



सत्यमेव जयते



राष्ट्रीय स्वास्थ्य मिशन

CHILD DEATH REVIEW

Operational Guidelines

August 2014



Child Health Division

Ministry of Health and Family Welfare

Government of India



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Foreword

Improving child survival and development is one of the key goals of National Health Mission(NHM). It is recognised that most child deaths occurring across the country are preventable as newborns and children succumb to most common conditions and illnesses, the prevention and treatment for which is well understood and available through the public health system. Each death therefore is an unfortunate incident and there are valuable lessons to be drawn from each one of them so that the underlying causes can be addressed and any gaps in the delivery of essential services are plugged through action at various levels of the healthcare delivery system.

It is important that Annual Programme Implementation Plans prepared under NHM take into account the local context and address the most common causes of child deaths in a specific geographical area since these are known to vary across districts and states. With decline in child mortality in many states, there is a transition in the causes of death with less common causes starting to make a higher contribution. This requires that the action plans too reflect change in strategies to improve child survival.

The Child Death Review is a step in this direction. The purpose of this review is to establish a mechanism through which all child deaths are reported, investigated and accounted for. At the same time it informs the concerned authorities at the Block and District level if there is clustering of deaths in particular villages or populations, so that the social determinants and systemic causes leading to death can be further explored and necessary actions are taken through the public health system and multisectoral convergence.

I hope that the Operational Guidelines on Child Death Review will streamline the process across the country and also generate evidence for the States to be able to incorporate the most appropriate and timely actions in the District and State Action plans.


(C.K. Mishra)



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Preface

Child Death Review is being undertaken in the national programme as a strategy for responsive programming. By establishing a robust mechanism for reporting and investigation of child deaths, we hope that there will be a sharper focus on addressing the more common causes of deaths and fine-tuning the action plans to local needs rather than having a generic set of interventions across the country. While it should also bring greater accountability at the local level, starting from the frontline workers and upwards, it would also empower them with more precise information on which to base local actions.

The Maternal Death Review has already been in place for nearly two years now and the our aim has been to align the two processes, that of Maternal and Child Death Review, since the two are closely linked not only in terms of stakeholders involved but also the underlying social and systemic causes, especially in cases of new-born deaths. The already established system and platforms like Committees etc. for Maternal Death Review should facilitate the introduction of Child Death Review and benefit from the experiences gained so far. Eventually we envisage an online mechanism for reporting of child deaths and causes and use this information to guide policy and programming at the national level. We hope that the understanding of the causes of deaths and systemic bottlenecks will help us in directing our investments into the most critical interventions and to the most vulnerable geographical areas and populations.

Rak
4/4/2014

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Acknowledgement

Child Death Review is an important strategy to understand the geographical variation in causes leading to new-born and child deaths, and thereby initiating state-specific child health interventions. An analysis of new-born and child deaths provides information about the medical causes of death and helps to identify the gaps in health service delivery, or the social factors that contribute to these deaths. The relative disease burden in states when taken into account facilitates identification a rational mix of interventions that reflect the changing health needs of the population.

The development of Operational Guidelines for Child Death Review was initiated in October 2011 with a National Workshop organised by PGI, Chandigarh in partnership with UNICEF and MOHFW. Programme Managers and technical experts participating in the workshop defined the overall process and framework for the review. Experiences from States that have implemented infant death review, albeit in limited geographical areas as pilots, were discussed during the National Consultation Workshop organized at NHSRC, New Delhi in August 2013 and this further enriched the guidelines.

On behalf of Child Health Division, MOHFW, I am extremely pleased to share the operational guidelines for child death review. Dr. P.K. Prabhakar (D.C., Child Health) led the collaborative efforts of Child health division with maternal health division, technical experts, National and State Programme Managers, PGI, Chandigarh, UNICEF and NHSRC in formulating these guidelines and I sincerely acknowledge their contributions.

I hope these guidelines will be adopted by the states to further strengthen the child health systems and interventions.

(Dr. Ajay Khara)

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ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
APGAR	Activity Pulse Grimace Appearance Respiration
ASHA	Accredited Social Health Activist
AWW	Aanganwadi worker
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy
BCG	Bacillus Calmette Guerin
BMO	Block Medical Officer
BNO	Block Nodal Officer
BPL	Below Poverty Line
CBC/CBP	Complete Blood Count/Picture
CBCDR	Community Based Child Death Review
CDR	Child Death Review
CHC	Community Health Centre
CMO	Chief Medical Officer
CPAP	Continuous Positive Airway Pressure
CSF	Cerebro-spinal fluid
DCDRC	District Child Death Review Committee
DH	District Hospital
DM	District Magistrate
DMO	Duty Medical Officer
DNO	District Nodal Officer
DPT	Diphtheria Pertussis Tetanus
FBCDR	Facility Based Child Death Review
FBIR	First Brief Investigation Report
FNO	Facility Nodal Officer
FRU	First Referral Unit
HMIS	Health Management Information System
IAP	Indian Academy of Paediatrics
ICD	International Classification of Diseases
ICDS	Integrated Child Development Scheme
IV	Intra venous
LHV	Lady Health Visitor
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCP Card	Mother Child Protection Card
MoHFW	Ministry of Health and Family Welfare
NGO	Non Government Organization
NHM	National Health Mission
OBC	Other Backward Class
OPV	Oral Polio Vaccine
PHC	Primary Health Centre
PRI	Panchayati Raj Institution
PROM	Premature Rupture of Membranes
SC	Scheduled Caste
SDH	Sub Divisional Hospital
SMS	Short Messaging Service
SNO	State Nodal Officer
ST	Scheduled Tribe
VHN	Village Health Nurse
WHO	World Health Organization

1 BACKGROUND AND PURPOSE

1.1 Background

Reducing infant mortality is one of the key goals under NHM. Multi pronged, evidence based strategies have been adopted in the national programme to prevent neonatal, infant and child deaths. The infant and under five child mortality has shown a steady decline over the last three years. However the progress is not uniform across the states and even intrastate (inter-district) variations are quite evident from the recent surveys like the Annual Health Survey 2011. Moreover the decline in neonatal mortality is slow and has not kept pace with the overall decline in child mortality. It is well understood that for any further progress to be made, the focus must shift to age groups, populations and geographical areas where mortality is higher/concentrated. For specific interventions to be made, the medical and systemic causes leading to mortality in new borns and children < 5 years within a particular geographic area and populations must be known.

It is also essential that the annual planning process in districts and states takes into account the local context and implementation of key child health strategies are prioritised based on local morbidity and mortality patterns. This is possible only when a special effort is made to investigate and record the sequence of events leading to child deaths and inferences are drawn from the data generated locally. Such an analysis should guide the programme managers at all levels to recognise the key gap areas for service delivery and to institute corrective measures.

1.2 What is Child Death Review?

Child Death Review (CDR) is a strategy to understand the geographical variation in causes of child deaths and thereby initiating specific child health interventions. Analysis of child deaths provides information about the medical causes of death, helps to identify the gaps in health service delivery and social factors that contribute to child deaths. This information can be used to adopt corrective measures and fill the gaps in community and facility level service delivery. With uniform CDR process and formats across the states, information can be compared over a period of time and common factors identified and addressed through the national programme. This contributes to overall improvement in quality of care and reducing child mortality.

Data on causes of neonatal and child deaths are also useful for health planners, administrators, and medical professionals to evaluate trends in causes of mortality over time and thus assess the impact of the on-going health programmes and to make a decision on allocation of resources for different strategies to prevent and manage neonatal and childhood illnesses.

1.3 Purpose of this document

The operational guidelines is designed for use by Programme Managers at different levels of public health system to assist them in undertaking systematic CDR and use this information to improve the on-going child health interventions and accordingly plan for the future.

The purpose of the Operational Guidelines is:

1. To specify the steps for CDR at the health facility and community levels.
2. To specify the roles and responsibilities of community health workers, service providers, programme managers and data entry operators at different levels in the conduct of CDR.
3. To provide relevant tools for the conduct of CDR.
4. To provide clear guidance on the process of data collection, data flow, data analysis and feedback.

1.4 Definitions*

Neonatal Deaths: Neonatal deaths are deaths occurring during the neonatal period, commencing at birth and ending 28 completed days after birth

Post-Neonatal Deaths: Deaths occurring from 29 days of life to under one year are called post-neonatal deaths

Infant Deaths: Deaths of children less than 1 year of age

Child Deaths: Deaths of children less than 5 years of age

Still Birth: Still birth is the birth of a new born after 20th completed week of gestation, weighing 500gm or more, when the baby does not breath or show any sign of life after delivery

* Working definitions for the conduct of CDR

2 KEY STEPS IN CHILD DEATH REVIEW

Children in the age group 0-5 years will be included in the review. All deaths in this age group will be reported irrespective of the place it takes place: at home, in health facility or in transit.

The review processes will remain the same for all children; however the details to be investigated will vary in neonates (0-28 days) and children (29 days-5 years).

Child Death Review will be of two types:

- Community Based Child Death Review (CBCDR)
- Facility Based Child Death Review (FBCDR)

2.1 Guidelines for Community Based Child Death Review (CBCDR)

Community based reviews are undertaken for deaths that occur in the specified geographical area, irrespective of the place it takes place: at home, in health facility or in transit.

Steps for CBCDR are as follows:

Step 1: Notification of child death

Step 2: Investigation of child death

Step 3: Data transmission

Step 4: Analysis of the data followed by making suitable action plans from it - is common for both CBCDR & FBCDR and is explained at the end of this chapter

Step 1: Notification of child death

- **Primary Informant:** In rural areas **ASHA** will be the primary informant of child deaths within her area. Others who could also notify the death are: AWW, ANM, Panchayat member and Panchayat Secretary.

In urban areas, Link worker, AWW or any other person employed in the municipal wards can be engaged as the primary informant.

Each state should clearly specify the primary informant/s for reporting child deaths in rural and urban areas respectively.

- **Process of notification:** ASHA is to follow a dual reporting system wherein she informs the ANM and the Block Medical Officer (BMO) **within 24 hours** of receiving information either through phone or SMS. ANM, when she gets to know about the child death directly or through ASHA, reports to the BMO within 24 hours by SMS/Phone call.

In case of SMS, text of the message may read as follows:

CDR-Name/Baby of (name of the baby/name of the mother), son/daughter of (name of the father), Age (age of the deceased¹), Resident of (name of the block/tehsil) (name of the village), Date and time of death

(Eg: CDR-Manju, D/O Sh. Nathu Singh, 2 months, Chalakkudy block, Koratty village, 01-07-2014 at 5.00 PM.

If the SMS/Phone facilities are not yet established in the district, informant will adopt a suitable mechanism to ensure that the death is reported to BMO.

All states must aim to establish an automated system which ensures that the SMS is transferred into a server data base of line-lists, by date and region. Dedicated call centre for patient transport are now functional in many states and they can be used for centralised reporting of all under five deaths in the district. Information from call centre can then be forwarded by the call centre to BMOs on daily basis and to the District Nodal Officer on weekly/monthly basis. Until such a system is in place the BMO must ensure that the messages he receives are recorded in a register kept specifically for the purpose at the block PHC.

ASHA (and AWW where ASHA is not available) will visit the family of the deceased child and fill the **Notification Card (Form 1)** in duplicate. One copy of the notification card will be submitted to the ANM and the other handed over to the family. This process has to be completed **with in 48 hours** of the child death.

Informant, who contacts family thereafter, will first enquire whether someone has already given them the Notification Card. If yes, then s/he would address bereavement issues, offer support and leave.

BMO is required to maintain line-listing of all deaths in his/her area. The line list will be transmitted to the District Nodal Officer (DNO) at the end of each month.

- **Honorarium & mobility support:** Where ASHA is the primary informant, she may be given Rs. 50/- per child death reported. Incentives will be built into the state PIPs.
- **Means of verification:** Reporting of the child death by ASHA or any other primary informant can be confirmed by the Notification Card retrievable from the family by the concerned ANM.
- **Maintenance of records:** The Notification Cards should be maintained as records in the Sub centre.

Step 2: Investigation of child death

A. First Brief Investigation

- First Brief Investigation will be conducted for **all** child deaths.
- First brief investigation will be done by the ANM/equivalent urban health worker of the area, by interviewing the parents/close caregivers of the deceased, who

¹ Report age in hours if child is less than 1 day old; in days if child's age is less than one month; and in months if child is less than a year old.

were present at the time of death. ASHA would accompany the ANM for First Brief Investigation.

- **Format: First Brief Investigation Report (FBIR) (Form 2)** will be the format used to record the basic information about the child's overall health status and narrative account of the illness and treatment history. ANM will record the relevant information in the format including the cause of death based on the interpretation of the information shared by the parents/caregivers.
- **Honorarium & mobility support:** ANM/ equivalent urban health worker may be given Rs. 100/- per child death investigation carried out by her/him.
- **Time period:** The First Brief Investigation should be done **within 2 weeks** after the notification of death and report should be submitted to BMO, by **one month** of notification of death.
- **Maintenance of records:** FBIRs of all child deaths in the block should be maintained as records at the office of BMO.
- **Transmission of information:** Key information regarding all child deaths will be compiled from the FBIRs in **Block and District Level Line List (Form 5a) every month**. Data will be transferred by the BMO to the DNO electronically for further compilation from all blocks and for data analysis. The **DNO** is the person designated by the State as the overall 'in charge' for the planning and implementation of the CDR process in the district. (More details about who can be assigned to this position and their expected roles and responsibilities are described later in the guidelines).

B. Detailed Investigation

Detailed investigation is undertaken by performing a Verbal Autopsy. **Verbal Autopsy is an investigation of chain of events, circumstances, symptoms and signs of illness leading to death through an interview of the family/relatives of the deceased.**

- **Line listing:** A line list of all deaths that have taken place during the month in a block will be prepared in the office of the BMO. The line list will include all those deaths for which FBIR has been submitted by the ANM (Form 5a should be used to prepare the Line list). The names are to be sequenced in the line list according to the date of death as recorded in the FBIR. Line list will serve as the sampling frame for the selection of cases for detailed investigation.
- **Sampling:** Detailed investigation will be carried out only **in selected cases** of child deaths and not for all cases. **A minimum of 6 cases per block per month will be investigated; two each from neonatal** (up to 28 days of life), **post-neonatal** (29 days -1 year) and **children** (1-5 years) age groups.

Following guidelines may be followed by the BMO for drawing equity-based sample every month:

1. Make separate line list for each category of death (neonate, post neonate and 1-5 years)

2. From the line list, select deaths from different PHCs. Do not include more than one death from any age category occurring in a PHC area, unless there are no deaths reported from other PHCs
3. While selecting deaths from a PHC, select from different sub centres, following the same principle as above so as to have wider representation
4. Give priority to common causes of deaths in each category; for example possible asphyxia, infection, prematurity (neonatal deaths), pneumonia, diarrhea, and fever (post neonatal and childhood)
5. While selecting deaths in subsequent months look at the selections of previous months to avoid repetition of the geographic areas as well as causes of deaths
6. Prioritize blocks with underserved and marginalized population
7. If there is clustering of deaths in certain population groups or blocks or village in a certain month, select cases from this cluster in order to identify if there are common underlying or direct causes/factors

In blocks having less than 6 deaths each month, all cases may be investigated.

- **Formats:** Verbal Autopsy Forms are used for recording structured information and narrative for determining the cause specific mortality by sex and age. As the causes of death in the neonatal period and in infancy/childhood are very different, two forms have been developed for this purpose. Investigation details of selected neonatal cases will be recorded in **Verbal Autopsy Form: Neonatal Deaths (Form 3a)** and all others selected child deaths in **Verbal Autopsy Form: Post Neonatal Deaths (Form 3b)**.

In addition, “**Social autopsy**” is carried out using the format provided as **Form 3c. Social autopsy refers to an interview process aimed at identifying social, behavioural, and health system contributors to neonatal and child deaths.** It is combined with the verbal autopsy interview to establish the social and systemic causes of death.

- **Investigation Team:** The investigating team should comprise of at-least 2 persons, one for conducting the interview and the other for recording. In the team one will be from medical and the other from non-medical background.

The team should include at least one of the following medical persons: PHC Medical Officer, Public Health Nurse, Lady Health visitor (LHV), Staff Nurse or Nursing Tutor.

The non-medical persons could be the Block Supervisor, ASHA Facilitator, NGO facilitator or any other person specified by the state.

States/districts can involve specialists from medical colleges, civil society organizations and the PRI. States/districts may also assign independent teams, for example from medical colleges, for ensuring quality reporting & investigation.

The investigators must be adequately trained to communicate with bereaved families, and to elicit and record appropriate responses.

The BMO is responsible for the conduct of detailed investigation (Verbal Autopsy) in selected cases and ensuring that the reports are submitted timely to his/her office. Reimbursement of travel costs and honorarium for conducting the Verbal Autopsy will be cleared only after the office of BMO certifies that report has been submitted with in the acceptable time frame and is complete in all respects.

- **Time period:** Detailed investigation is to be undertaken within **1-2 months of notification of death**.
- **Honorarium & mobility support:** A sum of Rs. 150/- can be given to each member of the investigating team for each death investigated. In addition upto Rs. 100/- may be provided to cover the cost of travel to the household and back, depending on the distance to be travelled.
- **Maintenance of records:** One copy of the Verbal Autopsy Form of all child deaths investigated in the block will be kept on record at the office of the BMO. The original format will be sent to DNO **within one week** of receiving the report.
- **Transmission of information:** The information from all the blocks will be compiled by the office of the DNO and forwarded to the SNO each month in **District Level Reporting form for verbal autopsies conducted for Child Deaths (0-5 years) (Form 5b)**.

For the purpose of providing necessary feedback at the district level, detailed analysis of the Verbal Autopsy forms will be undertaken by the office of the DNO. Data Manager at the district level will enter the CDR information from the Verbal Autopsy forms. Two medical officers trained in 'assigning the cause of death' will assist the DNO in the final diagnosis.

Reports prepared by the office of the DNO will be shared **every month** in the meeting of the **District Child Death Review Committee (DCDRC)**.

Step 3: Data Transmission

Block level

- BMO office will receive notification about the occurrence of death from the ASHA/ANM within 24 hours of death by phone.
- In response to the notification, the BMO will inform the ANM to proceed with the *First Brief Investigation*. BMO will receive the FBIRs for all child deaths in the area from the ANM within one month of death.
- The office of the BMO will prepare a line list of all child deaths reported by ANMs in the block every month. In addition, information compiled from FBIRs sent by ANMs into Form 5a will be sent to the DNO on the 5th day of next month.
- The Block Data Manager/Block Data Entry Operator will enter information about the deceased along with the probable cause of death from all the FBIRs into the computerised Form 5a. It will also be specified in the same form which cases have been selected for detailed investigation.
- **Reports must be sent to the District every month from the block, even if there are no deaths (report as NIL).**
- Most importantly the deaths reported from the district/state through the CDR must also be reported in the HMIS, starting right from the Sub centre level.
- The BMO will select the sample for detailed investigation (Verbal Autopsy) based on the data from the First Brief Investigations and ensure that this is communicated to the designated teams and the Verbal Autopsies are undertaken. A copy of the Verbal Autopsy form will be sent to the DNO within a week of receiving the form making sure that it is complete in all respects.

All the verbal autopsies of the month should reach the DNO within 1 month of line listing/case selection.

District level

- The DNO, through his/her office (and with support from Data Managers/Data Entry Operators) will get all the parameters from the Verbal Autopsy forms entered into the formats including the details of the deceased, nature of illness and sequence of events leading to the child death.
- In addition, the Verbal Autopsy forms will be reviewed and the cause of death is assigned by two Medical Officers in the district who are trained in assigning the cause of death independently. Where feasible, capacities to assign the cause of death should be developed at the block level itself. Detailed analysis will be undertaken regarding the profile of children who died in the month/quarter and the levels of delay, if any. Medical cause of death is to be ascertained based on the **ICD 10*** (provided in **Annexure - II**).

BNOs & DNOs shall be assisted in this process by the doctors from CHC/District Hospital (DH) or the faculty of medical colleges or any other local agency which has the expertise to review the forms and assign the medical cause of death as well as undertake the analysis of social factors and delays associated with the death. A detailed District Report should be prepared.

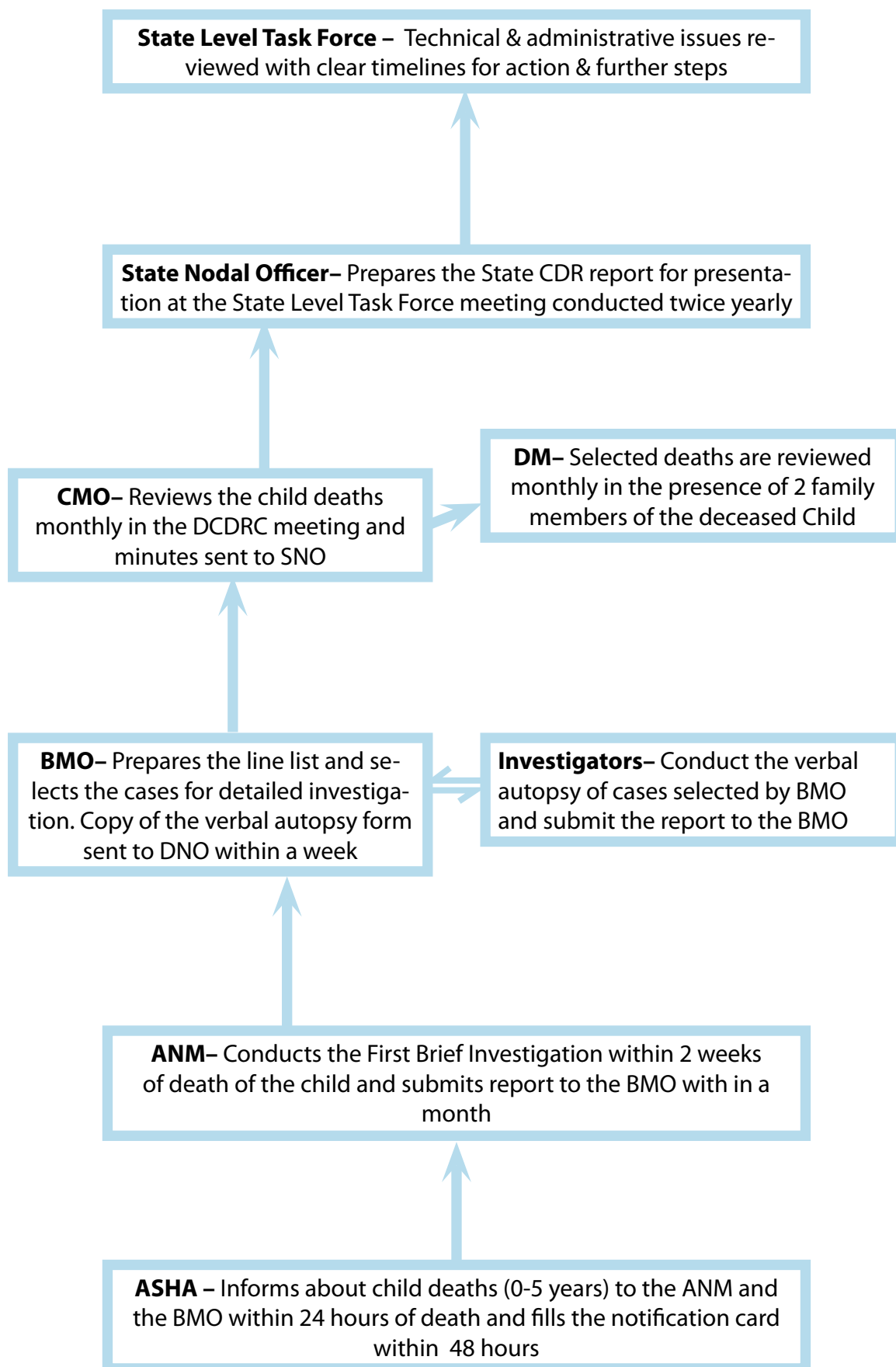
- The office of the DNO will provide key information from the Brief and Detailed investigations undertaken in the entire district through **forms 5a, 5b** and send it to the office of the SNO.
- In addition, a **District Child Death Review Report** will be prepared for presentation in the **DCDRC** based on the detailed analysis. Subsequent to the DCDRC meeting, the DM will review a sample of cases (3) submitted to him by the DNO/CMO. Detailed report prepared from the analysis of Verbal Autopsy forms should also be shared with the state.
- The DNO must ensure that all the deaths reported through this system are also fed into the HMIS at appropriate levels: for example facility based formats must reflect the deaths taking place there.

State Level

- The Office of the SNO will compile reports from all the districts for onward transmission to the national level in the **State level Reporting Form (Form 5d)**, and will forward it **quarterly** to the national programme managers in the Ministry of Health and Family welfare.
- The CDR Reports from all the districts will be reviewed and a consolidated **State CDR Report** is prepared for presentation in the **State Level Task-force** meeting and disseminated to key stakeholders.

* **ICD-10 is the 10th revision of** *The International Statistical Classification of Diseases and Related Health Problems, usually called by the short-form name **International Classification of Diseases (ICD)**. ICD is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records.*

CBCDR FLOW CHART



2.2 Guidelines for Facility-Based Child Death Review

Facility based reviews will be taken up in all government teaching, referral hospitals and First Referral Units (District, Sub district, Area Hospitals/Taluq Hospitals) that conduct **more than 500 deliveries per year** (excluding institutions below block level).

Steps for FBCDR are as follows:

Step 1: Notification of child death

Step 2: Investigation of child death

Step 3: Data transmission

Step 4: Analysis of the data followed by making suitable action plans from it- is common for both CBCDR & FBCDR and is explained at the end of this chapter

Step 1: Notification of child death

All infant deaths occurring in the hospital should be informed immediately by the Medical Officer/Specialist on duty (at the time of death) to the **Facility Nodal Officer (FNO)** who could be the Paediatrician/Medical Superintendent/Principal Medical Officer/CHC In-charge. The **Duty Medical Officer (DMO)** shall act as the **Primary Informant** and fill in the **Notification Card (Form 1)** and send it to the office of the FNO **within 24 hours** of death. The office of the FNO should inform the child death to the DNO **within 48 hours** of death.

Step 2: Investigation of child death

Detailed investigation should be conducted in **all cases of child deaths taking place in a hospital**. The **Facility Based Neonatal & Post-Neonatal Death Review Forms (Forms 4a & 4b)** should be filled for the child death (depending on the age category) by the **DMO**. The **Treating Medical Officer** (Doctor under whose care the child was primarily admitted in the hospital) **will assign the medical cause of death** and add any other information that s/he has regarding the social factors and delays associated with the death. Medical cause of death is to be ascertained based on the **ICD 10 (Annexure - II)** and recorded in the Death Certificate. It is possible that the **Treating Medical Officer** and the Doctor certifying death (**DMO**) is the same person. In such a situation s/he will fill in the complete form.

The FNO should support the Medical Officers in completing these processes. The form should be filled **within 48 hours** of death and **in duplicate**.

Subsequently, FNO will review the FBCDR form for completeness and also corroborate the information with the available medical records. S/he will then approve it for onward submission to the DNO. One copy of the form will be sent to the DNO **within one month** of death and the second copy retained at the hospital for review by FBCDR committee.

All children treated and died in departments other than the Paediatrics department must also be reported and investigated.

Step 3: Data Transmission

The office of the FNO will prepare a line list of all child deaths (0-5 years) that have taken place in the hospital during the month. The line list and key information will also be electronically transmitted to the DNO for information and compilation in the **Facility Level Reporting Form (Form 5c)**.

The FBCDR forms will be directly received from all the health facilities in the district at the office of the DNO. These reports will also be compiled and analysed at the district level and key findings and recommendations will be included in the report to be presented in the **DCDRC meeting**.

Effort should also be made to generate the **Facility Specific CDR Report** so that the main causes of death and delays at various levels can be identified. Facility specific issues may emerge and can be addressed locally. The report is also likely to provide a trend of the neonatal and childhood illnesses occurring locally (in the district or in neighbouring districts) and will facilitate building capacities and systems to manage these conditions better in the future.

FBCDR FLOW CHART

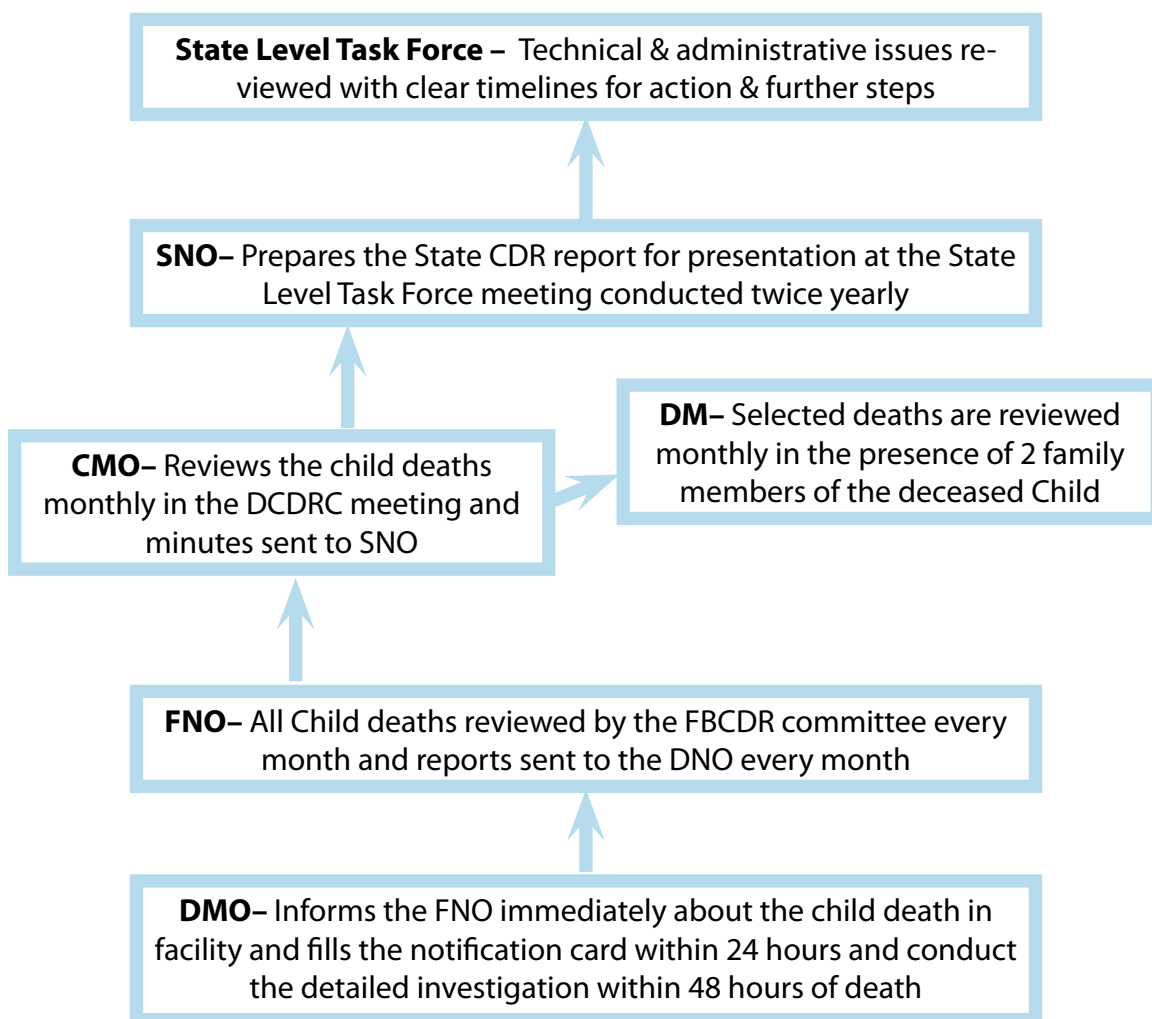


Table 1: CDR summary

The table below summarises the various formats to be filled, the persons responsible, the process of onward transmission of information and other important details.

Forms	Filled by	Transmitted to	Comments
1. Notification card - CBCDR	Primary informant (which includes ASHA)	Dual reporting to ANM and Block Medical Officer or to centralised call centre	May use mobile, landline, or SMS facility; all deaths 0-5 years to be notified, irrespective of where the death took place
Notification card - FBCDR	Primary informant - DMO	Facility Nodal Officer	
2. First Brief Investigation format (FBIR)	ANM or alternative health worker identified by the district/ state	Block Medical Officer	To be filled for all child deaths, irrespective of where the death took place
Verbal autopsy forms			
3a. Neonatal Death (0-28 days)	Detailed Investigation team comprising of one medical & one non-medical person; team to be assigned by the BMO	District Nodal Officer	VA conducted for selected cases only; cases to be selected by BMO from the line list Only one VA format to be filled per case (either neonatal or post neonatal) Social autopsy format to be filled for all VAs conducted One copy of the VA form to be maintained at BMO office Assign cause of death.
3b. Post Neonatal Death (29 days-5 years)			
3c. Social Autopsy Format			
Facility Based Death review forms			
4a. Neonatal Death (0-28 days)	DMO; with support from Facility Nodal officer	District Nodal Officer	All child deaths in the identified health facilities that conduct more than 500 deliveries per year (excluding institutions below block level) to be investigated. One copy to be maintained at facility level
4b. Post Neonatal Death (29 days-5 years)			
Reporting formats			
5a. Block and District Level Line List	Block Medical Officer	District Nodal Officer	Data will be entered into appropriate formats by Data Entry Operators & supervised by Block/District Data Managers Data may be entered online when such facility is made available by State/Centre
	District Nodal Officer	State Nodal Officer	
5b. District Level Reporting Format for detailed investigations	District Nodal Officer	State Nodal Officer	
5c. Facility Level Reporting Format	Facility Nodal Officer	District Nodal Officer	
5d. State Level Reporting Format	State Nodal Officer	Programme Officer (MOHFW)	

Child Death Review Committees

2.3 FBCDR Committee

FBCDR committee may have the following members

Teaching Hospital:

Hospital superintendent/other administrative head of the institution

Head of the Pediatrics Dept..

FNO (Pediatrician)

At least two members from the Pediatrics Dept.. (Pediatrician/MO posted in the dept..)

One Anesthesiologist

Nurse posted in Pediatrics Dept.

District/Other Hospitals:

Hospital superintendent

FNO (Pediatrician)

Pediatrician/Medical officer posted in the Pediatrics

One Anesthesiologist

Nurse posted in Pediatrics

FBCDR Committee:

- The committee meets once every month. FNO fixes the meeting in discussion with the Hospital superintendent
- The main focus of the review is to check the clinical protocols and the line of treatment followed
- FBCDR formats and case summary will be discussed in the review meeting
- Suggests corrective measures and steps to be taken to improve quality of care at the hospital
- Suggests steps to be taken at the District level and State level.
- Sends minutes of the meeting to the DNO along with the case summary prepared.

2.4 District Child Death Review Committee

The DNO will be selecting a total of 6 cases (including both CBCDR and FBCDR) for review at the DCDCR meetings. He will take into account the following criteria for selecting cases.

1. Cause of death
2. Place of death (home, facility, in transit)
3. Age (neonatal, post-neonatal, child)
4. Sex
5. Children from vulnerable groups
6. Clustering of cases (if any)

The District MDR Committee should be assigned the responsibility of reviewing Child Death Reports as there are inter-linkages between maternal and neonatal deaths and the indirect causes are likely to be the same in many cases. Additional members

may be brought on the same committee for review of child deaths and the following composition is suggested:

Members

1. Chief Medical Officer/Civil Surgeon (Chairperson)
2. Additional Chief Medical Officer
3. District Nodal Officer (Member Secretary)
4. Paediatrician
5. Obstetrician/Gynaecologist
6. Anesthesiologist
7. Senior Nurse nominated by the CMO/CS
8. Medical Officer who had attended the case in the facility
9. District Project Officer for ICDS
10. Representative/s from recognised professional bodies (Indian Academy of Paediatrics, National Neonatology Forum, IAPSM)
11. Experts from medical college/development agency (if present in the district)
12. Any other official or person deemed important for providing specific technical inputs (at the discretion of the Chairperson)

All FNOs and BMOs should be invited to attend this meeting.

The CDR meeting should be conducted simultaneously with the MDR meeting, which is supposed to take place every month, with the purpose of reviewing the causes and trends of child deaths in the district. The Action Taken Reports, the minutes of the last meeting should be reviewed by the Chairperson.

The DCDRC should undertake the task of identification and discussion on the modifiable factors contributing to child deaths at the community and facility level and come up with recommendations for short term, medium term and long term implementation. The DNO should bring together the recommendations made by members of the DCDRC and convert it into an actionable plan.

At the end of the DCDRC meeting, CMO in consultation with the DNO will select 3 cases (including CBCDR, FBCDR) for review by the District Magistrate.

2.5 District Magistrate (DM) review meetings of CDR

A sample of child deaths reviewed by the DCDRC will be put up for the DM review. This sample will be chosen in accordance with the selection criteria explained before. The DM has the option to select any case which is reported in a month and also to review more than 3 cases if he chooses to.

This review will be attended by the following members:

1. District Magistrate – Chairperson
2. Chief Medical Officer
3. District Nodal Officer
4. Facility Nodal Officers
5. IAP representative

The parents/relatives (max. 2 persons) of the deceased child would be invited for the meeting by the DNO. The service providers (in case of FBCDR) who had attended the child will also be called for this meeting. To cover the expenditure incurred by the

family of the deceased child on account of travel to the district headquarters a sum of Rs. 200/- should be given to the family.

The parents/relatives of the deceased child will first narrate the events leading to the death of the child, in front of the DM and the service providers who attended the deceased child. The case history of each of the selected child deaths will be heard separately. After the deposition and getting clarifications from the relatives they will be sent back. Then the various delays - the decision making at the family, getting the transport and institutional delays would be discussed in detail. The outcome of the meeting will be recorded as minutes and corrective actions will be listed with a time line to prevent similar delays in future.

The DM will try to ensure the release of necessary resources and providing an enabling environment for implementation of the key recommendations emerging from the meeting. In addition the DM should be able to promote inter-sectoral co-ordination in order to bridge the gaps falling in non-health sectors such as nutrition, safe drinking water, sanitation and so on.

2.6 State Level Task-force

The State Level Task-force constituted for the review of maternal deaths (with additional members co-opted as listed below) will review the CDR process. The meeting of the task-force is to be convened every 6 months. The task-force may review both maternal and child deaths at the same time or schedule it on different days. The inter-linkages between the maternal and neonatal causes of death should be explored and a common set of recommendations be made to prevent them. The data from the districts compiled at the state level should be reviewed and trends observed and analyzed. DNOs should be invited to attend this meeting. The Action Taken Report on the Minutes of last meeting of the State Task-force should be presented by the SNO. Minutes of the meeting should be put on record. Key decisions and action points should be circulated to all stakeholders in various departments with clear time lines for action and steps forward.

Members:

1. Principal Secretary Health & Family Welfare
2. State Mission Director NHM
3. Commissioner Health
4. Director General of Health Services
5. Deputy Director/Director Child Health under NHM
6. State Nodal Officer
7. Pediatricians and Public Health Experts from State Govt. and Private Medical Colleges (max. 3)
8. Obstetric Specialists from State Govt. and Private Medical Colleges (max.1)
9. State ICDS Officer
10. Deputy Director/Director Nursing
11. Deputy Director/Director MSD (materials/supplies and disposables)
12. IAP representative
13. Any other expert, official, person deemed important for discussion on a particular issue (at the discretion of the Chairperson)

2.7 CDR Data Analysis and its use in improved planning and instituting corrective measures

The case summaries of child deaths (both CBCDR & FBCDR) will be reviewed at district and block level by the designated officials and action will have to be taken accordingly. In addition, there is a need for in-depth analysis of the filled up formats to identify the trends in different factors associated with child deaths. For the in-depth analysis of data, states may take support from experts from Medical Colleges, Universities and other specialized agencies at state and/or district level. The analyzed data will be used for developing the Annual Child Death Report for the state.

Action-oriented review mechanisms are the key to health systems improvement. Reviewing the CDR data and using it for improved planning and instituting corrective measures is the most important aspect of the Child Death review.

While a biological complication is assigned as a cause of death, in fact most child deaths result from a chain of events that includes many social, cultural and medical factors. Some of these can be prevented by taking action at one or more of the links in the chain of events that result in death, with a focus on the three delays in a child receiving care for a complication. Social and cultural factors that may contribute to delay includes; (A) First delay - decision making process (especially getting complicated if the child is a female), not recognizing or understanding the danger signs, using traditional home care or informal service providers. Low education and poverty could aggravate this. B) Second Delay – lack of transport, poor roads, long commute to the nearest health facility, or delay in organizing funds if they have to pay for it. (C) Third Delay – lack of medicines, blood, consumables, skilled manpower, etc.

Analysis involves circumstances of each death, identification of avoidable factors and action to improve care at all levels of the health system, from home to hospital. Many of the findings will reflect upon the strength and functioning of the public healthcare delivery system. For instance, designated FRUs where parents of a newborn have actually accessed health care would give a feedback on its actual functionality. Even though the team (Gynaecologist, Paediatrician, Anaesthetist, Surgeon, Physician) is posted, the services may not have been available when the baby was actually brought to that hospital. This will help the district machinery to find out / introspect as to why this happened; especially if repeated child death reviews point towards the same deficiency/ flaw.

Within a district, comparison can be made between different blocks and population groups, if the health administrator has reason to believe that certain vulnerable groups have not been able to access health care due to various reasons. Much of the responsibility for follow-up actions lies with district and local health authorities, but there could be initiatives that should be undertaken across the state as well. An analysis of trend over a period of time regarding the causes of death should be undertaken in order to capture change over time and to see if the corrective measures have had a positive effect. The analysis of causes of death will facilitate fine-tuning of programs locally in the district.

Active civil society engagement is needed to ensure that the circumstances surrounding each death are fully elucidated and that there are comprehensive and feasible recommendations for follow-up action. This engagement will help develop partnerships for common goals. Linking of CDR data with remedial action (institutional/ convergent/local) is the centre-piece of an accountability framework, which every state is committed to.

ROLES AND RESPONSIBILITIES OF NODAL PERSONS

The implementation of the CDR requires that a nodal person is identified at different levels (Block, District and State) to support and monitor the processes, to ensure the quality of data collected and compiled and to transmit data to the next level. In addition, analysis of the data, sharing the feedback and key recommendations must also be undertaken at all levels so as to make this exercise relevant. Therefore one key person/Nodal officer should be designated at each level.

3.1 Block Nodal Officer (BNO)

The **Block Medical Officer** should be designated as the Block Nodal Officer for the CDR by an office order issued by the District CMO. The BNO will be responsible for the CDR process at the block, and will also act as a supervisor for the investigating teams carrying out the verbal autopsy.

Roles and Responsibilities

1. Maintain the line-list of all child deaths in the block
2. Select cases for detailed investigation; delegate teams for conducting the Verbal Autopsy; ensure the timely reception of all formats every month
3. Ensure the quality of data and timely reporting to the district
4. Transmit data to the district in the agreed time frame and formats
5. Participate in the meetings of the DCDRC and present the block report (when asked to do so); follow up on specific recommendations pertaining to the block

3.2 Facility Nodal Officer (FNO)

The Facility Nodal Officers will be designated by the CMO. S/he can be the **Paediatrician** (preferable), or **Medical Superintendent of the hospital**.

1. Inform the DNO about the occurrence of child death in the hospital within one week of occurrence of death and maintain the line list of facility based child deaths
2. Ensure that FBCDR form is completed within 48 hours of child death
3. Review the FBCDR form and approve it for onward transmission
4. Prepare FBCDR Report every month
5. Participate in the meetings of the DCDRC; follow up on specific recommendations pertaining to the health facility

3.3 District Nodal Officer (DNO)

District RCH Officer can be designated as the District Nodal Officer.

1. Maintain the line list of both facility based and community based child deaths in the district; facilitate the data entry and analysis of CBCDR and FBCDR at the district level
2. Prepare the District CDR Report for presentation in the DCDRC meetings
3. Timely transmission of information from all blocks and the district to state level; overall responsibility for the quality of CDR undertaken in the district
4. Organize monthly DCDRC meetings under the directions of the CMO; maintain the minutes of meetings; follow up on actions to be taken; prepare the Action Taken Report
5. Coordinate the DM review meeting every month
6. Participate in meetings of the State Level Task-force; follow up on specific recommendations pertaining to the district
7. Share the district and state CDR reports with the key stakeholders and the communities to create awareness and to initiate action at the village level

3.4 State Nodal Officer (SNO)

1. Provide support to State Level Task Force
2. Organize the state level orientation meeting and the training workshop
3. Ensure the trainings at district, block and facility level
4. Nominate the DNOs
5. Collect relevant data on child death from the districts and carry out detailed analysis
6. Facilitate the preparation of annual child death report for the state and organize a dissemination meeting to sensitize the various service providers and managers. The annual report may contain typical child death case studies which may be used during the training of medical and para-medical functionaries

4

TRAININGS

CDR involves close cooperation among health professionals and officers from convergent departments. The basic premise of the training plan is that all personnel directly involved with the CDR process get trained and all other officers whose cooperation is required in the smooth conduct of review (as well follow up actions based on recommendations of the CDR Committees) get oriented in the concept and process of CDR.

The personnel to be sensitised and trained are as follows:

- **Sensitisation & orientation of the Primary Informants**
- **Training of ANMs** for conducting the first brief investigation, reporting and record keeping
- **Training of investigation teams/investigators** on the Verbal Autopsy formats, processes and guidelines
- **Training of Block and District Nodal Officers** on review of brief and detailed investigation formats, assigning medical causes of death and identifying socio-cultural and systemic factors, reporting, checking the quality of data, preparing reports (for districts/state), use of data and reports for feedback and corrective measures
- **Training of Facility Nodal Officers and Specialists (Paediatric and others dealing with children)** on the FBCDR formats, processes and guidelines, data analysis and interpretation, use of data to improve services at the facility
- **Training of Medical Officers on assigning causes of death based on ICD 10:** At least two medical officers should be trained in each district for assigning the causes of death using the ICD 10 classification and based on the responses during Verbal Autopsy
- **Training of Data Managers (Block, District and State)** on compilation of information in standard formats, maintaining data base and transmission of information to the next level.

Other personnel including data managers/assistants are to be included in training at the District/Block level as per their respective level of posting.

These trainings will be imparted by the organisation with expertise in the field. Trainings will be skill based and each trainee will be required to achieve a satisfactory level of proficiency.

Table 2. Training Schedule

Level	Type	Participants	Duration	Training materials
National	Training	State Nodal Officers for CDR	1 day	CDR guidelines and forms
State	Sensitization	All state programme officers and convergent departments	1 day	CDR guidelines
	Training	District Nodal officers	2 days	CDR guidelines and forms
District	Sensitization	All district programme officers and convergent departments	1 day	CDR guidelines
	Training	Block Nodal officers, Facility Nodal officers, MOs assigning cause of death	2 days	CDR guidelines and forms
Block	Sensitization	Programme officers of convergent departments, ASHA, ANM	1/2 day	CDR guidelines
	Training	Investigators for verbal autopsy	1 day	CDR guidelines and forms, additional sessions on interview techniques *
Identified Health Facility	Orientation	All staff	1 day	CDR guidelines

* Refer to MDR guidelines for sessions on interview techniques

The general plan for the trainings will be as follows:

First day will be classroom based. Each question in the tool will be discussed and common understanding about the tool will be developed. Role plays and case studies will be used for this purpose. Second day will be field based and participants will first observe in the field and then conduct VA themselves followed by discussion on the gaps and re-enforcing the training content. Medical officers shall be able to use the ICD 10 classification for assigning the cause of death, using examples/pre-existing database in some states.

In order to plan the roll out of CDR, each state should work out the district wise training load of various personnel. At least two –three teams per block should be available to conduct investigation for 6 deaths each month. The training load of the investigators will however vary from state to state. Some states having low child mortality will need fewer teams and the planning process should take this into account.

Trainings should be budgeted under the NHM/Child Health component. An indicative budget for the CDR process is provided at the end of this guideline (**Annexure - III**).

5 MONITORING

The BMO will ensure timely reporting and investigation through regular feedback to the ANMs and the investigating team. S/he will be responsible for scrutinizing the filled in formats and provide hand-holding support to the block investigation team to improve the quality of investigation. The BMO as a supervisor of the block team will also participate in the field level investigation himself/herself, as the time permits.

The DNO and the CMO (as the chairperson of the DCDRC) will monitor the process and provide feedback to the blocks regarding the quality of data as well as the analysis. They will also give feedback to the FNO on the quality of investigation through the scrutiny of filled in formats. The DNO and CMO will also inform and follow up with the blocks/health facilities on the implementation of specific response plans.

The SNO will monitor the information received from various districts and accordingly provides feedback to the districts regarding the completeness of reporting, timeliness and quality of investigation, regularity of review meetings and the development of response plans.

In addition to the designated nodal officers, agencies located at block/district/state level can also be assigned the task of monitoring the Child Death Review. Medical Colleges (Departments of Paediatrics and Community Medicine) can also be brought in for this purpose. The objective is to provide support through experts for streamlining the process, enhancing the quality of reports generated from the data and implementing the key recommendations made by the DCDRC and the State Level Task-force.

Process indicators

1. Child deaths reported/estimated number of child deaths (District-wise)
2. Detailed Child Death Investigation (Verbal Autopsy) Formats submitted/child deaths selected for detailed investigation (Data to be computed district wise)
3. Proportion of child deaths investigated (denominator: All child deaths taking place in public health facilities) (Data to be computed district wise)
4. No. of districts conducting the DCDRC meetings
5. No. of districts conducting the DM review of CDR
6. No. of State Level Task-force meetings held/No.s planned

ANNEXURES

CDR FORMATS

FORM 1: NOTIFICATION CARD

For Office Use Only	
Date on which notification was received	
Name of the person who received the notification	

Instructions:

1. To be filled by the Primary informant
2. Two copies should be filled in case of CBCDR (one to be submitted to ANM and one handed over to the family)
3. For FBCDR only one copy needs to be filled and handed over to FNO
4. If the notification card is already filled, address the bereavement issues, offer support and leave (CBCDR only)
5. Write in capital letters
6. Circle the appropriate response (or) place a ✓ (tick) wherever applicable

1. Name of the Child : _____
(In case of a newborn, name of the mother should be used. eg: Baby of Nirmala)
2. Date of Birth (if available) / /
3. Age: Years Months Days Hours
3. Sex: Male Female
4. Mother's Name : _____
5. Father's Name : _____
6. Complete Address : _____
House Number : _____
Mohalla/Colony : _____
Village/Town/City : _____
Block : _____
District/Tehsil : _____
State : _____
Pincode :
7. Landmarks, if any : _____

8. Phone number of parents/family member (living in same household):

Landline: _____

Mobile Number: _____

9. Date of Death: / /

10. Place of Death:

a) Home b) Hospital (If hospital, mention the name _____)

c) In transit

Name of First Informant _____ **Time** _____

Signature _____

Date of Notification _____

Hand over this card to the parents of the child. The purpose is to provide verification of the fact that the family has been visited by the primary informant, and to inform others (the informant/s) visiting the family subsequently that the death has already been informed and to not repeat the process

Dear Parents,

We express our profound grief on the loss of your child. We will like to know more from you about the factors that could have contributed to the death of your baby so that steps can be taken to prevent such deaths in the future. In this context, some of health staff members may visit you in coming weeks.

You are requested to please retain all the documents pertaining to the health condition of the baby and the mother.

Please show this card to the health staff, who comes to collect further details about the illness.

Signature of the Informant

Designation _____

Date ____/____/____

FORM 2: FIRST BRIEF INVESTIGATION REPORT

Instructions:

1. To be filled by the ANM
2. Write in capital letters
3. Circle the appropriate response (or) place a ✓ (tick) wherever applicable

Section A. Background Information

1. Name of the Child : _____
2. Date of Birth (if available) / /
3. Age: Years Months Days (if age less than 1 month)
 Hours (if age less than one day)
4. Sex: Male Female
5. Address: _____
6. Name of Area PHC _____
7. Name of Area Sub-center _____
8. Order of Birth: 1 2 3 4 5 or more
9. Belongs to: SC/ ST OBC General
10. Does the family have a Below Poverty Line (BPL) card: Yes No
11. Immunization Status:
BCG DPT 1 DPT 2 DPT 3 Measles Measles Booster
HiB 1 HiB 2 HiB 3
12. Weight (if recorded in the MCP card): . Kg
13. Growth Curve (fill for child less than 3 years; check MCP card):
a. Green zone b. Yellow Zone c. Orange Zone
14. Any h/o illness/injury: Yes No (if No, go to Sec. B)
15. If yes, nature of illness:

16.	Symptoms during illness	Circle the app. response	If Yes, Duration of symptoms
a.	Inability to feed	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days
b.	Fever	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days
c.	Loose stools	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days
d.	Vomiting	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days
e.	Fast breathing	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days
f.	Convulsions	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days
g.	Appearance of Skin rashes	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days
h.	Injury (like fractures, wounds)	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days
i.	Any other symptom (if yes) specify	Yes/No	<input type="checkbox"/> <input type="checkbox"/> days

17. Details of treatment:

1) Whether treatment for illness was taken or not? Yes No (if No, go to sec. B)

2) If yes, where was the child treated:

a. Public Health Facility: PHC CHC DH SDH/Taluq Hospital b. Private Hospital/Nursing Home c. Qualified allopathic private practitioner d. AYUSH practitioner e. Unqualified provider (quack, informal provider) f. Traditional healer **Section B. Probable cause of death:**a. Diarrhoea b. Pneumonia c. Malaria d. Measles e. Septicemia (Infection) f. Meningitis g. Injury h. Any other cause (specify) i. No identifiable cause **Section C. According to the respondent (parent, close family member), what was the cause of death?**

Section D. At which level do you think the delay occurred?

- 1. **Delay at home** (eg; seriousness of illness not recognized, treatment not sought, treatment sought at a late stage, family members did not allow treatment seeking)
- 2. **Delay in transportation** (eg; transport facility not available, could not afford local transport, difficult/hilly terrain, long distance to the health facility)
- 3. **Delay at facility level** (eg; doctor/staff not available, drugs & equipment not available, delay in initiation of treatment)

Section E. Based on your analysis of the situation in which the death took place, what according to you could have been done to avert this death?

- 1. _____
- 2. _____
- 3. _____

Name of ANM.....

Signature.....

Health Centre.....

Date.....

FORM 3a: VERBAL AUTOPSY FORM: NEONATAL DEATHS

Instructions

- NOTE: This form must be completed for all neonatal deaths (0-28 days).
- Write in capital letters
- Circle the appropriate response (or) place a ✓ (tick) wherever applicable

District:		Block:		Village:				
PHC:		Sub-Centre:						
MCTS Number:		Date:/...../.....						
Name of Head of the Household:		<input type="text"/>						
Full name of the deceased:		<input type="text"/>						
Name of mother of deceased:		<input type="text"/>						
Section A: Details for Respondent and Deceased								
Details of the Respondent:								
1.	Name of the respondent <input type="text"/>							
2.	Relationship of the respondent with the deceased:							
	a. Brother/Sister	<input type="checkbox"/>	b. Mother/Father	<input type="checkbox"/>	c. Neighbour/No relation	<input type="checkbox"/>		
	d. Grandfather/Grandmother	<input type="checkbox"/>	e. Other relative	<input type="checkbox"/>				
3.	Did the respondent live with the deceased during the events that led to death?							
	a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>				
4.	What is the highest standard of education the respondent has completed?							
	a. Illiterate and literate with no formal education:		<input type="checkbox"/>					
	b. Literate, Primary or below	<input type="checkbox"/>	c. Literate, Middle	<input type="checkbox"/>	d. Literate, Matric (Class-X)	<input type="checkbox"/>		
	e. Literate, Class XII	<input type="checkbox"/>	f. Graduate & above	<input type="checkbox"/>				
5.	Category: a. SC/ST		<input type="checkbox"/>	b. OBC	<input type="checkbox"/>	c. General	<input type="checkbox"/>	
6.	Religion of the head of the household							
	a. Hindu	<input type="checkbox"/>	b. Muslim	<input type="checkbox"/>	c. Christian	<input type="checkbox"/>	d. Sikh	<input type="checkbox"/>
	e. Buddhist	<input type="checkbox"/>	f. Jain	<input type="checkbox"/>	g. No religion	<input type="checkbox"/>	h. Others, Specify.....	<input type="checkbox"/>
Details of deceased								
7.	Deceased's Sex: a. Male		<input type="checkbox"/>	b. Female	<input type="checkbox"/>			
8.	Age in completed days:		a. Less than 1 day	<input type="checkbox"/>	b. 01-28 days	<input type="checkbox"/>		
9.	Date of birth:		<input type="text"/>	<input type="text"/>	<input type="text"/>			
10.	Date of death:		<input type="text"/>	<input type="text"/>	<input type="text"/>			
11A	House address of the deceased:							
11B	PIN: <input type="text"/>							

12.	Place of death:		
a.	Home <input type="checkbox"/>	b. On way to health facility/in transit <input type="checkbox"/>	c. Sub Center <input type="checkbox"/>
d.	PHC/CHC/Rural Hospital <input type="checkbox"/>	e. District Hospital <input type="checkbox"/>	f. Medical College <input type="checkbox"/>
g.	Private Hospital <input type="checkbox"/>	h. Other, Specify..... <input type="checkbox"/>	i. DNK <input type="checkbox"/>
Section B: Neonatal Death			
13A.	Did the child met with an accident		
a.	Yes <input type="checkbox"/>	b. No <input type="checkbox"/>	(if No, go to Q 14A)
13B.	If yes, what kind of injury or accident?		
a.	Road traffic injury <input type="checkbox"/>	b. Falls <input type="checkbox"/>	c. Fall of objects <input type="checkbox"/>
d.	Burns <input type="checkbox"/>	e. Drowning <input type="checkbox"/>	f. Poisoning <input type="checkbox"/>
g.	Bite/sting <input type="checkbox"/>	h. Natural disaster <input type="checkbox"/>	i. Homicide/assault <input type="checkbox"/>
x.	Other, Specify _____ <input type="checkbox"/>		
13C.	Do you think the child died from an injury or accident		
a.	Yes <input type="checkbox"/>	b. No <input type="checkbox"/>	c. DNK <input type="checkbox"/>
Details of pregnancy and delivery:			
14A.	How many months long was the pregnancy? <input type="checkbox"/> (in completed months)		
14B.	Mother's age: <input type="text"/> / <input type="text"/> / <input type="text"/>		
15.	Did the mother receive 2 doses of tetanus toxoid during pregnancy?		
a.	Yes <input type="checkbox"/>	b. No <input type="checkbox"/>	c. DNK <input type="checkbox"/>
16A.	Were there any complications during the pregnancy, or during labour?		
a.	Yes <input type="checkbox"/>	b. No <input type="checkbox"/>	c. DNK <input type="checkbox"/>
16B.	If yes, what complication(s) occurred? (Check all that apply)		
a.	Mother had fits	<input type="checkbox"/>	
b.	Excessive (more than normal) bleeding before/during delivery	<input type="checkbox"/>	
c.	Water broke one or more days before contractions started	<input type="checkbox"/>	
d.	Prolonged/difficult labour (12 hours or more)	<input type="checkbox"/>	
e.	Operative delivery (C - Section)	<input type="checkbox"/>	
f.	Mother had fever	<input type="checkbox"/>	
g.	Baby had cord around neck	<input type="checkbox"/>	
h.	Instrumental Delivery/Assisted	<input type="checkbox"/>	
i.	DNK	<input type="checkbox"/>	
17.	Was the child a single or multiple birth?		
a.	Single <input type="checkbox"/>	b. Multiple <input type="checkbox"/>	c. DNK <input type="checkbox"/>
18.	Where was s/he born?		
a.	Home <input type="checkbox"/>	b. On way to health facility/in transit <input type="checkbox"/>	c. Sub Center <input type="checkbox"/>
d.	PHC/CHC/Rural Hospital <input type="checkbox"/>	e. District Hospital <input type="checkbox"/>	f. Medical College <input type="checkbox"/>
g.	Private Hospital <input type="checkbox"/>	h. Other, Specify..... <input type="checkbox"/>	i. DNK <input type="checkbox"/>

19. Who attended the delivery?		
a. Untrained traditional birth attendant	<input type="checkbox"/>	b. Trained traditional birth attendant <input type="checkbox"/>
c. ANM/Nurse	<input type="checkbox"/>	d. Allopathic Doctor <input type="checkbox"/>
		e. Other, Specify..... <input type="checkbox"/>
f. None	<input type="checkbox"/>	g. DNK <input type="checkbox"/>
20. Was a disinfected or new knife/blade used to cut the umbilical cord?		
a. Yes	<input type="checkbox"/>	b. No <input type="checkbox"/>
		c. DNK <input type="checkbox"/>
21. Was it a live/still birth:		
a. Live birth	<input type="checkbox"/>	c. Still birth (go to Section C) <input type="checkbox"/>
Details of baby after birth		
22. Did the baby ever cry, move or breath?		
a. Yes	<input type="checkbox"/>	b. No <input type="checkbox"/>
		c. DNK <input type="checkbox"/>
23. Were there any bruises or signs of injury on child's body after the birth?		
a. Yes	<input type="checkbox"/>	b. No <input type="checkbox"/>
		c. DNK <input type="checkbox"/>
24A. Did baby had any visible malformations at birth?		
a. Yes	<input type="checkbox"/>	b. No <input type="checkbox"/>
		c. DNK <input type="checkbox"/>
24B. Compared to other children in your area, what was the child's size at birth?		
a. Very small	<input type="checkbox"/>	b. Smaller than average <input type="checkbox"/>
		c. Average <input type="checkbox"/>
d. Larger than average	<input type="checkbox"/>	e. DNK <input type="checkbox"/>
24C. What was the birth weight?		
a. Kgs	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	b. DNK <input type="checkbox"/>
25A. Did baby stop crying after some time? (Denoting any illness)		
a. Yes	<input type="checkbox"/>	b. No <input type="checkbox"/> (go to Q 26A)
		c. DNK <input type="checkbox"/> (go to Q 26A)
25B. If yes, how many days after birth did baby stop crying?		
a. ≤ 1 day	<input type="checkbox"/>	b. <input type="text"/> <input type="text"/> days
26A. When was baby first breastfed?		
a. Immediately/within one hour of birth	<input type="checkbox"/>	b. Same day child was born <input type="checkbox"/>
c. Second day or later	<input type="checkbox"/>	d. Never breastfed <input type="checkbox"/> (go to Q 27A)
e. DNK	<input type="checkbox"/>	
26B. Was baby able to suckle normally during the first day of life?		
a. Yes	<input type="checkbox"/>	b. No <input type="checkbox"/> (go to Q 27A)
		c. DNK <input type="checkbox"/> (go to Q 27A)
26C. If yes, did baby stop being able to suck in a normal way?		
a. Yes	<input type="checkbox"/>	b. No <input type="checkbox"/> (go to Q 27A)
		c. DNK <input type="checkbox"/> (go to Q 27A)
26D. If yes, how many days after birth did baby stop sucking?		
a. ≤ 1 day	<input type="checkbox"/>	b. <input type="text"/> <input type="text"/> days
27A. Was the baby ever given anything to drink other than breast milk?		
a. Yes	<input type="checkbox"/>	b. No <input type="checkbox"/> (go to Q 28A)
		c. DNK <input type="checkbox"/> (go to Q 28A)
27B. If yes what was given (specify) _____		
a. Frequency	<input type="text"/> <input type="text"/> per day	b. DNK <input type="checkbox"/>

Details of sickness at the time of death			
28A. Did baby have fever?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/> (go to Q 29A)
		c. DNK	<input type="checkbox"/> (go to Q 29A)
28B. If yes, how many days did the fever last?			
a. ≤ 1 day	<input type="checkbox"/>	b.	<input type="text"/> <input type="text"/> days
29A. Did baby have any difficulty in breathing?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/> (go to Q 30A)
		c. DNK	<input type="checkbox"/> (go to Q 30A)
29B. If yes, for how many days did the difficulty with breathing last?			
a. ≤ 1 day	<input type="checkbox"/>	b.	<input type="text"/> <input type="text"/> days
30A. Did baby have fast breathing?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/> (go to Q 31A)
		c. DNK	<input type="checkbox"/> (go to Q 31A)
30B. If yes, for how many days did the fast breathing last?			
a. ≤ 1 day	<input type="checkbox"/>	b.	<input type="text"/> <input type="text"/> days
31. Did baby have in-drawing of the chest?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
32A. Did baby have a cough?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
32B. Did baby have grunting (demonstrate)?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
32C. Did baby's nostrils flare with breathing?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
33A. Did baby have diarrhoea (frequent liquid stools)?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/> (go to Q 34A)
		c. DNK	<input type="checkbox"/> (go to Q 34A)
33B. If yes, for how many days were the stools frequent or liquid?			
a. ≤ 1 day	<input type="checkbox"/>	b.	<input type="text"/> <input type="text"/> days
34A. Did baby vomit?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/> (go to Q 35A)
		c. DNK	<input type="checkbox"/> (go to Q 35A)
34B. If yes, for how many days did baby vomit?			
a. ≤ 1 day	<input type="checkbox"/>	b.	<input type="text"/> <input type="text"/> days
35A. Did baby have redness around, or discharge from, the umbilical cord stump?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
36. Did baby have yellow eyes or skin?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
37. Did baby have spasms or fits (convulsions)?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
38. Did baby become unresponsive or unconscious?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
39. Did baby have a bulging fontanelle (describe)?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
40. Did the child's body feel cold when touched?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>
41. Were the child's hands, legs or lips discoloured (blue, other colour)?			
a. Yes	<input type="checkbox"/>	b. No	<input type="checkbox"/>
		c. DNK	<input type="checkbox"/>

42.	Did s/he have yellow Palms/soles?	
a. Yes <input style="width: 40px; height: 20px;" type="checkbox"/>	b. No <input style="width: 40px; height: 20px;" type="checkbox"/>	c. DNK <input style="width: 40px; height: 20px;" type="checkbox"/>
43.	Was there blood in the stools?	
a. Yes <input style="width: 40px; height: 20px;" type="checkbox"/>	b. No <input style="width: 40px; height: 20px;" type="checkbox"/>	c. DNK <input style="width: 40px; height: 20px;" type="checkbox"/>
Section C: Written narrative in local language		
44.	Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of the investigations if available. (use additional sheets if required)	
45.	What did the respondent think the newborn died of? (Allow the respondent to tell the illness in his or her own words)	
Interviewer's Signature:	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> Signature/Left thumb Impression of respondent	
Interviewer Name:		
Designation:		
Date:/...../.....		

Assigned cause of death*

**Assigned at district level
DNO will have to communicate the assigned cause of death to respective block*

FORM 3b:

VERBAL AUTOPSY FORM: POST-NEONATAL DEATHS

Instructions

- NOTE: This form must be completed for all post-neonatal deaths (29 days - 5 years).
- Write in capital letters
- Circle the appropriate response (or) place a ✓ (tick) wherever applicable

District:		Block:		Village:	
PHC:		Sub-Centre:			
MCTS Number:		Date:/...../.....			
Name of Head of the Household:	<input type="text"/>				
Full name of the deceased:	<input type="text"/>				
Name of mother of deceased:	<input type="text"/>				
Section A: Details for Respondent and Deceased					
Details of the Respondent:					
1.	Name of the respondent <input type="text"/>				
2.	Relationship of the respondent with the deceased:				
	a. Brother/Sister	<input type="checkbox"/>	b. Mother/Father	<input type="checkbox"/>	c. Neighbour/No relation
	d. Grandfather/Grandmother	<input type="checkbox"/>	e. Other relative	<input type="checkbox"/>	
3.	Did the respondent live with the deceased during the events that led to death?				
a.	Yes	<input type="checkbox"/>	b.	No	<input type="checkbox"/>
4.	What is the highest standard of education the respondent has completed?				
a.	Illiterate and literate with no formal education:				<input type="checkbox"/>
b.	Literate, Primary or below	<input type="checkbox"/>	c.	Literate, Middle	<input type="checkbox"/>
			d.	Literate, Matric (Class-X)	<input type="checkbox"/>
e.	Literate, Class XII	<input type="checkbox"/>	f.	Graduate & above	<input type="checkbox"/>
5.	Category: a. SC/ST <input type="checkbox"/>				
			b.	OBC	<input type="checkbox"/>
			c.	General	<input type="checkbox"/>
6.	Religion of the head of the household				
a.	Hindu	<input type="checkbox"/>	b.	Muslim	<input type="checkbox"/>
			c.	Christian	<input type="checkbox"/>
			d.	Sikh	<input type="checkbox"/>
e.	Buddhist	<input type="checkbox"/>	f.	Jain	<input type="checkbox"/>
			g.	No religion	<input type="checkbox"/>
			h.	Others, Specify.....	<input type="checkbox"/>
Details of deceased					
7.	Deceased's Sex: a. Male <input type="checkbox"/>				
			b.	Female	<input type="checkbox"/>
8.	Age in completed days: a. 29 days - 1 Year <input type="checkbox"/>				
			b.	01-05 Years	<input type="checkbox"/>
9.	Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
10.	Date of death: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
11A	House address of the deceased:				
11B	PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

12	Place of death:		
a.	Home <input type="checkbox"/>	b. On way to health facility/in transit <input type="checkbox"/>	c. Sub Center <input type="checkbox"/>
d.	PHC/CHC/Rural Hospital <input type="checkbox"/>	e. District Hospital <input type="checkbox"/>	f. Medical College <input type="checkbox"/>
g.	Private Hospital <input type="checkbox"/>	h. Other, Specify..... <input type="checkbox"/>	i. DNK <input type="checkbox"/>
Section B: Post-Neonatal Death			
13A.	Did the child met with an accident		
a.	Yes <input type="checkbox"/>	b. No <input type="checkbox"/>	(if No, go to Q 14A)
13B.	If yes, what kind of injury or accident?		
a.	Road traffic injury <input type="checkbox"/>	b. Falls <input type="checkbox"/>	c. Fall of objects <input type="checkbox"/>
d.	Burns <input type="checkbox"/>	e. Drowning <input type="checkbox"/>	f. Poisoning <input type="checkbox"/>
g.	Bite/sting <input type="checkbox"/>	h. Natural disaster <input type="checkbox"/>	i. Homicide/assault <input type="checkbox"/>
x	Other, Specify _____ <input type="checkbox"/>		
13C.	Do you think the child died from an injury or accident		
a.	Yes <input type="checkbox"/>	b. No <input type="checkbox"/>	c. DNK <input type="checkbox"/>
Details of child after birth			
14A.	When was child first breastfed?		
a.	Immediately/within one hour of birth <input type="checkbox"/>	b.	Same day child was born <input type="checkbox"/>
c.	Second day or later <input type="checkbox"/>	d.	Never breastfed <input type="checkbox"/>
e.	DNK <input type="checkbox"/>		
14B.	Did the child receive any feed other than breast milk during the first 6 months of life?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
14C.	During the illness that led to death, was the child breastfeeding? (if child less than 18 months)		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
Details of sickness at time of death			
15A.	Did the child had fever?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
15B.	If yes, how many days did the fever last?		
a.	≤ 1 day <input type="checkbox"/>	b.	<input type="checkbox"/> <input type="checkbox"/> Days
15C.	Was the fever accompanied by chills/rigors?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
16.	Did the child have convulsions or fits?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
17.	Was the child unconscious during the illness that led to death?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
18.	Did the child develop stiffness of the whole body?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
19.	Did the child have a stiff neck (demonstrate)?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		

20A.	Did the child have diarrhoea (more frequent or more liquid stools)?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (go to Q21A)
c.	DNK <input type="checkbox"/> (go to Q21A)		
20B.	If yes, for how many days?		
a.	≤ 1 day <input type="checkbox"/>	b.	<input type="checkbox"/> <input type="checkbox"/> Days
20C.	Was there blood in the stools?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
21A.	Did the child have a cough?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (go to Q22A)
c.	DNK <input type="checkbox"/> (go to Q22A)		
21B.	If yes, for how many days?		
a.	≤ 1 day <input type="checkbox"/>	b.	<input type="checkbox"/> <input type="checkbox"/> Days
21C.	If yes, was there blood?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
22A.	Did the child have breathing difficulties?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (if no go to Q22C)
c.	DNK <input type="checkbox"/> (go to Q22C)		
22B.	If yes, for how many days?		
a.	≤ 1 day <input type="checkbox"/>	b.	<input type="checkbox"/> <input type="checkbox"/> Days
22C.	Did the child have fast breathing?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
22D.	Did the child have in-drawing of the chest?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
22E.	Did the child have wheezing (demonstrate sound)?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
23A.	During the illness, did child have abdominal pain?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
23B.	Did the child have abdominal distention?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
24A.	Did the child vomit?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (if no go to Q25)
c.	DNK <input type="checkbox"/> (go to Q25)		
24B.	If yes, for how many days?		
a.	≤ 1 day <input type="checkbox"/>	b.	<input type="checkbox"/> <input type="checkbox"/> Days
25.	Did the eye/skin colour change to yellow		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
26A.	Was the rash all over the body?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
26B.	Did the child have red eyes?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		
26C.	Was this measles (use local term)?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
c.	DNK <input type="checkbox"/>		

27.	During the weeks preceding death, did the child become very thin?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
		c.	DNK <input type="checkbox"/>
28.	During the weeks preceding death, did the child have any swelling of hands, feet or abdomen?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
		c.	DNK <input type="checkbox"/>
29.	During the weeks preceding death, did the child suffer from lack of blood or appear pale?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
		c.	DNK <input type="checkbox"/>
30.	Compared to other children of the same age, was child growing normally?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
		c.	DNK <input type="checkbox"/>
31A.	Did the child have multiple illnesses?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (go to Q32A)
		c.	DNK <input type="checkbox"/> (go to Q32A)
31B.	If yes, what were the symptoms associated with these illnesses? (Check all that apply)		
a.	Cough <input type="checkbox"/>	b.	Diarrhoea <input type="checkbox"/>
		c.	Ear discharge <input type="checkbox"/>
d.	Fever <input type="checkbox"/>	e.	Rashes <input type="checkbox"/>
		f.	Other, Specify..... <input type="checkbox"/>
g.	DNK <input type="checkbox"/>		
32A.	Did the child receive BCG injection?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
		c.	DNK <input type="checkbox"/>
32B.	Number of dozes received of DPT (DPT-3)?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
		c.	DNK <input type="checkbox"/>
32C.	Did the child receive polio drops in the mouth?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/>
		c.	DNK <input type="checkbox"/>
32D.	Did the child receive an injection for measles (use local term)?		
a.	Yes - only one <input type="checkbox"/>	b.	Yes - more than one <input type="checkbox"/>
c.	No - did not receive any <input type="checkbox"/>	d.	DNK <input type="checkbox"/>
Section C: Written narrative in local language			
33.	Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of the investigations if available. (use additional sheets if required)		
<hr/>			
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34. What did the respondent think the newborn died of? (Allow the respondent to tell the illness in his or her own words)

Interviewer's Signature: Interviewer Name: Designation: Date:/...../.....	<div style="border: 1px solid black; height: 50px; width: 100%;"></div> Signature/Left thumb impression of respondent:
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Assigned cause of death*

***Assigned at the district level
DNO will have to communicate the assigned cause of death to the respective block**

FORM 3c: SOCIAL AUTOPSY FORM

Instructions

1. To be filled for all verbal autopsies conducted and attach with the same
2. Write in capital letters
3. Circle the appropriate response (or) place a √ (tick) wherever applicable
4. Attach a copy of the case records to this form.

MCTS number _____

Section A: Background Information		
1	Name of key Informant	
2	Relation of key informant to deceased	
3	Place of death of child	
4	Telephone/Mobile Number	
5	Total Number of family members of deceased	
6	Number of children < 5 years	
7	Caste	
8	Do you have Below Poverty Line (BPL) card:	Yes/No
9	What are the Key family Assets: (Multiple answers allowed. tick all that apply)	1) Vehicle (motorised) <input type="checkbox"/> 2) Television <input type="checkbox"/> 3) Own House <input type="checkbox"/> 4) Own Land <input type="checkbox"/> 5) Cattles <input type="checkbox"/> 6) Telephone <input type="checkbox"/>

Section B: Treatment Seeking History			
10.1 Did ASHA/AWW/VHN/ANM advice on hospital treatment?			
a. Yes <input type="checkbox"/>	b. No <input type="checkbox"/> (go to Q 11)	c. DNK <input type="checkbox"/> (go to Q 11)	
10.2 If Yes, who advised	i. ASHA <input type="checkbox"/> ii. ANM <input type="checkbox"/> iii. Link worker <input type="checkbox"/> iv. Other specify..... <input type="checkbox"/>		
11 During the illness that led to the death, did you seek care outside the home for the infant?	1) Yes (Go to Q13)	2) No	3) DNK
12. If "NO", then ASK "What were the reasons for not seeking care?"			
12.1 Did not think that the illness was serious	1) Yes	2) No	3) DNK
12.2 Money not available for treatment	1) Yes	2) No	3) DNK
12.3 Family members were not able to accompany	1) Yes	2) No	3) DNK

12.4	Bad weather	1) Yes	2) No	3) DNK
12.5	Did not know where to take the infant	1) Yes	2) No	3) DNK
12.6	No hope for survival of the infant	1) Yes	2) No	3) DNK
12.7	Transport not available	1) Yes	2) No	3) DNK
12.8	Others (specify)			
(go to section C)				
13.	What was the condition of the infant at the time when it was decided for medical consultation? (Tick if any of the condition mentioned in the options is present)	a. Alert/Active/feeding	<input type="checkbox"/>	
		b. Conscious but Drowsy/Inactive/Unable to feed	<input type="checkbox"/>	
		c. Unconscious	<input type="checkbox"/>	
14	From where or from whom did you seek care?			
14.1	Quack/informal service providers	1) Yes	2) No	3)DNK
14.2	Traditional healer/Religious healer	1) Yes	2) No	3)DNK
14.3	Sub centre	1) Yes	2) No	3)DNK
14.4	PHC	1) Yes	2) No	3)DNK
14.5	CHC	1) Yes	2) No	3)DNK
14.6	Sub-district hospital	1) Yes	2) No	3)DNK
14.7	District (Govt.) Hospital	1) Yes	2) No	3)DNK
14.8	Private allopathic doctor	1) Yes	2) No	3) DNK
14.9	Doctors in alternate system of medicine	1) Yes	2) No	3) DNK
14.10	Reason for seeking care from there: _____ _____			

15 Problems faced by the parents in getting treatment in the health facility: Now I will ask you questions related to problems you might have faced in getting the treatment from various health facilities.

	Details	First Health Facility	Referral Institution I	Referral Institution II	Referral Institution III
15.1	Specify in which hospital you took the baby first and then where was the baby taken thereafter? Govt. _____ 1 Private _____ 2 Not for profit _____ 3				
15.2	Specify the problem/ complication with which baby was taken to this facility.				
15.3	Total time taken from the onset of the problem to reach this facility (from home to the facility)	..... Hours	..... Hours	..... Hours	..... Hours
15.4	Type of treatment received in the institution/hospital				
	NIL				
	First Aid				
	Others (Specify)..				

15.5	Specify the reasons for referring to another institution				
	Lack of Specialists				
	Lack of Equipments				
	Others (Specify)				
15.6	Mode of transport from one institution to other				
15.7	Distance from one facility to other (in kms)	..... Kms	..... Kms	..... Kms	..... Kms
15.8	If baby was taken to any institution other than the one referred, state the reasons				
15.9	If baby was taken to any institution other than the one referred, who advised (eg; caregivers, relatives etc.)				
15.10	Was the child attended immediately Yes _____ 1 No _____ 2				
15.11	If yes, time taken to initiate treatment in the institution on reaching the hospital	.....Mins	.....Mins	.....Mins	.....Mins
15.12	Reasons for the delay in initiating treatment (Use your judgment in arriving the reasons)				
a.	Doctor not available				
b.	Paramedical workers not available				
c.	Too much patient rush				
d.	Informal payment				
e.	Mobilizing specialists				
f.	Could not afford to pay for the services				
g.	Investigations could not be done				
h.	Other problem (specify)				

16.1 If the baby was shown as having been discharged against medical advice/ absconded, record the reasons for the same.

.....

.....

.....

.....

.....

.....

16.2 Was the discharge due to the dissatisfaction of the treatment given in the hospital? Yes No DNK

16.3 What was the states of child at the timed of LAMA/ Discharge.

Section C: Brief Social History of the family

- 17.1 Any history of alcoholism in family Yes No DNK
 17.2 Any history of smoking in family Yes No DNK
 17.3 Any history of domestic violence in family Yes No DNK

18. Awareness of mother & family members about treatment Seeking

18.1	Do you know the danger signs when a newborn or infant should be taken to health facility?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (go to Q18.3)
18.2	If yes, what will be the conditions (don't read the options)		
a.	Pre-term <input type="checkbox"/>	b.	LBW <input type="checkbox"/>
		c.	No cry at birth <input type="checkbox"/>
d.	Fits <input type="checkbox"/>	e.	Difficult breathing <input type="checkbox"/>
		f.	Drowsiness/inactivity/unconsciousness <input type="checkbox"/>
g.	Jaundice <input type="checkbox"/>	h.	Diarrhoea <input type="checkbox"/>
		i.	Refusal to feed <input type="checkbox"/>
j.	Fast Breathing <input type="checkbox"/>	k.	High grade fever <input type="checkbox"/>
18.3	Do you know about any hospital where newborns/infants/children can be admitted and treated?		
a.	Yes <input type="checkbox"/>	b.	No <input type="checkbox"/> (go to Q19)
18.4	If yes, then please name these facilities		

Section D: Expenditure History

- 19 Can you tell us regarding the total amount that you had to spend on your child?
 a. Total amount = Rs.....
 b. Treatment (medicines, consultation, home treatment etc.).....
 c. Transport..... 3. Others.....

20 How did you (the family) arrange this money? Multiple answers allowed. Tick all that apply	1. Available/Savings <input type="checkbox"/>
	2. Borrowed <input type="checkbox"/>
	3. Sold assets <input type="checkbox"/>
	4. Community fund <input type="checkbox"/>
	5. Govt. scheme <input type="checkbox"/>
	6. Other <input type="checkbox"/>
	7. Don't know <input type="checkbox"/>

FORM 4a: FACILITY BASED NEONATAL DEATH REVIEW FORM

For Office Use Only:

FBCDR NO:	Year
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Name & Address of the facility where death occurred:
(Including State, District, Block):

Instructions

1. NOTE: This form must be completed for all new born deaths (upto 28 days) occurring in the hospital.
2. Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DNO within one month.
3. Write in capital letters
4. Circle the appropriate response (or) place a √ (tick) wherever applicable
5. Attach a copy of the case records to this form.

Section A: Details of Deceased	
1.	Inpatient Number/ID
2.	Age <input type="text"/> <input type="text"/> Days
3.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4.	Category SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/>
5.	Name of the newborn
6.	Name of the Mother
7.	Address (including Block/Tehsil, District/Taluq/Division, State)
8.	Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9.	Place of birth <input type="checkbox"/> Health facility <input type="checkbox"/> Home <input type="checkbox"/> Transit
10.	Birth weight (if available on record) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> kgs.
11.	Date of admission <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.	Time of admission ____:____ AM/PM
13.	Date of death <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14.	Time of death ____:____ AM/PM
15.	Death certified by : (Name & designation of the doctor)

16.	Type of facility where death took place		
a.	CHC / FRU / RH		<input type="checkbox"/>
b.	Sub district hospital/Taluq hospital		<input type="checkbox"/>
c.	District Hospital		<input type="checkbox"/>
d.	Medical college/tertiary hospital		<input type="checkbox"/>
17.	Main complaints at the time of admission		If Yes, Duration of symptoms
a.	Inability to feed	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
b.	Fever	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
c.	Loose stools	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
d.	Vomiting	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
e.	Fast breathing	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
f.	Convulsions	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
g.	Appearance of Skin rashes	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
h.	Injury (like fractures, wounds)	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
i.	Lethargy	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
j.	Stiffness of neck	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
k.	Bluish discolouration of lips, nails	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
l.	Skin pustules of yellowish colour	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
m.	Any other symptom (if yes specify _____)	Y/N	<input type="checkbox"/> <input type="checkbox"/> days
18.	Weight of child on admission: <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> kgs.		
19.	Immunisation history of child: BCG <input type="checkbox"/> OPV Birth Dose <input type="checkbox"/> Hepatitis B birth dose <input type="checkbox"/>		
Section B: Condition on Admission			
20.	Breathing status of child at the time of admission		
a.	Normal breathing		<input type="checkbox"/>
b.	Severe chest in drawing		<input type="checkbox"/>
c.	Apnoeic episodes		<input type="checkbox"/>
d.	Central cyanosis		<input type="checkbox"/>
e.	Gasping		<input type="checkbox"/>
f.	Not breathing		<input type="checkbox"/>
21.	Consciousness level of child at the time of admission		
a.	Alert, responds to normal stimuli		<input type="checkbox"/>
b.	Semi-conscious, responds to painful stimuli		<input type="checkbox"/>
c.	High pitched cry or Persistent crying		<input type="checkbox"/>

d.	Lethargic	<input type="checkbox"/>
e.	Inability to suck	<input type="checkbox"/>
f.	Unconscious	<input type="checkbox"/>
22.	Circulation status of child at the time of admission	
a.	Capillary refill time <input type="checkbox"/> < 3 seconds <input type="checkbox"/> > 3 seconds	
b.	Extremities: <input type="checkbox"/> warm to touch and colder than the abdomen	
c.	Pulse: <input type="checkbox"/> Not palpable <input type="checkbox"/> Weak pulse <input type="checkbox"/> fast pulse	
23.	Did baby have any other symptoms	
a.	Dehydration <input type="checkbox"/>	b. Bleeding <input type="checkbox"/>
c.	Icterus <input type="checkbox"/>	d. Petechial rashes or bruising <input type="checkbox"/>
e.	Trauma/other surgical condition <input type="checkbox"/>	f. Congenital malformation <input type="checkbox"/>
g.	Bulging fontanelle <input type="checkbox"/>	h. Hypothermia <input type="checkbox"/>
i.	Hyperthermia <input type="checkbox"/>	j. Sclerema <input type="checkbox"/>
24.	Duration of stay in the health facility <input type="checkbox"/> <48 hours <input type="checkbox"/> 48 hours -7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days	
25.	Investigations done	Note down the results
a.	Blood glucose	Y/N
b.	CBC	Y/N
c.	Sepsis screen	Y/N
d.	CRP	Y/N
e.	Renal function tests	Y/N
f.	Liver function tests	Y/N
g.	CSF	Y/N
h.	S. Bilirubin	Y/N
i.	Others (Please specify): _____	Y/N
Section C: Referral Details		
26.	Was the child referred from another Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK (if no or DNK, go to Section D)
27.	If yes, type of facility from which last referred?	a. 24x7PHC <input type="checkbox"/> b. SDH/Rural Hospital/CHC <input type="checkbox"/> c. District Hospital <input type="checkbox"/> d. Private Hospital <input type="checkbox"/> e. Private clinic <input type="checkbox"/> f. Others (specify.....) <input type="checkbox"/>
28.	Have multiple referrals been made? (include both private and public health facilities)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK (if no or DNK, go to section D)

29.	If yes, how many?	<input type="checkbox"/> One, <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> More Than 4
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Section D: Intrapartum and Postpartum Details (only for inborn babies)

Instruction: To be filled for inborn babies only otherwise go to Section - E

30.	Was the onset of labour	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Induced <input type="checkbox"/> DNK
31.	What was the Gestational age at the time of admission	<input type="checkbox"/> Term (> 37-<42 weeks) <input type="checkbox"/> Preterm (<input type="checkbox"/> < 28 weeks; <input type="checkbox"/> 28-<32 weeks; <input type="checkbox"/> 32-<37 weeks) <input type="checkbox"/> Post term (> 42 weeks)
32.	What was the Mode of Delivery	<input type="checkbox"/> Spontaneous Vaginal (with/without episiotomy) <input type="checkbox"/> Vacuum/forceps <input type="checkbox"/> Caesarean section
33.	Were there any complications during labour?	<input type="checkbox"/> PROM <input type="checkbox"/> Sepsis <input type="checkbox"/> Eclampsia <input type="checkbox"/> Obstructed labour/Rupture Uterus <input type="checkbox"/> Others Specify.....
34.	Was Partograph used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK
35.	Birth weight	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> kgs
36.	Was the resuscitation at birth done	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK (if No or DNK, go to Q 37)
37.	If Yes, Who gave resuscitation?	<input type="checkbox"/> Obstetrician <input type="checkbox"/> Paediatrician <input type="checkbox"/> MBBS doctor/other specialist <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Others (specify)
38.	APGAR Score (if recorded at time of birth)	

Section E: Treatment Details

39.	Details of treatment given in the hospital	
a.	Resuscitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Temperature Control (in case of newborns only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Phototherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Oxygen use	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	IV Fluids Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No

g.	Anticonvulsants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Bronchodilators	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i.	Blood Components Provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j.	Steroids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Antiretroviral drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l.	Vasopressors (Dopamine, dobutamine, vasopressors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m.	Exchange Blood transfusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n.	Respiratory support (CPAP/Ventilator)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o.	Surgical interventions Provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
p.	Other interventions Provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section F: Diagnosis

40.	Please tick against the appropriate option:	
a.	Death was within 24 hours of birth	<input type="checkbox"/>
b.	Death was in first week (day 2-7 days)	<input type="checkbox"/>
c.	Death was in the late neonatal period (8-28 days)	<input type="checkbox"/>
41.	Provisional diagnosis at time of admission	
42.	Provisional diagnosis at time of death (immediately at the time of death, by the Medical Officer on duty)	
43.	Probable direct cause of death	
44.	Indirect cause of death	
45.	Final Diagnosis (Within one week) (Final Diagnosis by the treating doctor)	

Signature of the certifying doctor

Name:
 Designation:
 Stamp & Date:

Signature of the treating doctor

Name:
 Designation:
 Stamp & Date:

Verified by Facility Nodal Officer/Administrative in charge of the Hospital:

Signature:
 Name:

Designation:
 Stamp and Date:

FORM 4b: FACILITY BASED POST-NEONATAL DEATH REVIEW FORM

For Office Use Only:

FBCDR NO:	Year
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Name & Address of the facility where death occurred:
(Including State, District, Block):

Instructions

1. *NOTE: This form must be completed for all post - neonatal deaths (29 days to 5 years) occurring in the hospital.*
2. *Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DNO within one month.*
3. *Write in capital letters*
4. *Circle the appropriate response (or) place a √ (tick) wherever applicable*
5. *Attach a copy of the case records to this form.*

Section A: Details of Deceased	
1. Inpatient Number/ID	
2. Age	<input type="checkbox"/> Years <input type="checkbox"/> <input type="checkbox"/> (in completed months)
3. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Category	SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/>
5. Name of the child	
6. Name of the Mother	
7. Address (including Block/Tehsil, District/Taluq/Division, State)	
8. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
9. Place of birth	<input type="checkbox"/> Health facility <input type="checkbox"/> Home <input type="checkbox"/> Transit
10. Birth weight (if available on record)	<input type="text"/> . <input type="text"/> kgs.
11. Date of admission	<input type="text"/> / <input type="text"/> / <input type="text"/>
12. Time of admission	____:____ AM/PM
13. Date of death	<input type="text"/> / <input type="text"/> / <input type="text"/>
14. Time of death	____:____ AM/PM
15. Death certified by : (Name & Designation of the Doctor)	

16.	At any time child was admitted to NRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Growth Curve (fill for child less than 3 years; check MCP card):	
	a. Green zone <input type="checkbox"/>	b. Yellow Zone <input type="checkbox"/> c. Orange Zone <input type="checkbox"/>
18.	Type of facility where death took place	
	a. CHC / FRU / RH	<input type="checkbox"/>
	b. Sub district hospital/Taluq hospital	<input type="checkbox"/>
	c. District Hospital	<input type="checkbox"/>
	d. Medical college/tertiary hospital	<input type="checkbox"/>
19.	Main complaints at the time of admission	If Yes, Duration of symptoms
	a. Inability to feed	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	b. Fever	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	c. Loose stools	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	d. Vomiting	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	e. Cough or difficult breathing	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	f. Convulsions	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	g. Lethargic or unconscious	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	h. Appearance of Skin rashes	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	i. Bleeding	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	j. Injury (like fractures, wounds)	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	k. Corneal ulcer	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	l. Stunted growth	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	m. Severe muscle wasting	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	n. Oedema of both hand & feet	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	o.. Unknown bites or stings Any other symptom	Y/N <input type="checkbox"/> <input type="checkbox"/> days
	p. Any other symptom (if yes specify _____)	Y/N <input type="checkbox"/> <input type="checkbox"/> days
20.	Weight of child on admission: <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> kgs.	
21.	Height at the time of admission : <input type="text"/> <input type="text"/> <input type="text"/> Cms	
22.	Immunisation history of child:	
	BCG <input type="checkbox"/> DPT1 <input type="checkbox"/> DPT 2 <input type="checkbox"/> DPT 3 <input type="checkbox"/> OPV1 <input type="checkbox"/> OPV2 <input type="checkbox"/>	
	OPV3 <input type="checkbox"/> Hepatitis B birth dose <input type="checkbox"/> Hepatitis B 1st dose <input type="checkbox"/>	
	Hepatitis B 2nd dose <input type="checkbox"/> Measles <input type="checkbox"/> Measles Booster <input type="checkbox"/> Hib 1st dose <input type="checkbox"/>	
	Hib 2nd dose <input type="checkbox"/>	

Section B: Condition on Admission		
23.	Breathing status of child at the time of admission	
a.	Normal breathing	<input type="checkbox"/>
b.	Severe chest in drawing	<input type="checkbox"/>
c.	Central cyanosis	<input type="checkbox"/>
d.	Gasping	<input type="checkbox"/>
e.	Not breathing	<input type="checkbox"/>
24.	Consciousness level of child at the time of admission	
a.	Stable	<input type="checkbox"/>
b.	Convulsions	<input type="checkbox"/>
c.	Semi-conscious, responds to verbal commands	<input type="checkbox"/>
d.	Semi-conscious, responds to painful stimuli	<input type="checkbox"/>
e.	Unconscious	<input type="checkbox"/>
25.	Circulation status of child at the time of admission	
a.	Capillary refill time <input type="checkbox"/> < 3 seconds <input type="checkbox"/> > 3 seconds	
b.	Extremities: <input type="checkbox"/> warm to touch and colder than the abdomen	
c.	Pulse: <input type="checkbox"/> Not palpable <input type="checkbox"/> Weak pulse <input type="checkbox"/> fast pulse	
26.	Did child have any other symptoms	
a.	Dehydration <input type="checkbox"/>	b. Bleeding <input type="checkbox"/>
c.	Icterus <input type="checkbox"/>	d. Petechial rashes or bruising <input type="checkbox"/>
e.	Trauma/other surgical condition <input type="checkbox"/>	f. Burns <input type="checkbox"/>
g.	Oedema of both feet <input type="checkbox"/>	h. Severe wasting <input type="checkbox"/>
i.	Ear discharge <input type="checkbox"/>	j. Severe cyanosis <input type="checkbox"/>
27.	Duration of stay in the health facility <input type="checkbox"/> <48 hours <input type="checkbox"/> 48 hours -7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days	
28.	Investigations done	Note down the results
a.	Blood glucose	Y/N
b.	CBC	Y/N
c.	Urine test	Y/N
d.	Renal function tests	Y/N
e.	CSF	Y/N
f.	Widal test	Y/N
g.	Serum bilirubin	Y/N
h.	Blood culture	Y/N
i.	Liver Function Test	Y/N
j.	Urine culture	Y/N
k.	Others (specify.....)	Y/N

Section C: Referral Details																			
29. Was the child referred from another Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK (if no or DNK, go to Section D)																		
30. If yes (to any of the questions above), type of facility from which last referred?	<table border="0"> <tr> <td>a.</td> <td>24x7PHC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td>SDH/Rural Hospital/CHC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td>District Hospital</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d.</td> <td>Private Hospital</td> <td><input type="checkbox"/></td> </tr> <tr> <td>e.</td> <td>Private clinic</td> <td><input type="checkbox"/></td> </tr> <tr> <td>f.</td> <td>Others (specify.....)</td> <td><input type="checkbox"/></td> </tr> </table>	a.	24x7PHC	<input type="checkbox"/>	b.	SDH/Rural Hospital/CHC	<input type="checkbox"/>	c.	District Hospital	<input type="checkbox"/>	d.	Private Hospital	<input type="checkbox"/>	e.	Private clinic	<input type="checkbox"/>	f.	Others (specify.....)	<input type="checkbox"/>
a.	24x7PHC	<input type="checkbox"/>																	
b.	SDH/Rural Hospital/CHC	<input type="checkbox"/>																	
c.	District Hospital	<input type="checkbox"/>																	
d.	Private Hospital	<input type="checkbox"/>																	
e.	Private clinic	<input type="checkbox"/>																	
f.	Others (specify.....)	<input type="checkbox"/>																	
31. Have multiple referrals been made? (include both private and public health facilities)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK (if no or DNK, go to Section D)																		
32. If yes, how many?	<input type="checkbox"/> One, <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> More Than 4																		

Section D: Treatment Details	
33. Details of treatment given in the hospital	
a. Resuscitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Oxygen use	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. IV Fluids Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Anticonvulsants	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Bronchodilators	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Blood Components Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Antitubercular drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Antiretroviral drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Vasopressors (Dopamine, dobutamine, adrenaline)	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Respiratory support (CPAP/Ventilator)	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Surgical interventions Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
n. Other interventions Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section E: Diagnosis	
34.	Provisional diagnosis at time of admission
35.	Provisional diagnosis at time of death (Immediately at the time of death, by the Medical Officer on duty)
36.	Probable direct cause of death
37.	Indirect cause of death
38.	Final Diagnosis (Within one week) (Final Diagnosis by the treating doctor)

Signature of the certifying doctor

Name:
 Designation:
 Stamp & Date:

Signature of the treating doctor

Name:
 Designation:
 Stamp & Date:

Verified by Facility Nodal Officer/Administrative in charge of the Hospital:

Signature: Designation:
 Name: Stamp and Date:

FORM 5a: BLOCK AND DISTRICT LEVEL LINE LIST

To be compiled at the block level from the deaths reported by ANMs; at the district level by compilation of reports from all blocks

Name of District: Name of Block: Month: Year:

	Indicators	Case1	Case2	Case3	Case4	...	Total
1.	MCTS ID						
2.	Name						
3.	Mother's name						
4.	Sex						
	Male_____	1					
	Female_____	2					
5.	Category						
	SC/ST_____	1					
	OBC_____	2					
	General_____	3					
6.	Age						
	<28 days_____	1					
	29 days-1 year_____	2					
	1-5 years_____	3					
7.	Village						
8.	PHC area						
9.	Sub-centre area						
10.	Place of birth						
	Home_____	1					
	Health facility: public_____	2					
	Health facility: private_____	3					
	In transit_____	4					
11.	Birth weight (Kg)						
12.	Last weight recorded in MCP card (for children < 3 years)						
13.	Immunisation status : complete as per age						
	Yes_____	1					
	No_____	2					
14.	Date of death						
	DD/MM/YYYY						
15.	Place of death (Public Health facility/Private Hospital/Home/in transit)						
	Home_____	1					
	Health facility: private_____	2					
	Health facility: public_____	3					
	In transit_____	4					
16.	Probable cause of death						
17.	Level of delay (I/II/III/Multiple levels/Cannot be ascertained)						
18.	Name of the ANM who conducted first brief investigation						
19.	Date on which First Brief Investigation carried out						
	DD/MM/YYYY						
20.	Case selected for Verbal Autopsy						
	Yes_____	1					
	No_____	2					
21.	Assigned Cause of death/final diagnosis						

FORM 5b: DISTRICT LEVEL REPORTING FORM FOR DETAILED INVESTIGATION

Name of District:

Name of Block:

Month:

Year:

	Indicators	Case1	Case2	Case3	Case4	.....	Total
1.	MCTS ID						
2.	Name						
3.	Mother's name						
4.	Sex	Male____ 1					
		Female____ 2					
5.	Category	SC/ST____ 1					
		OBC____ 2					
		General____ 3					
6.	Age	<28 days____ 1					
		29 days-1Year_ 2					
		1-5 years____ 3					
7.	Place of death	Home____ 1					
		Health facility: private____ 2					
		Health facility: public____ 3					
		In transit____ 4					
8.	Detailed Verbal Autopsy report submitted or not	Yes____ 1					
		No____ 2					
9.	Cause of death/final diagnosis assigned in CBCDR						
10.	Detailed FBCDR conducted (Applicable only for deaths in public health facility)	Yes____ 1					
		No____ 2					
11.	If yes, cause of death assigned in FBCDR						

FORM 5c: FACILITY LEVEL REPORTING FORM

Name of District:

Name of Block:

Name of the facility:

Month:

Year:

	Cumulative deaths reported from public health facilities:	Male:						
		Female:						
		SC/ST:						
		OBC:						
		General:						
		Total:						
Indicators		Case 1	Case 2	Case 3	Case 4	....	Total
1.	MCTS ID							
2.	Name							
3.	Mother's name							
4.	Sex	Male_____ 1						
		Female_____ 2						
5.	Category	SC/ST_____ 1						
		OBC_____ 2						
		General_____ 3						
6.	Age	<28 days___ 1						
		29 days-1Year_ 2						
		1-5 years___ 3						
7.	Place of birth	Home_____ 1						
		Health facility: private_____ 2						
		Health facility: public_____ 3						
		In transit_____ 4						
8.	Birth weight (kg)							
9.	Current weight (last recorded weight in MCP card)							
10.	Immunisation status : complete as per age	Yes_____ 1						
		No_____ 2						
11.	Date of admission: DD/MM/YYYY							
12.	Date of death: DD/MM/YYYY							
13.	Cause assigned at time of death/ final diagnosis							
14.	Facility Based CDR conducted	Yes_____ 1						
		No_____ 2						
15.	Name of the treating Doctor							

FORM 5d: STATE LEVEL REPORTING FORM

Name of the State:

Month:

Year:

	Indicators		During the month	Cumulative (Since April current year .....till month)
1.	Number of deaths reported	Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
		1-5 years		
		Total		
2.	Place where the death took place during the month	Home		
		Health facility: private		
		Health facility: public		
		In transit		
		Total		
3.	No. of deaths reviewed (Verbal Autopsy completed and report submitted to office of DNO)	Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
		1-5 years		
		Total		
4.	No. of facility based deaths reviewed (Facility Based Death Review completed & report submitted to DNO)	Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
		1-5 years		
		Total		
5.	Cause of death	A. Pneumonia		
		Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
		1-5 years		
Total				

	Cause of death	B. Prematurity and low birth weight		
		Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
		1-5 years		
		Total		
		C. Diarrhoeal Diseases		
		Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
		1-5 years		
		Total		
		D. Neonatal infections		
		Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
		1-5 years		
		E. Birth Asphyxia and birth trauma		
		Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
		1-5 years		
		Total		
		F. Other Diseases		
		Male		
		Female		
		SC/ST		
		OBC		
		General		
		<28 days		
		29 days-1Year		
1-5 years				
Total				
5.	Date of the last meeting of District CDR Committee held			

ICD 10 - MORTALITY TABULATION LIST- INFANT AND CHILD MORTALITY

The tabulation list for mortality & morbidity under ICD-10 specifies 51 causes for a selected list of infant & child mortality. These lists are adopted by World Health Assembly in 1990 for the tabulation of data.

Given below is the list of the 51 causes of infant & child mortality with respect to ICD codes for cause of death.

Selected List Number	Cause of death	Code
4-001	Diarrhoea and gastroenteritis of presumed infectious origin	A09
4-002	Other intestinal infectious diseases	A00-A08
4-003	Tuberculosis	A15-A19
4-004	Tetanus	A33, A35
4-005	Diphtheria	A36
4-006	Whooping cough	A37
4-007	Meningococcal infection	A39
4-008	Septicaemia	A40-A41
4-009	Acute poliomyelitis	A80
4-0010	Measles	B05
4-0011	Human immunodeficiency virus [HIV] disease	B20-B24
4-0012	Other viral diseases	A81-B04, B06 B19, B25-B34
4-0013	Malaria	B50-B54
4-0014	Remainder of certain infectious and parasitic diseases	A20-A32, A38, A42-A79, B35- 49, B55-B94, B99
4-0015	Leukaemia	C91-C95
4-0016	Remainder of malignant neoplasms	C00-C90, C96- C97
4-0017	Anaemias	D50-D64
4-0018	Remainder of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D65-D89
4-0019	Malnutrition and other nutritional deficiencies	E40-E64
4-0020	Meningitis	G00, G03
4-0021	Remainder of diseases of the nervous system	G04-G98
4-0022	Pneumonia	J12-J18
4-0023	Other acute respiratory infections	J00-J11, J20-J22
4-0024	Diseases of the digestive system	K00-K92
4-0025	Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery	P00-P04

4-0026	Disorders relating to length of gestation and fetal growth	P05-P08
4-0027	Birth trauma	P10-P15
4-0028	Intrauterine hypoxia and birth asphyxia	P20-P21
4-0029	Respiratory distress of newborn	P22
4-0030	Congenital pneumonia	P23
4-0031	Other respiratory conditions of newborn	P24-P28
4-0032	Bacterial sepsis of newborn	P36
4-0033	Omphalitis of newborn with or without mild haemorrhage	P38
4-0034	Haemorrhagic and haematological disorders of fetus and newborn	P50-P61
4-0035	Remainder of perinatal conditions	P29, P35, P37, P39, P70-P96
4-0036	Congenital hydrocephalus and spina bifida	Q03, Q05
4-0037	Other congenital malformations of the nervous system	Q00-Q02, Q04, Q06-Q07
4-0038	Congenital malformations of the heart	Q20-Q24
4-0039	Other congenital malformations of the circulatory system	Q25-Q28
4-0040	Down's syndrome and other chromosomal abnormalities	Q90-Q99
4-0041	Other congenital malformations	Q10-Q18, Q30-Q89
4-0042	Sudden infant death syndrome	R95
4-0043	Other symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R94, R96-R99
4-0044	All other diseases	D00-D48, E00-E34, E65-88, F01-F99, H00-95, I00-I99, J30-J98, L00-L98, M00-M99, N00-N98
4-0045	Transport accidents	V01-V99
4-0046	Accidental drowning and submersion	W65-W74
4-0047	Other accidental threats to breathing	W75-W84
4-0048	Exposure to smoke, fire and flames	X00-X09
4-0049	Accidental poisoning by and exposure to noxious substances	X40-X49
4-0050	Assault	X85-Y09
4-0051	All other external causes	W00-W64, W85-W99, X10-X39, X50-X84, Y10-Y89

Reference: ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics (Updated March 2011 to include WHO updates to ICD-10 for data year 2011); From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics.

BUDGET

CDR Training Budget				
State Level				
Task	Target (this is an approximation and may vary from state to state)	Description of target	Unit cost	Total amount
Sensitization meeting (1 day)		All state programme officers and convergent departments including development agencies		
1. Working lunch, tea & snacks	50		@Rs. 150	7,500
2. Incidental expenditure, photocopying, LCD etc	50		@Rs. 50	2,500
Trainings (2 days)		All District Nodal officers		
DA /TA		No. of District	As per State norms	This will include boarding, Lodging and travel expenses of the participants
Honorarium for in house faculty	2	---	400	800
Honorarium to guest faculty from state/ regional/national level	1	---	1,000	1,000
Working lunch, tea & snacks	25	No. of participants	150	3,750
Incidental expenditure, photocopying, job aids, flip charts, LCD etc	25	No. of participants	100	2,500
District Level				
Sensitization meeting (1 day)		All district programme officers and convergent departments including development agencies		
1. Working lunch, tea & Snacks	50		@Rs. 150	7,500
2. Incidental expenditure, photocopying, LCD etc	50		@Rs. 50	2,500

Trainings (2 days)		All Block Nodal officers, Facility Nodal officers and MOs assigning cause of death		
DA/ TA	25	No. of Blocks in the district + 2	As per State norms	This will include boarding, Lodging and travel expenses of the participants
Honorarium to in house faculty	2	---	400	800
Honorarium to guest faculty from State level	1	---	500	500
Working lunch, tea & snacks	25	No. Of participants	150	3,750
Incidental expenditure, photocopying, job aids, flip charts, LCD etc	25	No. Of participants	100	2,500
Block Level				
Sensitization meeting (1/2 day)		All programme officers and convergent departments ASHA, ANM		
1. Working lunch, tea & snacks	50		@Rs. 100	5,000
2. Incidental expenditure, photocopying etc	50		@Rs. 50	2,500
Trainings (1 day)		Investigators for Verbal Autopsy		
TA/DA			As per State norms	This will include boarding, Lodging and travel expenses of the participants in case an overnight stay is required for far off blocks
Honorarium to trainer from district/block level	1	---	300	300
Working lunch, tea & snacks	10	No. of participants	100	1,000
Incidental expenditure, photocopying, job aids, flip charts, LCD etc	10	No. of participants	50	500

Budget for Incentives			
Head	Target	Unit cost	Total estimated cost
ASHA Incentives per district	Estimated number of under 5 deaths per annum = 'A'	@Rs. 50	Rs. 50 x 'A'
Honorarium for ANM per district	Estimated number of under 5 deaths per annum = 'A'	@Rs. 100	Rs. 100 x 'A'
Honorarium for Verbal Autopsy (VA) investigation team per district	6 cases per block X No. of blocks in the district x 12 months = 'B'	@Rs. 500 for VA per team per case	Rs. 500 x 'B'
Reimbursement of travel expenses (as per actuals) 2 relatives per deceased child and maximum of 3 cases at district level in the DM review meeting	2 persons per case with a maximum of 3 cases x 12 months = 'C'	@Rs. 100	Rs. 100 x 'C'

The State may also budget for contingency money of not exceeding Rs. 5,000 per year per district for the conduct of CDR review meetings by the DM&CMO. This amount is to be utilized for both CDR & MDR review processes put together since the same committee is reviewing both.



National Health Mission
Ministry of Health and Family Welfare
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