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To access the [Maternal, Perinatal Child Death Surveillance and Response](#), please follow the following steps

**1. Web Page Link**

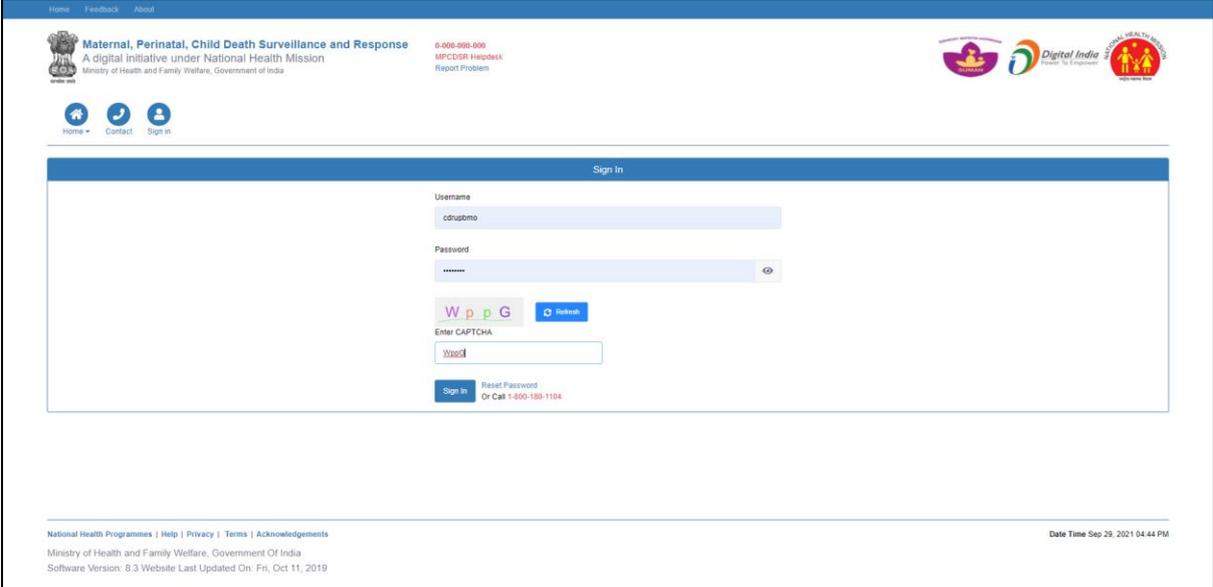
a. Open any internet browser and in the address bar, type the following URL:

I. <https://stg.mpcdsrindia.in/#/login> and press **Enter key**.

II. The login page will load on your screen.

**2.Login page:** This login page is common for following users

## BMO: BLOCK MEDICAL OFFICER



The screenshot shows the login page for the Maternal, Perinatal, Child Death Surveillance and Response (MPCDSR) system. The page has a blue header with navigation links (Home, Contact, Sign In) and logos for the Ministry of Health and Family Welfare, Government of India, and Digital India. The main content area is titled "Sign In" and contains a form with the following fields:

- Username: cdoubmo
- Password: [Redacted]
- Enter CAPTCHA: [Redacted]

Below the form, there is a "Sign In" button and a "Reset Password" link with the text "Or Call 1-800-199-1184".

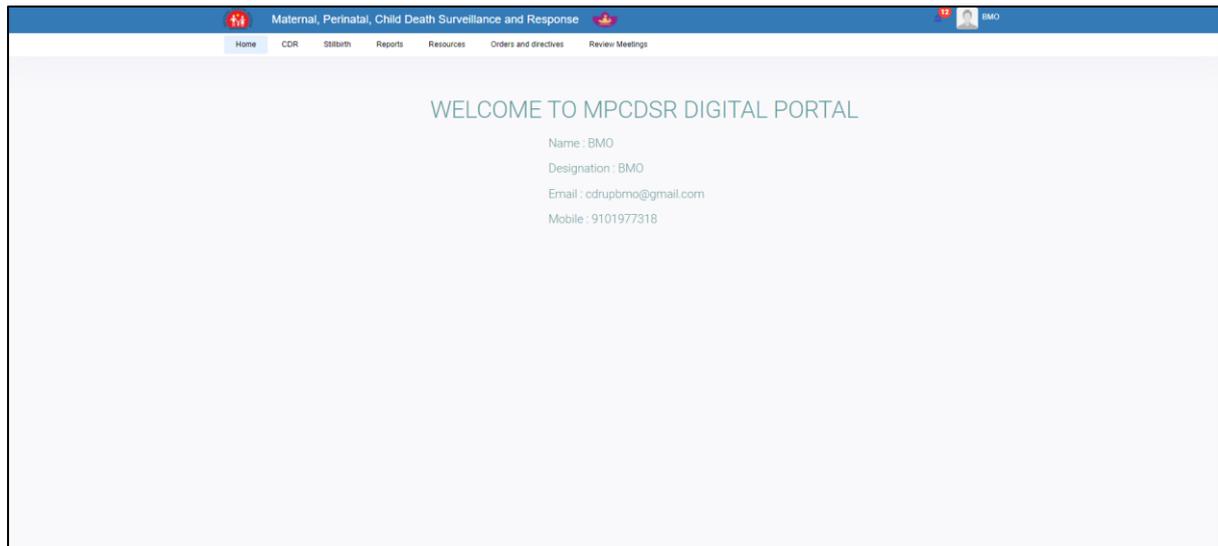
STEP-1: Open the web portal URL <https://stg.mpcdsrindia.in/#/login>

STEP-2: Log in using the BLOCK MEDICAL OFFICER based log in username and password provided to you followed by typing the captcha code as shown on the website

STEP-3: Click on CDR to get a drop-down menu of the available forms

STEP-4: Select the required form which may be Form 1 to Form 5. Form 4 is not for facility level users and so it will not be displayed among the available forms

STEP-5 Choose the appropriate Form which you would like to use



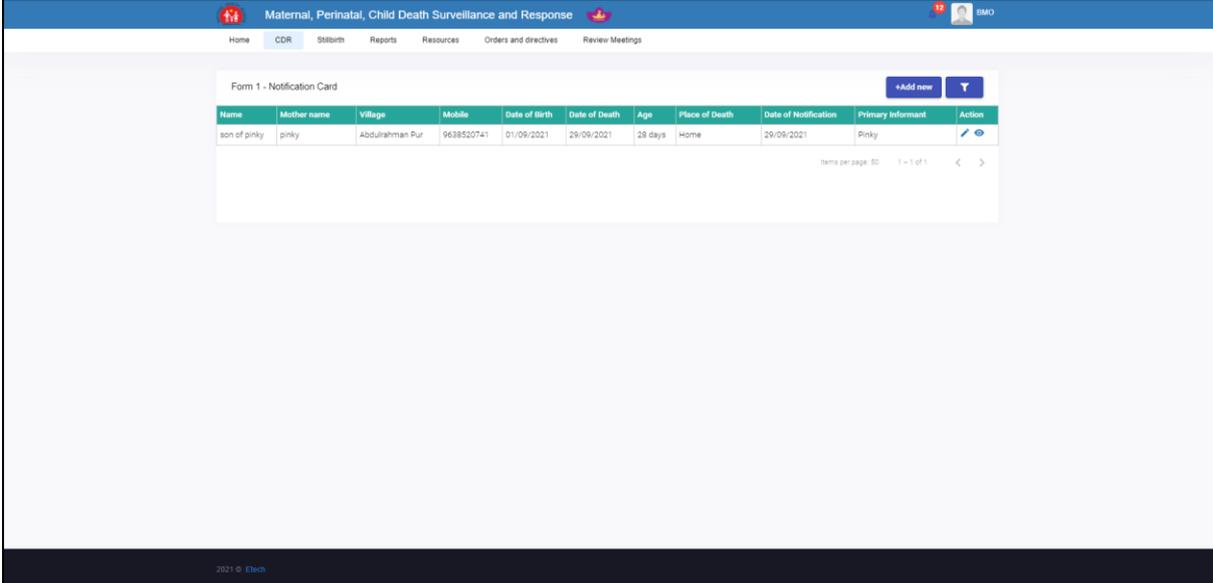
Based on user role, menu will be displayed.

### Form notification

- **Form 1:** Notification Card
- **Form 2:** FBIR
- **Form 3:** Verbal Autopsy
- **Form 3A :** Neonatal Deaths
- **Form 3B :** Post Neonatal Deaths
- **Form 3C :** Social Autopsy
- **Form 5**
- **Form 5A Block and District line list**
- **Form 5B District Level Reporting Form for Detailed investigation**

## Form 1: Notification Card

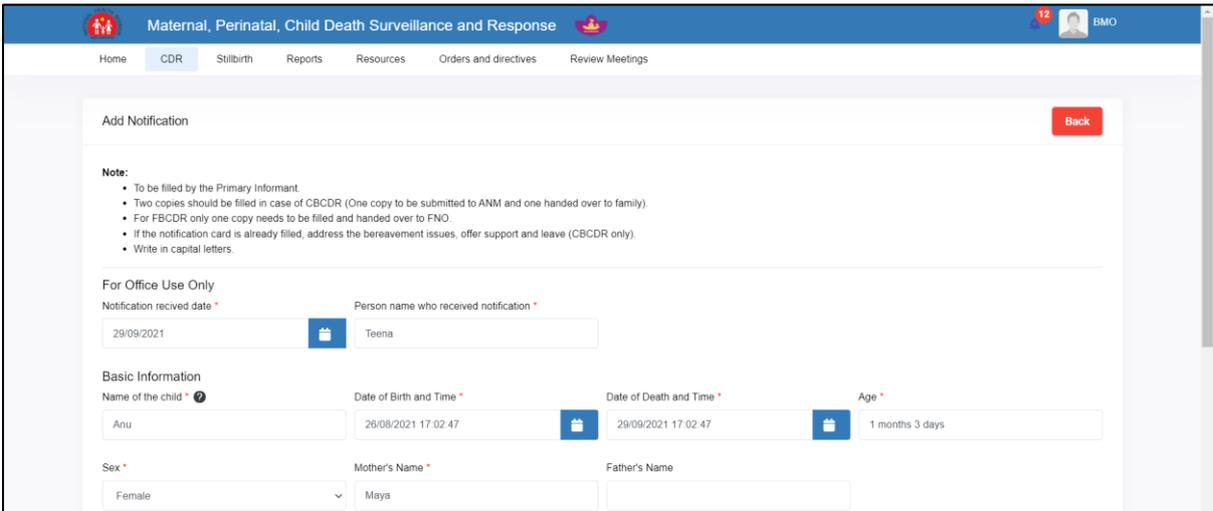
**FOR A NEW RECORD TO BE ADDED:** Click on +Add New and fill basic information



The screenshot shows the MPCDR system interface. At the top, there is a navigation bar with the title "Maternal, Perinatal, Child Death Surveillance and Response" and a user profile icon labeled "BMO". Below the navigation bar, there are tabs for "Home", "CDR", "Stillbirth", "Reports", "Resources", "Orders and directives", and "Review Meetings". The main content area displays a table titled "Form 1 - Notification Card". The table has the following columns: Name, Mother name, Village, Mobile, Date of Birth, Date of Death, Age, Place of Death, Date of Notification, Primary Informant, and Action. A single record is visible in the table: Name: son of pinky, Mother name: pinky, Village: Abdurahman Pur, Mobile: 9638520741, Date of Birth: 01/09/2021, Date of Death: 29/09/2021, Age: 28 days, Place of Death: Home, Date of Notification: 29/09/2021, Primary Informant: Pinky, and Action: [Pencil icon]. There is an "+Add new" button and a dropdown menu above the table. At the bottom right of the table, it says "Items per page: 50 1 - 1 of 1".

If you want to edit your details, then click on pencil and edit your details and if you want to view your records then click on eye button

## Add Notification Form



The screenshot shows the "Add Notification" form in the MPCDR system. The form has a "Back" button in the top right corner. Below the button, there is a "Note" section with the following text: "Note: • To be filled by the Primary Informant. • Two copies should be filled in case of CBCDR (One copy to be submitted to ANM and one handed over to family). • For FBCCR only one copy needs to be filled and handed over to FNO. • If the notification card is already filled, address the bereavement issues, offer support and leave (CBCDR only). • Write in capital letters." Below the note, there is a section titled "For Office Use Only" with two fields: "Notification received date \*" (with a calendar icon) and "Person name who received notification \*" (with a text input field). Below this, there is a section titled "Basic Information" with four fields: "Name of the child \*" (with a dropdown menu), "Date of Birth and Time \*" (with a calendar icon), "Date of Death and Time \*" (with a calendar icon), and "Age \*" (with a text input field). Below this, there is a section titled "Sex \*" (with a dropdown menu), "Mother's Name \*" (with a text input field), and "Father's Name" (with a text input field).

- All fields marked with red asterisk (\*) are mandatory.

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Address

State \* Uttar Pradesh District/Tehsil \* Farrukhabad Block \* Kaimganj Village/Town/City \* Kampil

Mohalla/Colony/Area \* Ahmadganj House/Flat/Apartment Number Pincode Enter 6 Digit Number Landmarks, if any

Landline 011-234567 Mobile Enter 10 Digit Number Without Prefix Place of Death \* Home Type of the First Informant \* ASHA

Name of First Informant \* Arshiya Time of the Information \* 17:07:54 Date of Notification \* 29/09/2021 17:02:47

Save

2021 © Etech

- Fill the necessary information.
- Click on save button for successfully registering.
- This page also has an option to filter the cases on date basis.

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form 1 - Notification Card +Add new

Name	Mother name	Village	Mobile	Date of Birth	Date of Death	Age	Place of Death	Date of Notification	Primary Informant	Action
------	-------------	---------	--------	---------------	---------------	-----	----------------	----------------------	-------------------	--------

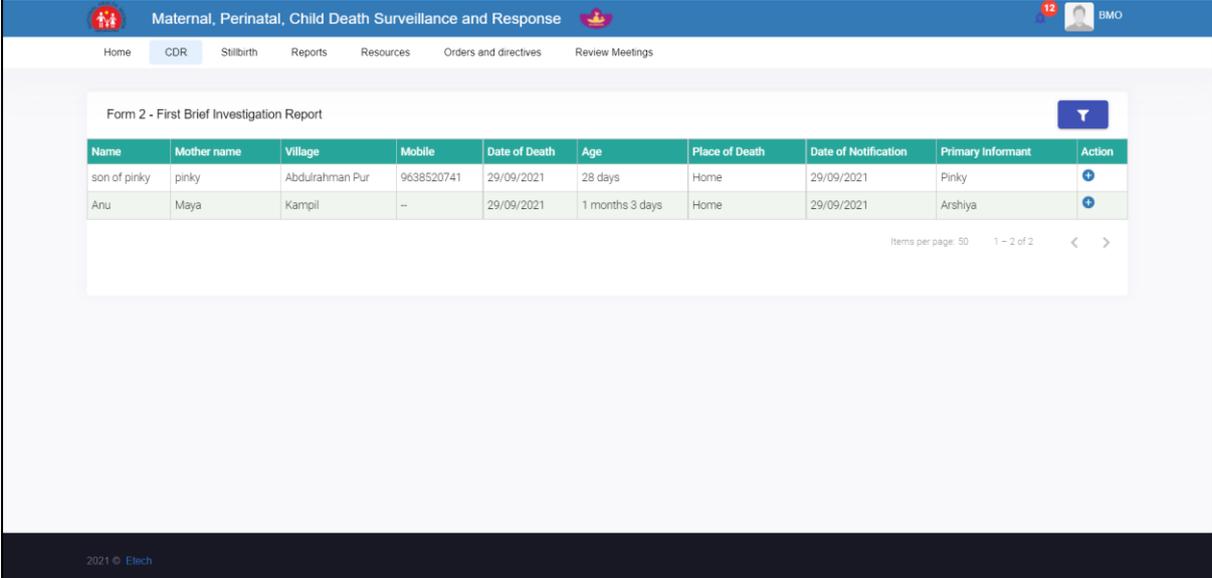
Filter

State Uttar Pradesh District Farrukhabad Block Kaimganj From Date \* 01-04-2021 To Date \* 01-10-2021

View

## Form 2 - First Brief Investigation Report

- First Brief Investigation Report would be shown here.



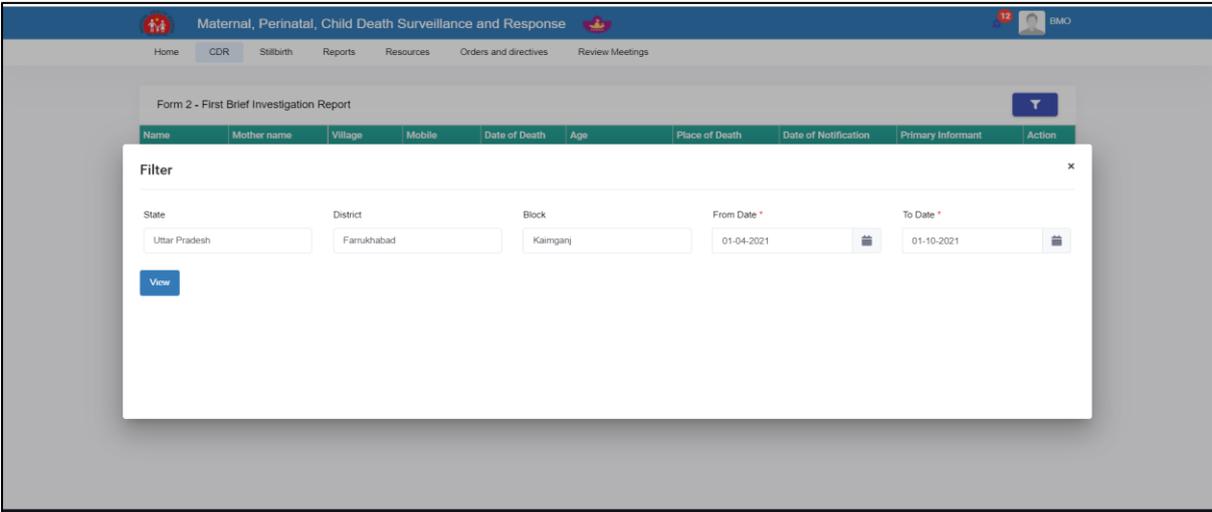
The screenshot displays the MPCDR dashboard with the 'Form 2 - First Brief Investigation Report' table. The table has the following columns: Name, Mother name, Village, Mobile, Date of Death, Age, Place of Death, Date of Notification, Primary Informant, and Action. Two rows of data are visible:

Name	Mother name	Village	Mobile	Date of Death	Age	Place of Death	Date of Notification	Primary Informant	Action
son of pinky	pinky	Abdulrahman Pur	9638520741	29/09/2021	28 days	Home	29/09/2021	Pinky	+
Anu	Maya	Kampil	--	29/09/2021	1 months 3 days	Home	29/09/2021	Arshiya	+

Below the table, there is a pagination control showing 'Items per page: 50' and '1 - 2 of 2'.

Click on Add button and fill the all given sections.

- This page also has an option to filter the cases on date basis.



The screenshot shows the MPCDR dashboard with the 'Form 2 - First Brief Investigation Report' table. A 'Filter' dialog box is open, allowing users to filter cases based on State, District, Block, From Date, and To Date. The filter values are:

- State: Uttar Pradesh
- District: Farnukhabad
- Block: Kairganj
- From Date: 01-04-2021
- To Date: 01-10-2021

A 'View' button is present at the bottom left of the filter dialog.

## Sections notification

- Section A
- Section B
- Section C
- Section D
- Section E

## Section A: Background Information

Form 1 filled details are optional if you want to edit and add new records then you can fill.

The screenshot shows the 'First Brief Investigation Report' form in the 'Maternal, Perinatal, Child Death Surveillance and Response' system. The form is titled 'Section A' and includes the following fields:

- Name of the Child \***: Anu
- Date of Birth and Time \***: 26/08/2021 17:02:47
- Age \***: 34 Days
- Sex \***: Female
- Address**:
  - State \***: Uttar Pradesh
  - District/Tehsil \***: Farrukhabad
  - Block \***: Kaimganj
  - Village/Town/City \***: Kampil
  - Mohalla/Colony/Area \***: Ahmadganj
  - House/Flat/Apartment number**: (empty)
  - Pincode**: (empty)
  - Landmarks, if any**: (empty)

The screenshot shows the 'First Brief Investigation Report' form in the 'Maternal, Perinatal, Child Death Surveillance and Response' system, continuing from Section A. The form includes the following fields:

- Name of Area PHC \***: Ahmadganj
- Name of Area Sub-center Name \***: Gunugram
- Order of Birth \***: 3
- Category Belongs To \***: SC
- Does family have BPL/Ayushman card \***: Yes
- Immunization Status \***: DPT Booster 2
- Weight (in Grams) \***: 1000
- Growth Curve**: (empty)
- Any flu illness/injury \***: Yes
- Nature of illness \***: Asthma
- Symptoms During illness**:
  - Inability to feed \***: Yes/No (Yes selected), Days: (empty)
  - Fever \***: Yes/No (No selected), Days: (empty)
  - Loose stools \***: Yes/No (No selected), Days: (empty)
  - Vomiting \***: Yes/No (No selected), Days: (empty)

The screenshot displays the MPCDR web application interface. At the top, there is a navigation bar with the title "Maternal, Perinatal, Child Death Surveillance and Response" and a user profile icon labeled "BMO". Below the navigation bar, there are tabs for "Home", "CDR", "Stillbirth", "Reports", "Resources", "Orders and directives", and "Review Meetings". The main content area contains a form with several sections:

- Symptoms Section:** A list of symptoms with corresponding dropdown menus and "days" input fields:
  - Vomiting \* (No dropdown, days input)
  - Fast breathing \* (No dropdown, days input)
  - Convulsions \* (No dropdown, days input)
  - Appearance of Skin rashes \* (No dropdown, days input)
  - Injury \* (Yes dropdown, days input)
  - Other (text input, days input)
- Treatment and Location Section:**
  - "Whether Treatment for Illness Was Taken \*" with a "Yes" dropdown.
  - "Where was the Child Treated \*" with a dropdown menu showing "Private Hospital/Nursing Home".

At the bottom right of the form, there is a blue "NEXT STEP" button and a small blue square button with a plus sign.

Select the cause of death from given dropdown if click yes then you will show the symptoms during illness fill one field which you appear and fill days also from how many days you suffer from disease.

- Fill the necessary information. Click on Next step to SAVE and proceed with data entry

## Section B

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

First Brief Investigation Report Back

Section A **Section B** Section C Section D Section E

Probable Cause Of Death

Diarrhoea  Pneumonia  Malaria  Measles  
 Septicemia (infection)  Meningitis  injury  No Identifiable Cause

Other

PREVIOUS NEXT STEP

### Probable Cause Of Death

- If any other Probable Cause of Death Which is not mentioned upper fields then you can write your Probable Cause of Death in other option field.
- If you want to go on previous Page then click on previous button .
- Fill the necessary information. Click on Next step to SAVE and proceed with data entry

## Section C

Fill Cause Of Death of your child according respondent **parent, close family member(As Narrative By Family),**

The screenshot shows a web form interface with a progress bar at the top containing five sections: Section A, Section B, Section C (highlighted in blue), Section D, and Section E. Below the progress bar, the text reads: "According to the respondent parent, close family member(As Narrative By Family), What was the Cause Of Death? \*". A large text input field is provided for the user to enter the cause of death. At the bottom of the form, there are two buttons: "PREVIOUS" on the left and "NEXT STEP" on the right.

- Click on Next step to SAVE and proceed with data entry

## Section D

Fill the delay options if you want to fill two and three reasons then you can fill.

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

First Brief Investigation Report

Section A Section B Section C Section D Section E

At Which Level Do You Think The Delay Occurred?

Delay at Home  Delay in Transportation  Delay at Facility Level

PREVIOUS NEXT STEP

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- Click on Next step to SAVE and proceed with data entry

## Section E

The screenshot shows a web interface with five tabs at the top: Section A, Section B, Section C, Section D, and Section E. Section E is the active tab. Below the tabs is a text area with the prompt: "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? \*". Below the text area is a rich text editor toolbar with icons for bold, italic, underline, strikethrough, link, unlink, list, and other formatting options. The text area contains the text: "The most common causes of neonatal death are **premature birth, low birthweight and birth defects**. An autopsy may help you find out why your baby died].". At the bottom of the form are two buttons: "PREVIOUS" and "SAVE".

- Fill first Brief investigation Report Case summary and click on save button

## Form 3: Verbal Autopsy Form: Neonatal Deaths

This form must be completed for neonatal deaths (0-28 days).

- First Brief Investigation Report would be shown here.

Name	Mother name	Village	Mobile	Date of Birth	Date of Death	Age	Place of Death	Date of Notification	Primary Informant	Action
Mithlesh	MINU	Kaimganj	--	31/08/2021	27/09/2021	27 days 17 hours 33 minutes	Home	27/09/2021	Nisha	<a href="#">+</a>

Click on add button and fill all section given below.

### Sections Notification

- Basic
- Section A
- Section B
- Section C

## Basic

Form3A: Verbal Autopsy Form: Neonatal Deaths Back

**Note:**  
• This form must be completed for neonatal deaths (0-28 days).

**Basic**    Section A    Section B    Section C

District \*    Block \*    Village \*    PHC \*  
Farrukhabad    Kaimganj    Kaimganj    Gurugram

Sub center \*    MCTS/RCH-ID Number    Date \*    Household Head Name  
Gurugram       29/09/2021    Jagm

Deceased(Child) Name \*    Deceased(Child) Mother's Name \*  
Mithlesh    MINU

NEXT STEP

- All fields marked with red asterisk (\*) are mandatory.
- By default, DISTRICT AND BLOCK, VILLAGE are pre-filled from neonatal deaths AND SOME DETAILS ARE PRILLED IF YOU WANT TO EDIT THEN YOU CAN EDIT YOUR PREFILLED DETAILS.
- Click on Next step to SAVE and proceed with data entry

## Section A

### Feed Details of the Respondent

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form3A: Verbal Autopsy Form: Neonatal Deaths Back

**Note:**

- This form must be completed for neonatal deaths (0-28 days).

Basic **Section A** Section B Section C

**Details of the Respondent**

Respondent Name \* Relationship with the Deceased(Child) \* Live with Deceased(Child) \* Education \*

Tanu Brother/Sister Yes Illiterate and literate with no formal education

Category \* Household's Religion \*

ST Hindu

- All fields marked with red asterisk (\*) are mandatory.

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

**Details of the Respondent**

Respondent Name \* Relationship with the Deceased(Child) \* Live with Deceased(Child) \* Education \*

Tanu Brother/Sister Yes Illiterate and literate with no formal education

Category \* Household's Religion \*

ST Hindu

**Details of Deceased(Child)**

Deceased(Child) Sex \* Age in Completed Days \* Date of Birth \* Date of Death \*

Female Less than 1 day 2020-05-07 2021-05-18

**Address**

State \* District \* Block \* Village \*

Uttar Pradesh Farrukhabad Kainganj Kainganj

Mohalla/Colony/Area \* House/Flat/Apartment Number Pincode Landmark

Akbarpur

**Place of Death**

Place of Death \* Actual Place of Death \*

On way to health facility/in transit Home to facility

PREVIOUS NEXT STEP

- Click on Next step to SAVE and proceed with data entry

## Section B

### Fill the neonatal deaths details

Form3A: Verbal Autopsy Form: Neonatal Deaths

Note: This form must be completed for neonatal deaths (0-28 days)

Basic Section A **Section B** Section C

Neonatal Death  
Did the Child Die With An Accident \*

Details of Pregnancy and Delivery  
Pregnancy Month(s) \* 4  
Mother's Age in years \* 34  
Mother receive 2 Doses of Tetanus Toxoid \* Yes

Complication During Pregnancy/Labour \* Yes  
What Complication(s) Occurred? \* Mother had fits  
Single or Multiple Birth? \* Single

Place of Birth \* On way to health facility/in transit  
Actual Place of Birth \* Home to Facility  
Who Attended the Delivery? \* Trained traditional birth attendant

Umbilical Cord Cut By Blade or Scissor? \* No  
Live or Still Birth? \* Live birth

- All fields marked with red asterisk (\*) are mandatory.

Details of Baby After Birth

Baby Cry/Move/Breathe? Injury on Body? Visible Malformations at Birth? Child's Size at Birth?

Weight in Kgs? Baby Stop Crying? Baby First Breastfed? Baby Suckle Normally?

Baby Stop Suckle Normally?

Details of Sickness at the Time of Death

Did Baby have Fever? Difficulty in Breathing? Did Baby have Fast Breathing? Did Baby have In-Drawing of the Chest?

Did Baby have a Cough? Did baby have Gurgling (Demonstrate)? Did Baby's nostrils flare with Breathing? Did Baby have Diarrhoea (Frequent Liquid Stools)?

Did Baby Vomit? Redness/round or Discharge? Did Baby have Yellow Eyes or Skin? Did baby have Spasms or Fits (Convulsions)?

Did Baby become Unresponsive or Unconscious? Did Baby have a Bulging Fontanelle (Describe)? Did the Child's body feel cold when Touched? Were the child's hands, legs or lips discoloured (Blue, other colour)?

Did she have Yellow Palms/Soles? Was there blood in the Stools?

PREVIOUS NEXT STEP

- Select the one option from the drop-down menu
- Click on Next step to SAVE and proceed with data entry

## Section C

Maternal, Perinatal, Child Death Surveillance and Response

Home CCR Stillbirth Reports Resources Orders and directives Review Meetings

Form3A: Verbal Autopsy Form: Neonatal Deaths Back

Note:

- This form must be completed for neonatal deaths (0-28 days).

Basic Section A Section B **Section C**

Written narrative in local language(As Narrative By Family)  
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.

Written narrative in local language(As Narrative By Family)

What did the respondent think the newborn died of? (Allow the respondent to tell the illness in his or her own words)

respiratory cough

No items found

respiratory cough

PREVIOUS SAVE

- Click on Next step to SAVE and proceed with data entry

## Form 3B: Verbal Autopsy Form: Post Neonatal Deaths

- This form must be completed for post neonatal deaths(29 days:5 years)

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Births Reports Resources Orders and directives Review Meetings

Form 3B: Verbal Autopsy Form: Post Neonatal Deaths

NOTE: This form must be completed for post-neonatal deaths (29 days - 5 years)

Name	Mother name	Village	Mobile	Date of Birth	Date of Death	Age	Place of Death	Date of Notification	Primary Informant	Action
Muskan	Reena	Kainagarj	-	13/05/2020	27/09/2021	1 years 4 months 14 days	In transit	29/09/2021	Dija	

Items per page: 50 1 - 1 of 1

Click on add button add fill all section given below

- Basic
- Section A
- Section B
- Section C

## Basic

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form 3B: Verbal Autopsy Form: Post-Neonatal Deaths

Note:  
• This form must be completed for post-neonatal deaths (29 days - 5 years).

Basic Section A Section B Section C

District \* Farrukhabad Block \* Kaimgarh Village \* Kaimgarh PHC \* Gurugram

Sub center \* Gurugram MCTS/RCH-ID Number Date \* 29/09/2021 Household Head Name \* Jagpreet

Deceased(Child) name \* Muskan Deceased(Child) mother's name \* Reena

NEXT STEP

- All fields marked with red asterisk (\*) are mandatory.
- Click on Next step to SAVE and proceed with data entry

## Section: A

Form 3B: Verbal Autopsy Form: Post-Neonatal Deaths

Note:  
• This form must be completed for post-neonatal deaths (29 days - 5 years).

Basic **Section A** Section B Section C

Details of the Respondent

Respondent name \* Jagpreet Relationship with the Deceased(Child) \* Brother/Sister Live with deceased(child) \* Yes Education \* Literate, Middle

Category \* SC Household's Religion \* Sikh

Details of Deceased(Child)

Deceased's(Child) sex \* Female Age in completed days \* 29 days to 1 year Date of Birth \* 13/05/2020 Date of Death \* 27/09/2021

- All fields marked with red asterisk (\*) are mandatory.

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Address

State \* Uttar Pradesh District \* Farrukhabad Block \* Kaimganj Village \* Kaimganj

Mohalla/Colony/Area \* Aligarh House/Flat/Apartment Number Pincode Landmark

Place of Death \* Sub Center

PREVIOUS NEXT STEP

- Click on Next step to SAVE and proceed with data entry

## Section : B

Form 3B: Verbal Autopsy Form - Post-Neonatal Deaths

Note: This form must be completed for post-neonatal deaths (29 days - 5 years).

Basic Section A **Section B** Section C

**Neonatal Death**

Did the child die from an injury/accident? \*

When was child first breastfed? \*

Feed other than breast milk? \*

Illness that led to death? \*

**Details of Sickness at the time of Death**

Did the child have fever? \*

How many days did the fever last?

Was the fever accompanied by chills/rigors? \*

Did the child have convulsions or fits? \*

Was the child unconscious during the illness that led to death? \*

Did the child develop stiffness of the whole body? \*

Did the child have a stiff neck (demonstrate)? \*

Did the child have diarrhoea (more frequent or more liquid stools)? \*

How many days did the diarrhoea last? \*

Was there blood in the stools? \*

Did the child have a cough? \*

How many days did the cough last? \*

Was there blood in the cough? \*

Did the child have breathing difficulties? \*

For how many days? \*

Did the child have fast breathing? \*

Less than a day

Was there blood in the cough? \*

Did the child have breathing difficulties? \*

For how many days? \*

Did the child have fast breathing? \*

Did the child have in-drawing of the chest? \*

Did the child have wheezing (demonstrate sound)? \*

During the illness, did child have abdominal pain? \*

Did the child have abdominal distention? \*

Did the child vomit? \*

Did the eyelid colour change to yellow? \*

Was the rash all over the body? \*

Did the child have red eyes? \*

Was this measles (use local term)? \*

During the weeks preceding death, did the child have any swelling of hands, feet or abdomen? \*

During the weeks preceding death, did the child suffer from lack of blood or appear pale? \*

Compared to other children of the same age, was child growing normally? \*

Did the child have multiple illnesses? \*

what were the symptoms associated with these illnesses? \*

Did the child receive BCG injection? \*

Number of doses received of DPT (DPT-3)? \*

Did the child receive polio drops in the mouth? \*

Did the child receive an injection for measles (use local term)? \*

PREVIOUS

- Select the appropriate cause of death from the drop-down menu.
- All fields marked with red asterisk (\*) are mandatory.
- Click on Next step to SAVE and proceed with data entry

## Section c

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form 3B: Verbal Autopsy Form Post-Neonatal Deaths Back

Note:

- This form must be completed for post-neonatal deaths (28 days - 5 years)

Basic Section A Section B Section C

Written narrative in local language(As Narrative By Family)\*  
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)

B I U G H<sub>2</sub> H<sub>3</sub> H<sub>4</sub> H<sub>5</sub> H<sub>6</sub> H<sub>7</sub> H<sub>8</sub> H<sub>9</sub> H<sub>10</sub> H<sub>11</sub> H<sub>12</sub> H<sub>13</sub> H<sub>14</sub> H<sub>15</sub> H<sub>16</sub> H<sub>17</sub> H<sub>18</sub> H<sub>19</sub> H<sub>20</sub> H<sub>21</sub> H<sub>22</sub> H<sub>23</sub> H<sub>24</sub> H<sub>25</sub> H<sub>26</sub> H<sub>27</sub> H<sub>28</sub> H<sub>29</sub> H<sub>30</sub> H<sub>31</sub> H<sub>32</sub> H<sub>33</sub> H<sub>34</sub> H<sub>35</sub> H<sub>36</sub> H<sub>37</sub> H<sub>38</sub> H<sub>39</sub> H<sub>40</sub> H<sub>41</sub> H<sub>42</sub> H<sub>43</sub> H<sub>44</sub> H<sub>45</sub> H<sub>46</sub> H<sub>47</sub> H<sub>48</sub> H<sub>49</sub> H<sub>50</sub> H<sub>51</sub> H<sub>52</sub> H<sub>53</sub> H<sub>54</sub> H<sub>55</sub> H<sub>56</sub> H<sub>57</sub> H<sub>58</sub> H<sub>59</sub> H<sub>60</sub> H<sub>61</sub> H<sub>62</sub> H<sub>63</sub> H<sub>64</sub> H<sub>65</sub> H<sub>66</sub> H<sub>67</sub> 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H<sub>1000</sub>

Written narrative in local language(As Narrative By Family)\*

What did the respondent think the newborn died of? (Allow the respondent to tell the illness in his or her own words)\*

tetanus

Assigned Cause of Death (As per ICD-10 Classification)\*

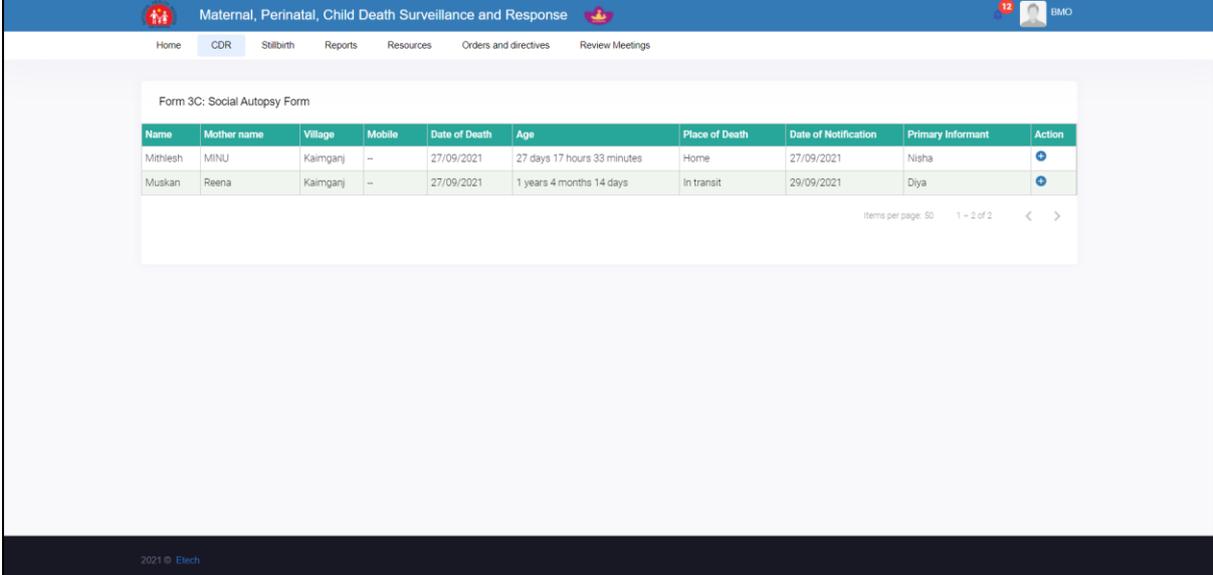
Tetanus

PREVIOUS SAVE

- Click on SAVE and proceed with data entry

## Form 3C: Social Autopsy Form

Fill the **MCTS/RCH-ID**.



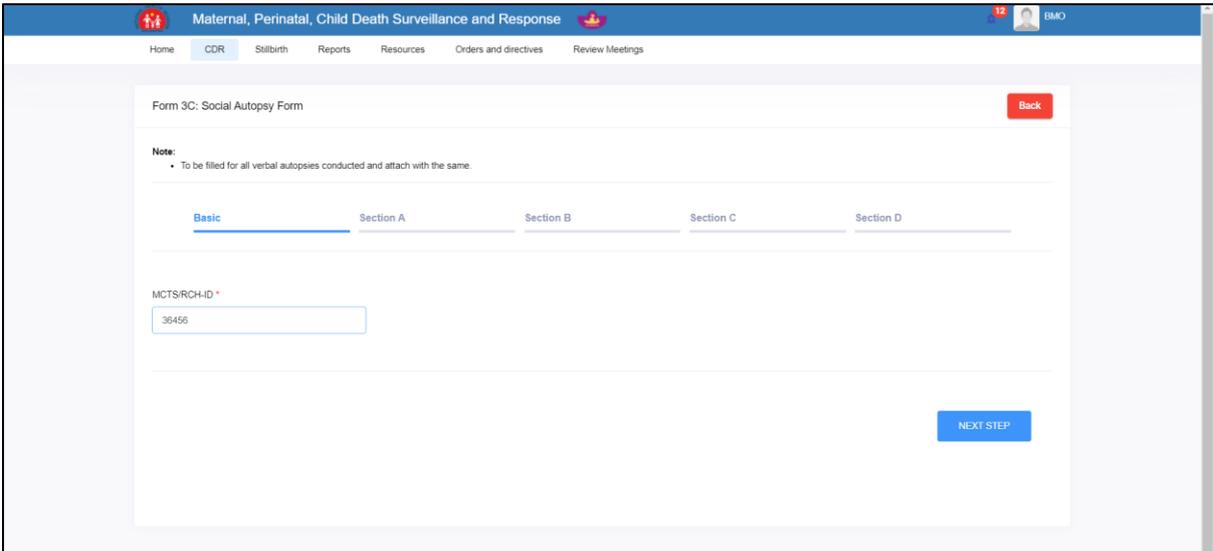
The screenshot shows the MPCDR web application interface. The header includes the title "Maternal, Perinatal, Child Death Surveillance and Response" and navigation tabs for Home, CDR, Stillbirth, Reports, Resources, Orders and directives, and Review Meetings. The main content area displays a table titled "Form 3C: Social Autopsy Form" with the following data:

Name	Mother name	Village	Mobile	Date of Death	Age	Place of Death	Date of Notification	Primary Informant	Action
Mithlesh	MINU	Kaimganj	--	27/09/2021	27 days 17 hours 33 minutes	Home	27/09/2021	Nisha	<a href="#">+</a>
Muskan	Reena	Kaimganj	--	27/09/2021	1 years 4 months 14 days	In transit	29/09/2021	Diya	<a href="#">+</a>

At the bottom of the table, there is a pagination control showing "Items per page: 50" and "1 - 2 of 2" with navigation arrows.

Click on add button and fill all section given below.

- Basic
- Section A
- Section B
- Section C
- Section D



The screenshot shows the MPCDR web application interface for data entry. The header is the same as in the previous screenshot. The main content area displays the "Form 3C: Social Autopsy Form" data entry screen. It includes a "Back" button in the top right corner. Below the title, there is a "Note:" section with the text: "To be filled for all verbal autopsies conducted and attach with the same." Below the note, there are five tabs: "Basic", "Section A", "Section B", "Section C", and "Section D". The "Basic" tab is currently selected. Below the tabs, there is a text input field for "MCTS/RCH-ID" with the value "36456". At the bottom right of the form, there is a blue "NEXT STEP" button.

- Click on NEXT STEP and proceed with data entry

## Section: A

Form 3C: Social Autopsy Form

Note:  
• To be filled for all verbal autopsies conducted and attach with the same.

Basic Section A Section B Section C Section D

Name of key informant \*  
Diya

Relation of key informant to Deceased(Child) \*  
Neighbour/No relation/Grandfather/Grandmother

Place of Death of Child \*  
District Hospital

Telephone/Mobile Number \*  
9350075496

Total Number of family members of deceased(child) \*  
7

Number of children < 5 years \*  
6

Caste \*  
SC

Do you have Below Poverty Line (BPL) card \*  
Yes

What are the Key family Assets: (Multiple answers allowed: tick all that apply) \*  
Television Own House

PREVIOUS NEXT STEP

- All fields marked with red asterisk (\*) are mandatory.

## Section B

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form 3C: Social Autopsy Form

Note:

- To be filled for all verbal autopsies conducted and attach with the same

Basic Section A Section B Section C Section D

Did ASHA/AIWW/WHNANM advice on hospital treatment? No

During the illness that led to the death, did you seek care outside the home for the infant? No

Did not think that the illness was serious \* No

Money not available for treatment \* No

Family members were not able to accompany \* No

Bad Weather \* No

Did not know where to take the infant \* No

No hope for survival of the infant \* No

Transport not available \* No

Others

PREVIOUS NEXT STEP

- Click on NEXT STEP and proceed with data entry

## Section C

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form 3C: Social Autopsy Form Back

**Note:**

- To be filled for all verbal autopsies conducted and attach with the same.

Basic Section A Section B **Section C** Section D

**Brief Social History of the family**

Any history of alcoholism in family \* No

Any history of smoking in family \* No

Any history of domestic violence in family \* No

**Awareness of mother & family members about treatment Seeking**

Do you know the danger signs when a newborn or infant should be taken to health facility? \* No

what will be the conditions \* Pre-term

Do you know about any hospital where newborns/infants/children can be admitted and treated? \* No

PREVIOUS NEXT STEP

## Section :D

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form 3C: Social Autopsy Form Back

**Note:**

- To be filled for all verbal autopsies conducted and attach with the same.

Basic Section A Section B Section C **Section D**

**Can you tell us regarding the total amount that you had to spend on your child treatment?**

Total amount in Rs. 87000

Treatment (medicines, consultation, home treatment etc.) 85000

Transport 2000

Others 0

How did you (the family) arrange this money? Community fund

PREVIOUS SAVE

## Form 5A: Block and district level line list

Indicators	MCTS ID	Category	Name	Mother name	Sex	Age	Village	Mobile	PHC area	Sub-centre area	Place of Birth	Last weight recorded in MCP card (for children < 3 years)	Immunisation Status	Date of Death	Place of Death	Probable cause of death	Level of delay	Date when Birth Inve...
Case 1	---	ST	Mithlesh	MINU	Female	27 days 17 hours 33 minutes	Kaimgarj	--	Gurugram	Gurugram	On way to health facility/in transit	1000	DPT Booster-2	27/09/2021	Home	Pneumonia	Facility	29/C
Case 2	---	SC	Muskan	Reena	Female	1 years 4 months 14 days	Kaimgarj	--	Gurugram	Gurugram	---	1000	MR 2nd dose	27/09/2021	In transit	Meningitis	In Transport	29/C

If you want to see your data in excel sheet then click on export button and see your data in excel sheet.

- This page also has an option to filter the cases on date basis.

Filter

State: Uttar Pradesh

District: Farnukhabad

Block: Kaimgarj

From Date: 01-04-2021

To Date: 01-10-2021

View

## Form 5B: Block and district level line list

Indicators	MCTS ID	Name	Mother name	Sex	Category	Age	Mobile	Detailed Verbal Autopsy report submitted or not	Cause of death/final diagnosis assigned in CBCDR	Detailed FBCDR conducted (Applicable only for deaths in public health facility)	If yes, cause of death assigned in FBCDR
Case 1	---	Mithlesh	MINU	Female	ST	27 days 17 hours 33 minutes	--	YES	Whooping cough /		
Case 2	---	Muskan	Reena	Female	---	1 years 4 months 14 days	--	YES	Tetanus /		

Items per page: 50 1 - 2 of 2

- This page also has an option to filter the cases on date basis.

Filter

State:  District:  Block:  From Date \*:  To Date \*:

**THANK YOU**