Verbal Autopsy with Participatory Action Research (VAPAR): People-centred action-oriented method in South Africa

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3 Phases

1. VA to understand levels and medical causes of death and circumstances of mortality

2. PAR to gain local knowledge on avoidable mortality and priorities for action

3. Combine VA with PAR in a process that connects routine health information + local knowledge to health system

Phase 1 Social view of VA

- VA to determine medical causes of death for people who die outside health facilities or without registration

- VA about people who do not connect to health systems

- VA is an opportunity to examine social exclusion from health systems

- In the context of the methodological transition of VA, opportunity to do this routinely

New VA indicators: 'Circumstances of Mortality'

Structure	Theme	VA Question/Indicator
↓ Care Pathway Home To Hospital ↓	Recognition	Were there any **doubts** about whether care was needed?
		Was **traditional medicine** used?
	Access	Did anyone use a **telephone**/cell phone to call for help?
		Did (s)he use **motorised transport** to get to the hospital/facility?
		Did (s)he **travel to a hospital/facility**?
		Does it take **>2 hours** to get to the nearest hospital/facility?
		Did the total **cost of care** prohibit other household payments?
	Quality	Were there problems during **admission**?
		Were there problems with the way (s)he was **treated** in the hospital/facility?
		Were there problems with getting **medications**, tests or treatments?
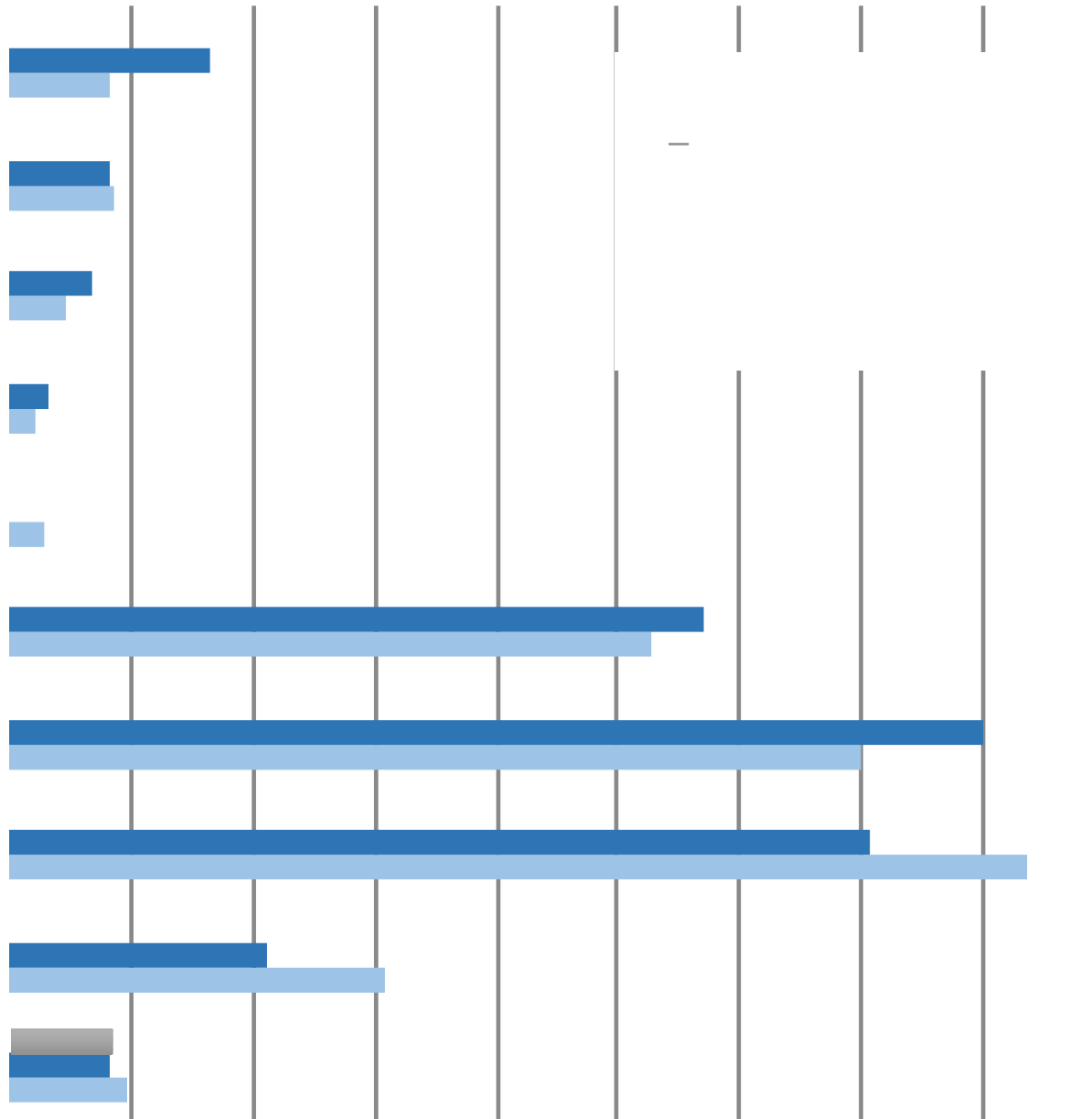
- Problems with access
  - Not calling for help
  - Not going to facility
  - Overall costs (incl. travel, transport, meds, food etc.)
- Traditional medicine
- Lower/no problems with quality (for those going to facilities)
- Varied by COD

Phase 2   VA + PAR

- Participatory action research (PAR) process to elicit local knowledge on the causes of mortality and priorities for action

- PAR seeks to overcome conventional subject-object distinctions to shift power towards those affected to know, problematize, understand act and transform
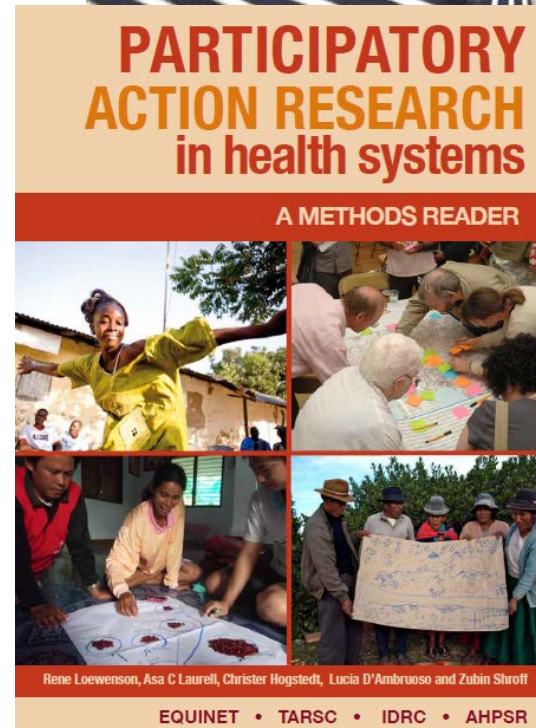
PAR on the Causes of Under-5 Mortality

- **Water**

- **Housing, employment, poverty**

- **Neglect - Blame + negativity towards mothers despite low autonomy**

PAR on Quality of Care

- **Poor quality care**
  - Long waiting times, overcrowded clinics
  - Delays in treatments, lack of medications
  - Lack of confidentiality
- **Blame + negativity towards nurses despite lack of autonomy**

Phase 3 Health Systems Appraisal

- Provincial stakeholders - interpret data, identify actions, critique method
  - *Flexible waiting times in clinics*
  - *Re-organisation of ambulance services*
  - *Health education and information*
  - *Multi-level inter-sectoral collaboration in policy and planning*
- Continuum of action - no/low cost to more substantial
- Beyond the clinic - connecting actors at different levels
- Robust, innovative partnerships approach, acceptable and relevant for use in health systems

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Outputs + Next Steps

- **HSR method**: based on core standards, contextually relevant
  - New ways to understand deaths in VA
  - PAR with communities
  - Embedded in health system

- **Co-produced evidence**: data interpreted at community and health systems levels and action plans developed

- **Knowledge partnerships**: Planning for extending into an ongoing process of reflection and action
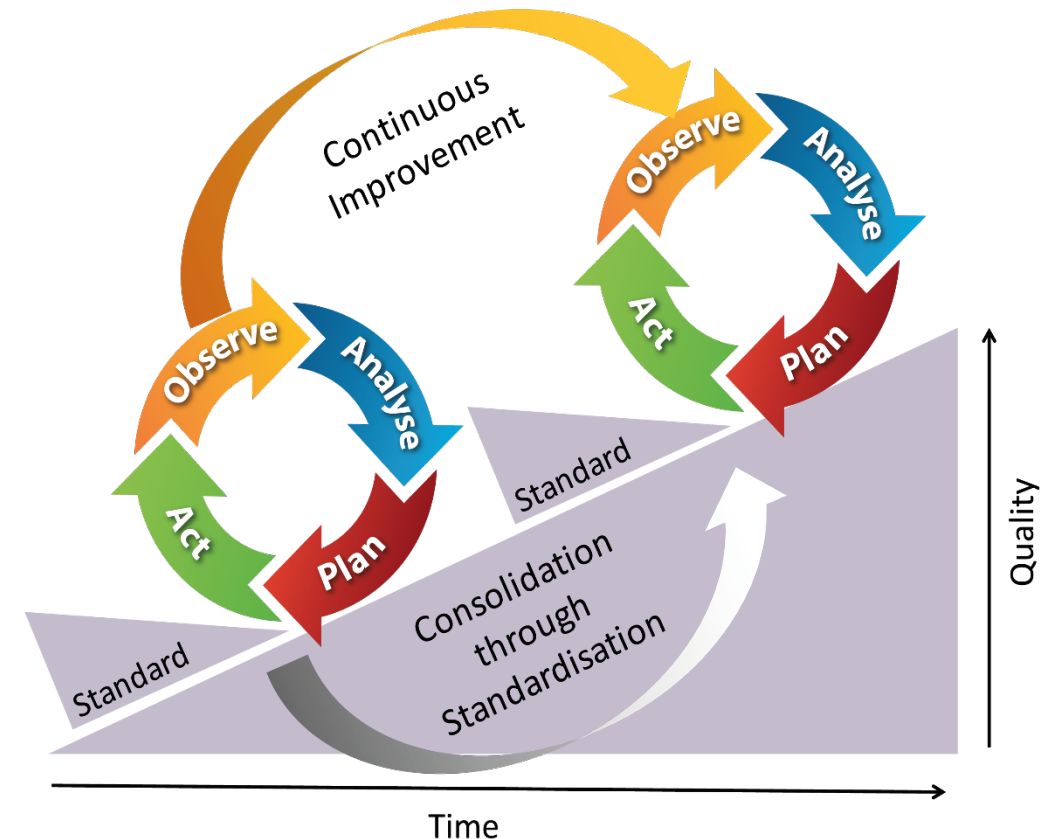
Further information

D'Ambruoso, L. et al (2016). 'Moving from medical to health systems classifications of deaths: extending verbal autopsy to collect information on the circumstances of mortality'. Global Health Res Policy, 1:2.

Hullur, N. et al (2016). 'Community perspectives on HIV, violence and health surveillance in rural South Africa: a participatory pilot study'. J Global Health, 6:010406.

Worldwide, 65% of deaths go uncounted – here's how to change that http://tinyurl.com/j4hk98e

When communities help authorities tally births and deaths, health care equalises http://tinyurl.com/zn25272

Engaging with communities can help tackle poverty linked health problems http://tinyurl.com/zh89dag

Acknowledgements