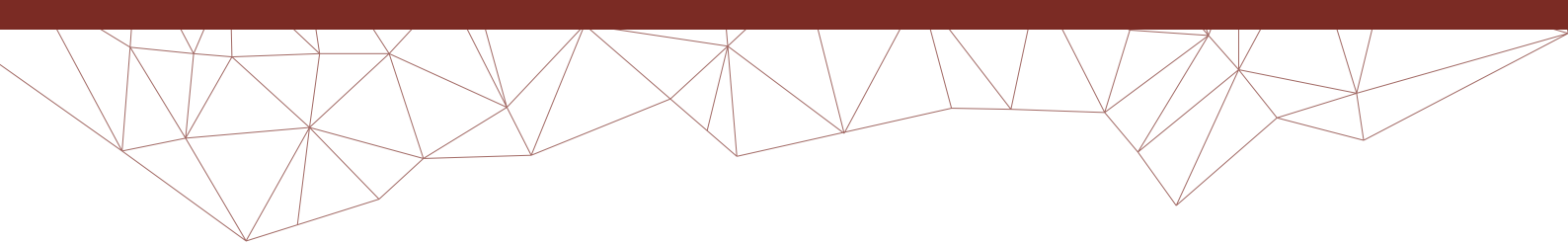
This is an opportunity to formally recognise and congratulate participants on completing the VA training session.

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

Contact information

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

¹⁹ These can be adapted from the SmartVA assessment tools package.



Annexes

Annex 1: Logistics required for VA training

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

Equipment requirements for the training

- Flipchart and paper and marker pens
- Overhead projector or multimedia for slide presentation
- Binders or folders for course materials
- Laptops and PowerPoint slides
- Tablets and accessories – one for each participant with questionnaires and Open Data Kit (ODK) collect loaded²⁰ and USB cable

Appropriate space for training

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

Course materials/resources for participants

- Training schedule
- Slide handouts for all sessions (translated if applicable)
- Paper version of VA questionnaire/SmartVA: Interviewer’s manual (translated if applicable)
- Printouts for different sessions adapted to country needs (Annexes 4-11 of this Facilitator guide)
 - Teaching Resource 1: VA Interviewer’s self-assessment checklist
 - Teaching Resource 2: Supervisor’s checklist
 - Teaching Resource 3: Example information sheet/consent form
 - Teaching Resource 4: Test for ethical training
 - Teaching Resource 5: Ethics exercise worksheet
 - Teaching Resource 6: Situation scenarios
 - Teaching Resource 7: Medical dictionary of terms
 - Teaching Resource 8: Verbal Autopsy Interview - Observer’s checklist
- Additional information as per country availability
 - Death notification form
 - Business process map for ‘Death in the community with VA’
- Pens and note pads for participants

Training Assessment

A package of SmartVA assessment tools (including a pre/post knowledge test) will be available for adaptation by country teams. Together with the Feedback form (Annex 11), these tools can be used to assess how well the training has improved knowledge on VA related activities and for the evaluation of the training respectively. The VA Interview – Observer’s checklist (Annex 10) can also be used to assess whether participants are following correct procedures with regard conducting a VA Interview.

²⁰ Preferably the questionnaires should be translated into the relevant language.

Annex 2: Example agenda for interviewer training

Example training schedules are a guide only and should be discussed and adapted for country context.

Time	Day	Duration (min)
Day 1 – General overview and introduction to VA		
8:00	Session 1: Orientation, personal introductions and overview of the agenda	60
9:00	Session 2: What is a civil registration and vital statistics system?	45
9:45	Session 3: Overview of verbal autopsy and SmartVA	60
10:45	Tea break	15
11:00	Session 4: Identifying deaths for the VA interview	45
11:45	Session 5: Roles and responsibilities of the VA interviewer	60
12:45	Lunch	60
13:45	Session 6: Supervisory procedures	30
14:45	Session 7: Ethical training	30
15:15	Tea break	15
15:30	Session 8: Sensitivity training	90
17:00	Close	
Day 2 – VA modules in the SmartVA questionnaire		
8:30	Review Day 1/Answer any questions	30
9:00	Session 9: Review <i>SmartVA: Interviewer's manual</i> & General Information Module	60
10:00	Questions about the General Module	30
10:30	Tea break	15
10:45	Session 10: Adult & Adolescent Module	90
12:15	Session 10 continued - Questions about Adult & Adolescent VA Module	30
12:45	Lunch	60
13:45	Session 11: Child VA Module	90
15:15	Tea break	15
15:30	Session 11 continued - Questions about Child VA Module	30
16:00	Review of the day	30
16:30	Close	



Time	Day	Duration (min)
Day 3 – VA modules in the SmartVA questionnaire/Using tablets to collect VA data		
8:30	Session 12: Neonatal VA Module	90
10:00	Session 12 continued - Questions Neonatal VA Module	30
10:30	Tea break	15
10:45	Review of the SmartVA questionnaire – questions and quick quiz	30
11:15	Session 13: Tablet. Parts of tablets and functions. Troubleshooting	60
12:15	Lunch	
13:15	Session 14: Using the tablet for VA. How to administer, collect, edit and save	150
15:45	Review of using the Tablet to collect VA information – questions and quick quiz	30
16:15	Close	
Day 4 – Practical application of VA knowledge and skills		
8:30	Revisiting Day 1 – Ethical and sensitivity training	30
9:00	Session 15: Role-play. Conducting the VA interview	90
10:30	Tea break	15
10:45	Session 15: Role-play. Conducting the VA interview (continued)	90
12:15	Lunch	
13:15	Session 16: Field practice of VA interviews using a tablet (Theory and preparation)	120
15:15	Questions, post training test and course evaluation	60
16:15	Closing ceremony	15
16:30	Close	15
Day 5		
	Conduct field practice ²¹ Group discussion and feedback on field practice Suggested amendments to process or procedure	0.5–1 day

²¹ Field practice ideally happens immediately after the VA Interviewer training but can also be undertaken at a later date.

Annex 3: Teaching resource 1. VA Interviewer's self-assessment checklist

(Example form that should be tailored to country context)

Interview forms and resources (before the interview)

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

Locating information and transportation

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

At the household, before the interview

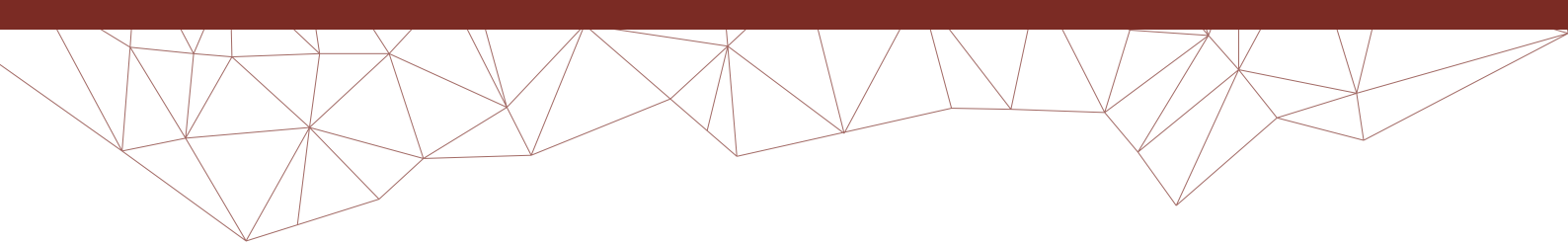
- A. ___ Informed household member of the reason for the interview
- B. ___ Showed household member my personal identification
- C. ___ Asked to speak with the person(s) who know the most about the circumstances of the person's death
- D. ___ Arranged another visit if the best respondent(s) were not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

Completed interview

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

Interaction with supervisor and interviewer team

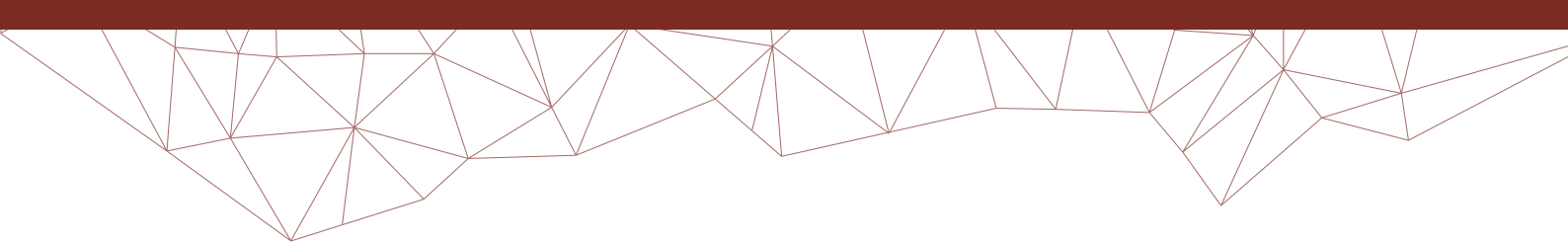
- A. ___ Discussed checklist and any problems with supervisor
- B. ___ Resolved problems:



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

D. ___ Gave any death reports received in the community to supervisor (if appropriate)

E. ___ Participated in team meeting (date: _____)



Annex 4: Teaching resource 2. Supervisor's checklist

(Example form that should be tailored to country context)

Before an interview

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

During an interview

- A. Observe and conduct
 - ___ Observe interviews
 - ___ Use 'VA Interview - Observer's checklist' to assess quality of the VA Interview

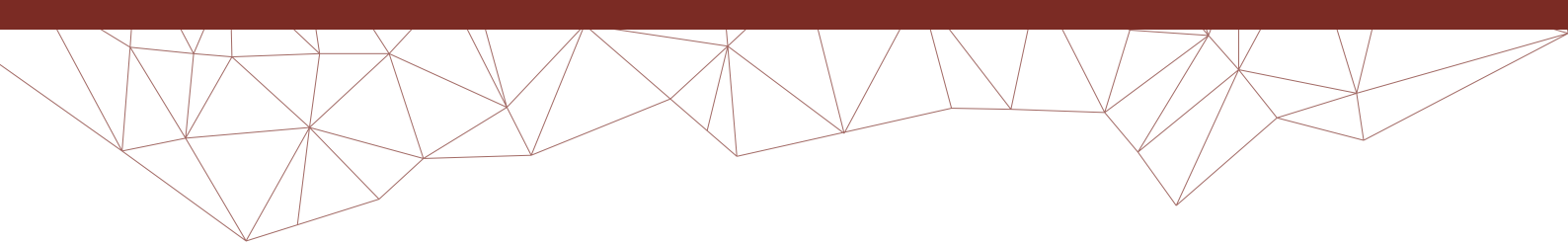
** This is country-specific. Each country will have its own system of observing interviews and maintaining quality of interviews.

After an interview

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

Other times

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



Annex 5: Teaching resource 3. Example information sheet/ consent form

Verbal Autopsy

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

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

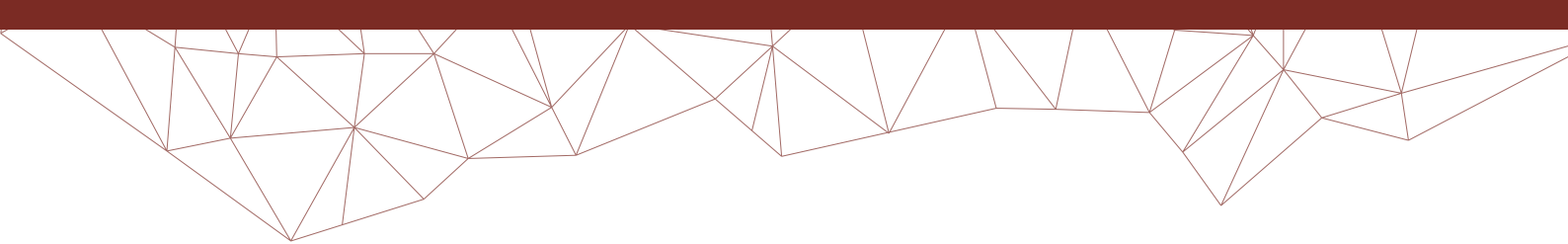
Many countries do not have good information on what diseases or injuries cause death. This information is important for decisions about how to improve health services. If you agree to take part in the interview, you will be one of thousands of people to do so.

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

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

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

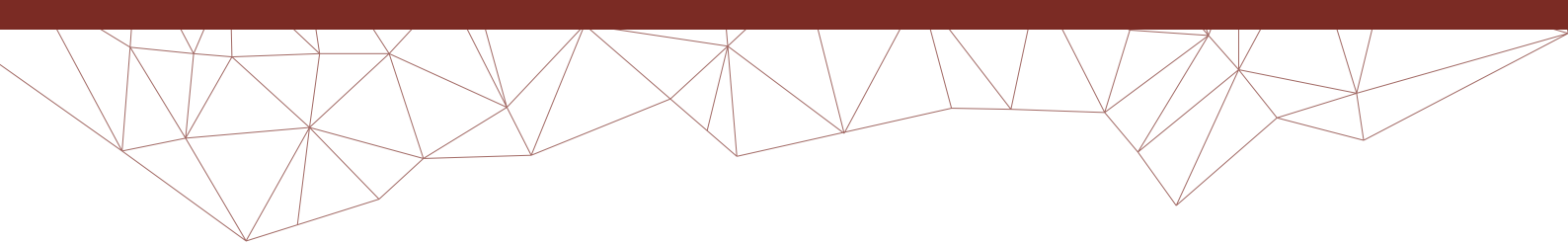
[Country/Administrative Unit VA contact]



Annex 6: Teaching resource 4. Test for ethical training

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

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



Annex 7: Teaching resource 5. Ethics exercise worksheet

Ethical principles affected by characteristics of the participants/setting

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

Ethical principles flawed by characteristics of the interviewers

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



Annex 8: Teaching resource 6. Situation scenarios

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

Situation 1 – the respondent is actively mourning the death

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

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

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

Situation 3 – a crowd of interested observers gathers about

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

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

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

Situation 5 – the family denies a death occurred

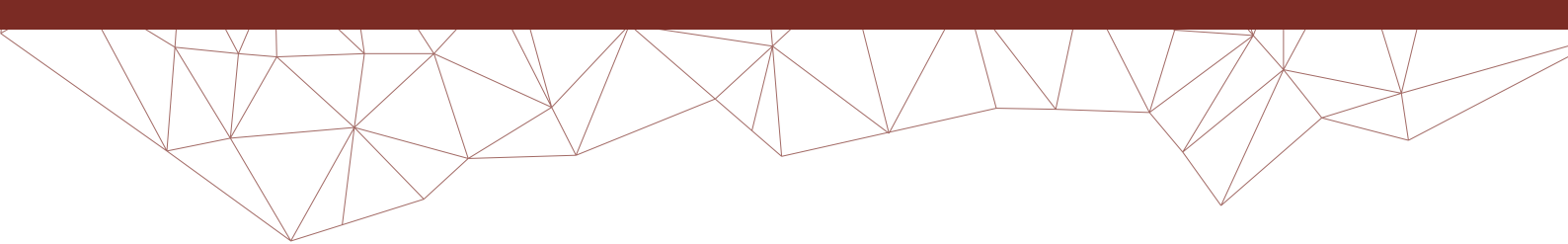
You go to a household where you were informed that an elderly adult male had died. You knock on the door – a younger man opens it. You explain why you have come to the house. The man responds that you must have the wrong house. He says that no man from this household has ever died. He seems tense, and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



Annex 9: Teaching resource 7. Medical dictionary of terms

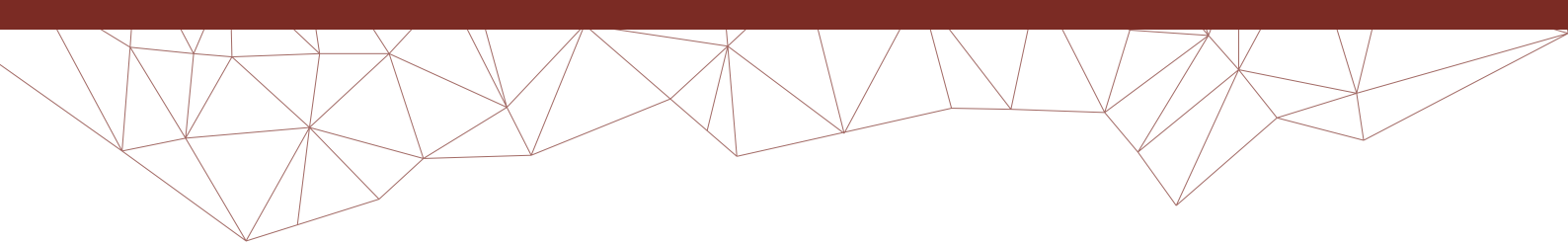
Country teams should complete this table and add any additional local names during the training. Medical term/disease items should also be added

Medical term/disease	Local names for this term/disease	A local description for the term (where local synonym is not available or for further clarification)
Abdomen		
Abortion		
Acute myocardial infarction (AMI)		
AIDS		
Anaemia		
Armpits		
Asphyxia		
Asthma		
Belly		
Blood pressure		
Bulge fontanelle		
Cancer		
Chest in-drawing		
Chronic kidney disease		
Convulsion		
COPD (chronic obstructive pulmonary diseases)		
Community-based practitioner associated with health system		
Dehydration		
Dengue fever		
Diabetes		
Diarrhoea		
Dialysis		
Eclampsia		
Epilepsy		
Fast breathing		
Fever		
Heart attack		
Heart problems		
HIV test		
Incubator		
Jaundice		
Lethargic		
Live birth		
Liver failure		
Lump		
Lung problem		



Malaria		
Measles		
Paralysis		
Pneumonia		
Preterm delivery		
Rash		
Renal (kidney) failure		
Respiratory distress		
Stiff neck		
Still birth		
Stroke		
Suicide		
Tetanus		
Tuberculosis		
Umbilical cord		
Unconscious		
Undernutrition		

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



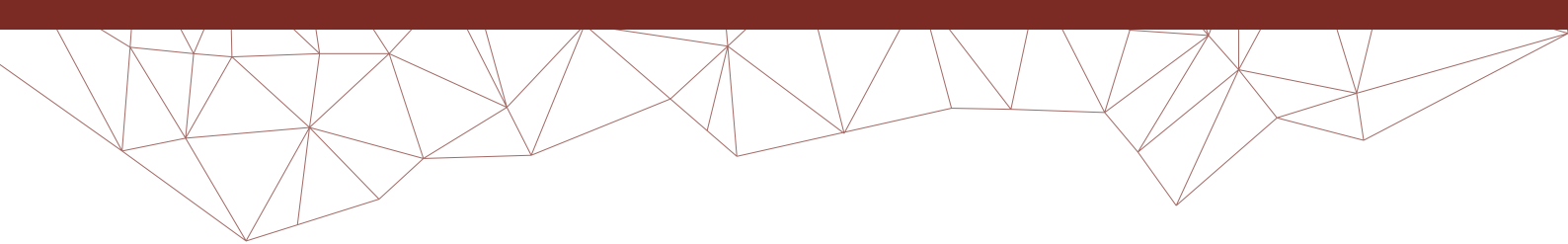
Annex 10: Teaching resource 8. VA Interview - Observer's checklist

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

Annex 11: Feedback form

Directions: Mark each question with an 'X'. In the 'comments' column, please be as specific as possible.

Overall rating of the course				
Question	POOR	FAIR	GOOD	Comments
1. How well did the training course meet your expectations?				
2. How effective was the overall format of the sessions?				
3. How would you rate the materials for this course (handouts, slides, supplementary materials)? Please elaborate on your response.				
4. How would you rate the trainers?				
5. The length of the training was:	Too long		About right	Too short
6. Any other comments?				



Annex 12: For Facilitators: Preparing to Teach Verbal Autopsy

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

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

1. General preparation steps for successful training

The Steps for Successful Training

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

The Steps for Successful Training

- **Detailed preparation and organisation** to ensure all other needs regarding travel, accommodation refreshments and resources for both the instructors and participants are essential to ensure efficient and effective delivery.
- The timing of each section of the materials, allowing time for questions and sufficient timely breaks can impact on participants' ability to absorb the material and gain clear understanding.
- Have a few energiser games ready for when you sense a groups is getting tired. If you are not someone who likes leading energiser exercises nominate participants in the course to do this – often a great way to get people involved and comfortable up front and teaching.
- Do not over crowd your power points
- Use visual aids
- Try to ensure an activity every 30 minutes, even if it is a very small and quick exercise, as this will help concentration
- Check whether you have enough resources for the program you are planning. If not adequate you may rethink and replan the program. A small group in a small geographic location (e.g. one hospital/health area) would cost less. You may also wish to look for available external funding

Logistics for training

Find out all you can about the presentation venue

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

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

Preparing for the presentation

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

Handling questions

- Preparing for all questions is difficult
- Read as much background information prior to your section of the presentation, so that you are confident in presenting. There are always members of the audience who sense where presenters are not confident and will then ask difficult questions.
- Find out who will be in your audience and their level of knowledge
- Pre-warn participants on how answers will be dealt with - that is “Questions will be answered at the end of the presentation” – “Happy to take questions during the presentation – but if we get a lot may have to hold over to the end”

Presenting yourself

Clothing:

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

Manner and style:

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

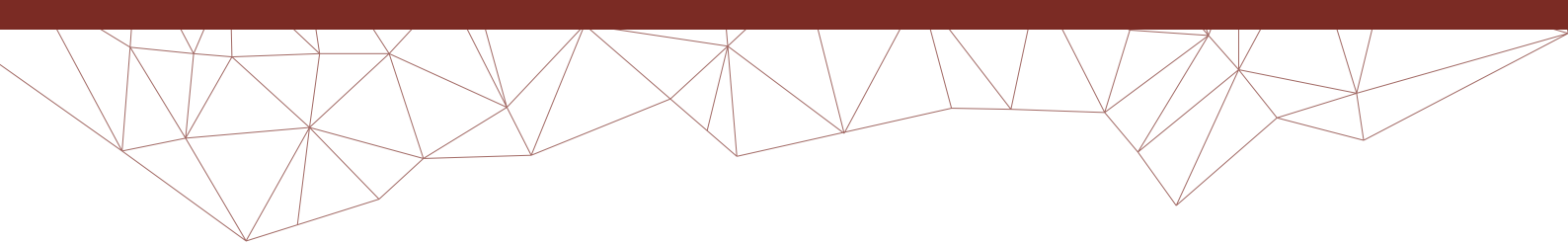
Presenting confidently – some tips:

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

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

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

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



Session title	Timing	Amendments	Notes for trainers	Changes to Print-outs or materials
Session 2: What is CRVS	No change	Amend manual and slides to reflect the situation in [country]		Include birth and death registration forms in the training materials
Session 4: Identifying a death	Increase to 1 hour	Change the exercise on identifying deaths to role play	Will need to develop a simple role-play sheet and slightly amend slides for new exercise	Add Business process map of VA for deaths in the community in [country]
Session 5: Role of VA Interviewer	No change	Update materials so they are relevant to [country]		Update Annex 3 Interviewer checklist to make it specific to [country]. Update the Appendix 6: Example consent form to make it an 'Information form' that describes the VA process.
Session 15: Role play	No change	Adapt case studies so they are more relevant to the context of [country]		Case study printouts

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

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

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

The principles of adult learning are promoted by

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

Introduction to Training Principles and Practice

Learner Objectives

By the end of this session participants will be able to

1. Apply the principles of adult learning to a training setting
2. Use the experiential learning cycle to design and deliver training sessions
3. Describe and effectively employ common training techniques
4. Write learner objectives
5. Construct a training session

Time

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

Session Overview

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

Materials

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

Handouts

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

Part 1

A Learning and Change (20 mins)

Step 1 Greet participants. Read learner objectives (Ppt)

Step 2 Show Ppt "What is learning?".
Ask each participant on their own to write down one or more answers
Elicit responses and write on whiteboard/flipchart paper
Show Ppt with categories of learning:
- facts/information
- skills (manual and cognitive)
- attitudes and values

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

Step 3 Show Ppt slide with "Learning" and "Change". Ask how are they related to each other?

- "Learning can cause change
- Change can cause learning

but

- Learning does not always cause change
- Change does not always cause learning"

Step 4

- "As trainers, you will be preparing people to implement change"

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

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

Discuss the following:

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

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

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

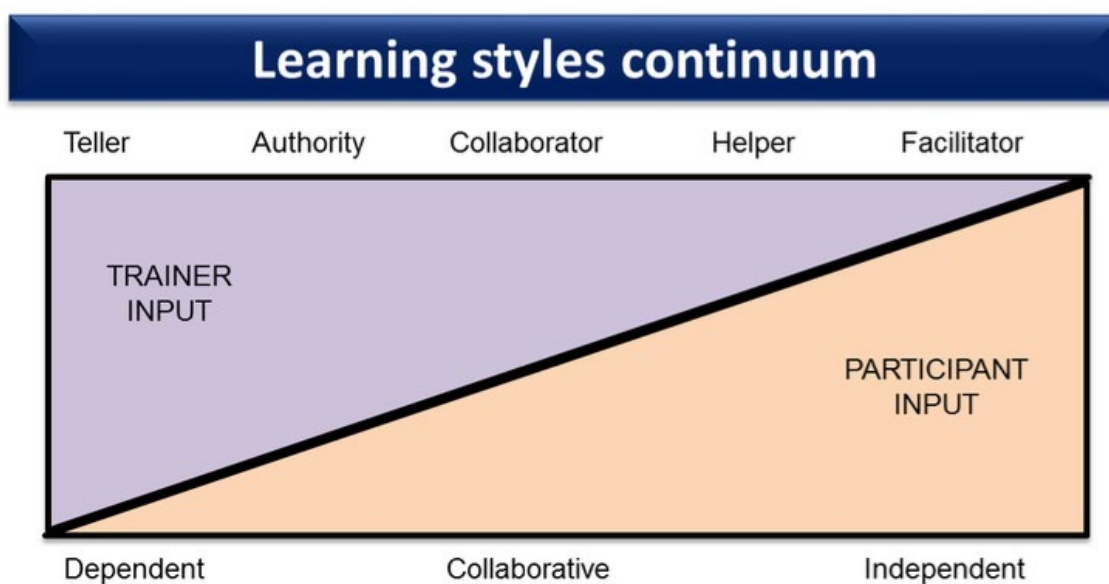
Try to cover these following points through the participants responses

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

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

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

Show the PPT on the learning style continuum.



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

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

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

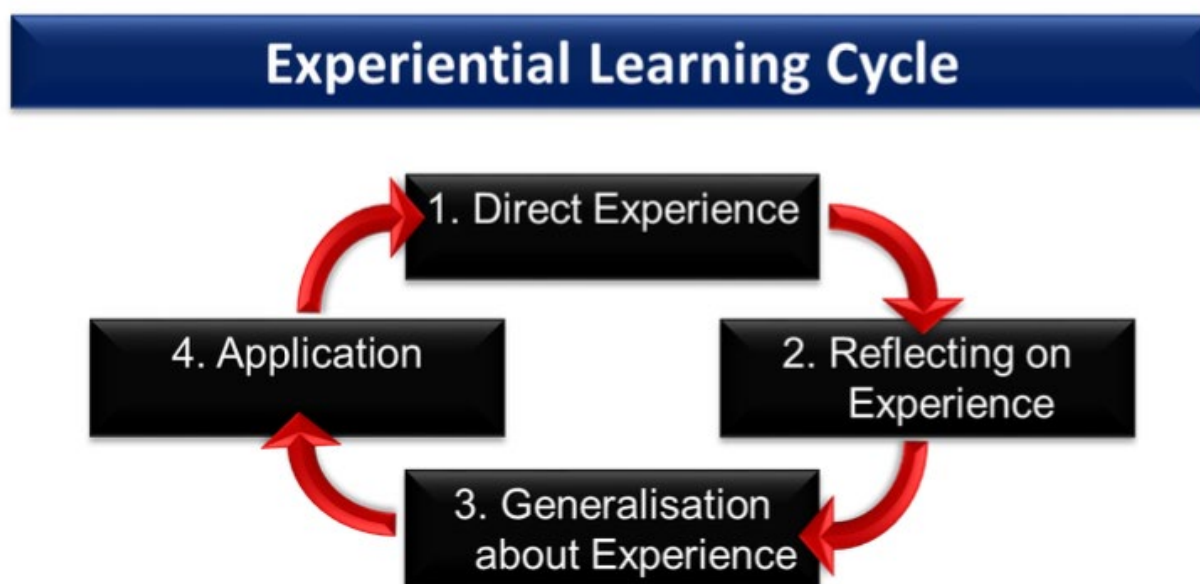
- "let go" and allow participants to contribute and share their knowledge and skills
- Actively engage participants in the learning process.
- An essential component of participatory learning is "reflection". The trainer should facilitate this.

Practical Exercise

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

Part 2

C. Experiential Learning (20 mins)



- Step 1 Tell a story from one's real-life experience that demonstrates the process of how change (in behaviour) occurred through something that happened. Alternatively, one of the participants is invited to tell their story along these lines. The facilitator might need to draw out detail of the learning process with the participant to ensure that the "reflection" and "generalisation" (principles) phases are referred to sufficiently.
- [An example: Standing on the footpath wanting to cross the road, checking to the left and finding the road clear, stepping out on the road and being hit by a motorcycle coming from the right. Large cut on leg sutured in hospital. Rest at home and thinking about accident - surprised. Talk to friends: one had similar experience; other knew someone who died in similar accident. Realise it's not safe to cross the road without looking to the left and right. Cross the road in same place as accident and avoid accident by looking to left and right (motorcycle coming from the right). Cross a second road safely.]
- Step 2 Introduce experiential learning cycle in relation to the story told (Ppt slide) as:
- Experience – [hit by motorcycle]
 - Reflection – [thinking about accident and surprise, talking to friends]
 - Generalisation – [safer to look both ways before crossing the road]
 - Application – [crossed the road looking both ways]
- Reveal stages of cycle one by one (Ppt).
- Step 3 Remind participants that experience does not always lead to change. As trainers they will ensure that experiences which occur during training lead to productive change for CRVS.

Step 4 Tell participants that experience comes in many forms. In the training room, sometimes experience is in the form of information or an activity.

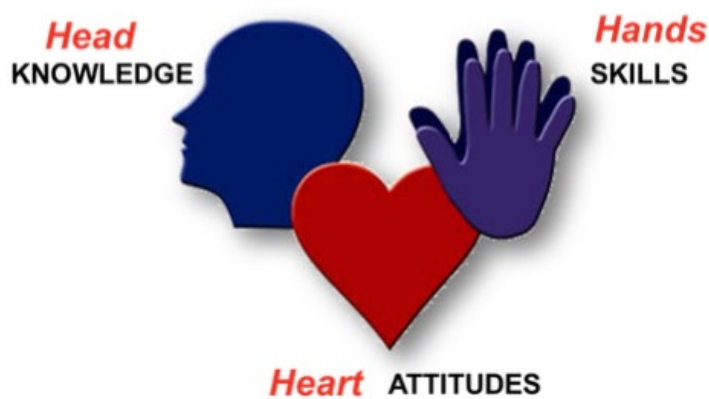
D. Training Techniques (15 mins)

Step 1 Using PPT, elicit and write on flipchart a list of training techniques which participants have used as trainers, learners or observers. (Note these are the actual techniques used in the training room rather than principles or methods.). The list should include at least most of the following:

- Lecture/Presentation
- Role play
- Simulation
- Demonstration
- Small group discussion
- Large group discussion
- Brainstorming
- Games
- Mapping (including mind mapping)
- Storytelling
- Case study
- Interview
- Drama/play

Step 2 Remind participants that behaviour involves a combination of knowledge, skills and attitudes. [show PPT] Training techniques are designed to change people's behaviours by developing knowledge, skills and attitudes. Say, often all three must be addressed to bring about behaviour change. Choose some techniques and ask, "Which of KSA are they best to promote?"

Step 3 Point out that different techniques can also be applied to the different stages of the experiential learning cycle in order to facilitate participants' learning and progress through the cycle. Show PPT examples. Some techniques work best in one phase – e.g. presentation and application – whereas other can be used at any phase – e.g. role play.



E. Learner Objectives

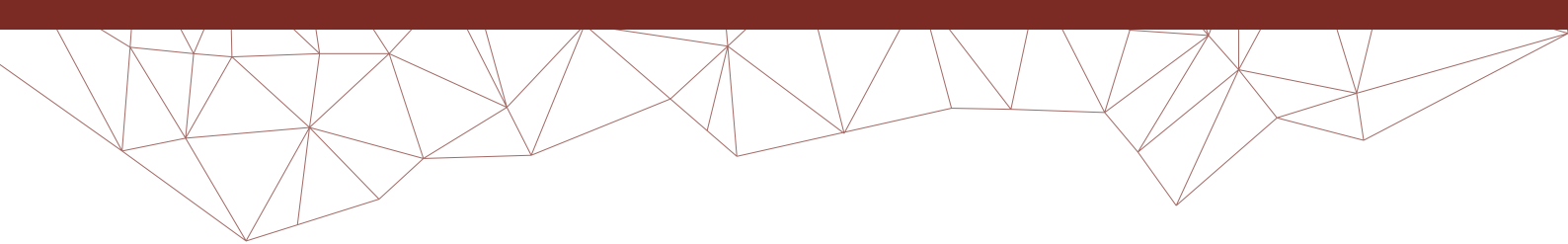
- Step 1 Ask whether participants have had previous experience with objectives. Elicit and write a definition for the term learner objectives from participants indicating experience, or from whole group.
Answer *"A statement of exactly what the learner will be able to do at the end of training."*
- Step 2 Circle the word "do" and stress that it is DO, not "know" or "believe" or "think". Ask why this distinction is important.
Answer *"We cannot be sure the objective was obtained unless we see evidence of it. Therefore the objective must specify a behaviour – something the participant can do after training"*
Write "Specifies an observable behaviour." (behavioural objective)
- Step 3 Ask why it is important to make objectives learner-based instead of trainer-based.
Answer: *The learner doesn't always learn what the trainer thinks has been taught.*
Write "should be learner based."
- Step 4 Write "measurable".
Ask what does this mean in relation to objectives, and why is it important.
Answer: *Refers to the degree or standard of behaviour desired. Its importance is that it allows the trainer and trainee evaluate learning.*
- Step 5 Elicit/ explain that learner objective should be reasonable. Why?
Answer: *To assure that the training is effective, useful, etc., and not discouraging for trainers or participants.*

Writing objectives

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

F. Constructing a Training Session

- Step 1 Some of you have been trainers before. Did you prepare written training sessions before? What did the plans include? Were the plans followed exactly?
- Step 2 Tell participants that here are six steps which can be used to construct a training session
Explain the 6 steps of writing a training session (Ppt)
1. Identify or start with the training need to be addressed
 2. Separate the need into knowledge, skills and attitudes
 3. Write learner objectives based on the knowledge, skills and attitudes identified
 4. Design activities for attaining the objectives, based on the Experiential Learning Cycle
 5. Identify resources needed
 6. Specify time needed for each activity
- Step 3 Remind the participants they should remember to:
- Follow the principles of adult learning
 - Use the Experiential Learning Cycle
 - Use all trainees in the group
 - Design a session that is 30 minutes long
- Trainers on hand as a resource or might be able to supply background information required.



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

The learner objective used

How the experiential learning cycle was applied,

What were the training techniques used

What resources were needed

If participants would like to do it differently for their context

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

Civil Registration and Vital Statistics partners:



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