Child Death Review

- Non-punitive
- Community Based (CBCDR) and Facility based (FBCDR)
- Process – Notification – Investigation – Data transmission – Analysis – Action

Categories

- Neonatal deaths – 0 to 28 days;
- Child deaths – 29 days to 5 years
Officers and Committees

- State Nodal Officer (SNO)
- District Nodal Officer (DNO)
- Facility Nodal Officer (FNO)
- Block Nodal Officer (BNO)
- FBCDR Committee
- District CDR Committee
- State Task Force
CBCDR

- Notification of child death – dual reporting - ASHA (& others) – **24 hrs** – ANM/BMO – SMS/Phone – could feed an automated system (further - ANM to BMO)
- Notification card – Form 1 – **48 hrs** - Family/ANM – SC records
- Investigation – FBIR – Form 2 – ANM (ASHA to accompany) - 2 weeks – BMO – monthly
- Line listing of all deaths at Block level – Format 5a - due **5th** of every month (including Nil report) to DNO – gets line listed at district as well
**CBCDR**

- Detailed investigation – sampling frame - 6 cases per block – (2 neonatal, 2 post neonatal, and 2 children) – PHCwise / SCwise / Category / Causewise / Clustering / Underserved areas etc.

- Verbal autopsy – Form 3a (neonatal) – 3b (post neonatal) plus 3c (social autopsy)

- 2 member team – one medical (MO-PHC, SN, LHV etc.) / one non-medical (block supervisor, ASHA facilitator etc.)
CBCDR

- Assigning cause of death – district – 2 MOs trained – ICD 10 - communicate to Block
- 2 copies – one with Block – one to DNO – 1 week – 5b – SNO – monthly
- All verbal autopsies should reach DNO within 1 month of line listing
- Verbal autopsy would be completed within 2 months of notification of death
- District Child Death Review – monthly – CMO – sample of cases – DM
Only in institutions conducting more than 500 deliveries a year – State to notify these institutions

Notification of child death – immediately to FNO – by MO on duty - primary informant – Form 1 – 24 hrs of death (FNO informs DNO – 48 hrs)

Investigation – 4a (neonatal) / 4b (post neonatal) – treating MO assigns cause of death – ICD 10 – 48 hrs – one copy at Facility – one to DNO – within 1 month

Facility Line listing – Form 5 c – monthly updation to DNO

Facility and District review – monthly
Meetings & Reviews

- District – monthly - (cause / place / age / sex / vulnerability / clustering) – all FNOs and BMOs to attend this meeting
- DM review – monthly - parents / relatives (max.2) to be invited
- Facility – monthly – technical review
- State Task Force – 6 monthly – Health System response – all DNOs to attend - ATR presentation by SNO
- Analysis – Action – focus on convergence
Indicators for monitoring

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
## Training Schedule

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

- Support to Training and Sensitization workshops
  - ASHA – notification – 50/-
  - ANM – FBIR – 100/-
- Investigation – verbal autopsy – 150x2+travel support
- Reimbursement of travel expenses – 2 per family @ 100/person
- District meetings – 5000/year/district
Thanks