**Reporting formats- Child Death Review**

**Format 1:Block and District Level Line List of Child Deaths (0-59 months)***(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:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Indicators  | Case1 | Case2 | Case3  | Case4 | Case5  | ………….. | Total |
| MCTS ID |  |  |  |  |  |  |  |
| Name |  |  |  |  |  |  |  |
| Mother’s name |  |  |  |  |  |  |  |
| Sex | Male |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Category | SC/ST/OBC |  |  |  |  |  |  |  |
| General |  |  |  |  |  |  |  |
| Age | < 30 days |  |  |  |  |  |  |  |
| 1-11months |  |  |  |  |  |  |  |
| 1-5 years |  |  |  |  |  |  |  |
| Place of birth | Home |  |  |  |  |  |  |  |
| Health facility: public |  |  |  |  |  |  |  |
| Health facility: private |  |  |  |  |  |  |  |
| Birth weight (Kg) |  |  |  |  |  |  |  |
| Last weight recoding in MCP card (for children< 3 years) |  |  |  |  |  |  |  |
| Immunisation status : complete as per age | Yes |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |
| Date of death |  |  |  |  |  |  |  |  |
| Place of death (Public Health facility/Private Hospital/ Home/in transit) | Home |  |  |  |  |  |  |  |
| Health facility: private |  |  |  |  |  |  |  |
| Health facility: public |  |  |  |  |  |  |  |
| In transit |  |  |  |  |  |  |  |
| Probable cause of death |  |  |  |  |  |  |  |
| Level of delay (I/II/III/Cannot be ascertained) |  |  |  |  |  |  |  |
| Name of the ANM who conducted first brief investigation |  |  |  |  |  |  |  |
| Date on which First Brief Investigation carried out |  |  |  |  |  |  |  |
| Case selected for Verbal Autopsy | Yes |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |

**Format 2: District Level Reporting Format for Verbal autopsies conducted for Child Deaths (0-59 months)**

Name of District: Name of Block: Month:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Indicators  | Case1 | Case2 | Case3  | Case4 | Case5  | ………….. | Total |
| MCTS ID |  |  |  |  |  |  |  |
| Name |  |  |  |  |  |  |  |
| Mother’s name |  |  |  |  |  |  |  |
| Sex | Male |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Category | SC/ST/OBC |  |  |  |  |  |  |  |
| General |  |  |  |  |  |  |  |
| Age | < 30 days |  |  |  |  |  |  |  |
| 1-11months |  |  |  |  |  |  |  |
| 1-5 years |  |  |  |  |  |  |  |
| Place of death  | Home |  |  |  |  |  |  |  |
| Health facility: private |  |  |  |  |  |  |  |
| Health facility: public |  |  |  |  |  |  |  |
| In transit |  |  |  |  |  |  |  |
| Detailed Verbal Autopsy report submitted or not | Yes |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |
| Cause of death assigned in CBCDR |  |  |  |  |  |  |  |
| Detailed FBCDR conducted (Applicable only for deaths in public health facility) | Yes |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |
| If yes, cause of death assigned in FBCDR |  |  |  |  |  |  |  |  |

**Format 3:Facility Level Reporting Format for Child Deaths (0-59 months)**

Name of District: Name of Block: Name of the facility:

Month:

|  |  |  |
| --- | --- | --- |
| Cumulative deaths reported from public health facilities: | Male: |  |
| Female: |  |
| SC/ST/OBC: |  |
| General: |  |
| Total: |  |
| Indicators  | Case1 | Case2 | Case3  | Case4 | Case5  | ………….. | Total |
| MCTS ID |  |  |  |  |  |  |  |
| Name |  |  |  |  |  |  |  |
| Mother’s name |  |  |  |  |  |  |  |
| Sex | Male |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Category | SC/ST/OBC |  |  |  |  |  |  |  |
| General |  |  |  |  |  |  |  |
| Age | < 30 days |  |  |  |  |  |  |  |
| 1-11months |  |  |  |  |  |  |  |
| 1-5 years |  |  |  |  |  |  |  |
| Place of birth | Home |  |  |  |  |  |  |  |
| Health facility: public |  |  |  |  |  |  |  |
| Health facility: private |  |  |  |  |  |  |  |
| Birth weight (Kg) |  |  |  |  |  |  |  |
| Current weight (last recoding in weight in MCP card) |  |  |  |  |  |  |  |
| Immunisation status : complete as per age | Yes |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |
| Date of admission |  |  |  |  |  |  |  |
| Date of death |  |  |  |  |  |  |  |
| Cause assigned at time of death  |  |  |  |  |  |  |  |
| Facility Based Child Death Review conducted | Yes |  |  |  |  |  |  |  |
| No |  |  |  |  |  |  |  |
| Name of the Doctor who conducted Facility Based CDR |  |  |  |  |  |  |  |  |

**Format 4:State Level Reporting Format for Child Deaths (0-59 months)**

Name of the State: Name of the District: Month:

|  |  |  |
| --- | --- | --- |
| Indicators  | During the month | Cumulative (Since April 201—till month) |
| Number of deaths reported | Male |  |  |
| Female |  |  |
| SC/ST/OBC |  |  |
| General |  |  |
| < 30 days |  |  |
| 1-11months |  |  |
| 1-5 years |  |  |
| **Total** |  |  |
| Place where the death took place during the month | Home |  |  |
| Private Health facility |  |  |
| Public Health facility |  |  |
| In Transit |  |  |
| **Total** |  |  |
| No. of cases reviewed (Verbal Autopsy carried out and report submitted to office of DNO | Male |  |  |
| Female |  |  |
| SC/ST/OBC |  |  |
| General |  |  |
| < 30 days |  |  |
| 1-11months |  |  |
| 1-5 years |  |  |
| **Total** |  |  |
| No. of facility based deaths reviewed (Facility Based Death Review completed & report submitted to DNO) | Male |  |  |
| Female |  |  |
| SC/ST/OBC |  |  |
| General |  |  |
| < 30 days |  |  |
| 1-11months |  |  |
| 1-5 years |  |  |
| **Total** |  |  |
| Date of the last meeting of District CDR Committee held |  |