INFANT AND EARLY CHILDHOOD MORTALITY STUDY-1988

General Guidelines and Instructions For Registration and Verification of Vital Events

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CONTENTS

BACKGROUND

Amongst the ma in objectives, key objectives of I.C.D.S programme have been to reduce the incidence of malnutrition, Infant and Childhood Mortality and Morbidity. Till date several studies in relation to coverage of services and its impact on incidence of malnutrition and morbidity have been carried out, still there is wide scope in gaining estimates on parameters related to mortality and demographic pattern in I.C.D.S. scheme.

The major problems in estimation of vital indices in developing countries have been under reporting and lack of precise information, specially on factors associated with early childhood mortality. This is beause in India, the Civil Registration System being deficient/and one point restrospective survey is not conducive to yielding dependable estimates. The Government of India collects information on vital events with basic aim of providing estimates on Crude Birth Rate, Death Rate and Infant Mortality Rate (IMR) etc. at National and State levels.

It is a regular activity conducted by the Government through the Sample Registration System (SRS). Also, a few specific and more detailed studies have been in operation at regular intervals. However, there is no source available in the existing systems to have any idea about the estimates of IMR and other vital indicies in I.C.D.S. scheme for the current or previous years. A nearly allied system of the type of SRS is needed, so as to have National and States level estimates to measure the progress of I.C.D.S. scheme.

Considering the importance of mortality estimates for ICDS served population, during 1982-83 the first pilot study on births and deaths was carried out to provide national level crude estimates of I.M.R. for projects in operation for at least two years or more. Though the study was framed with the objective of getting insight on the estimation of I.M.R, the estimates on crude brith rate, age and sex specific mortality rates could also be derived as a by-product of the study.

The findings of this study created interest in administrative circles and amongst research workers, so much so there was keen interest and desire in knowing more about estimates of I.M.R.

At this stage, after a decade of I.C.D.S package of services in operation and with its till date expansion to cover one-fourth of the country's population, it has

been decided to conduct Infant and Early Childhood Mortality study, for knowing the trends which are emerging in the I.C.D.S. scheme.

Infant and Early Childhood Mortality study 1987

In the year 1987, the scope of Infant and Early Childhood Mortality was considerably expanded, so as to cover nearly 1.7% of I.C D.S population covering 12 states individually and rest of States U.T.s by pooling. The due weightage was given to funtional Ages of ICDS projects and proportionate distribution of rural, tribal and urban projects (mainly by pooling). The study is progressing in 103 projects and expected to give useful results.

Infant and Early Childhood Mortality study 1988

A new study design for Infant Mortality Rate has been developed after series of meetings and discussions with top level statistician and giving consideration to the Sample Registration System.

The following principles have been applied to evolve study design of 1988.

1. The study design will bring out the data on I.M.R, Birth rates, Death rates at the state (those being studied) and at the national level. The data should not be used for any statements for the district level or project level.

2. The study design will give the data in reference to I.C.D.S. population. It will not be exactly similar to S R. design.

3. The Sixteen states of the country have been bracketed in 4 groups on the range of infant mortality rates as published by S.R.S. in 1985.

   (a) I.M.R, above 115 (Madhya Pradesh, Orissa, Uttar Pradesh)

   (b) I.M R, 108 to 114 (Assam, Bihar, Gujarat, Rajasthan).

   (c) I M.R, 87 to 95 (Andhra Pradesh, Haryana, Jammu and Kashmir, Tamil Nadu, Himachal Pradesh).

   (d) I.M.R, 78 to 80 (Karnataka, Maharashtra, Punjab, West Bengal).

Note :—This grouping has been possible for 16 states. It is not possible to group the remaining states because of non availability of I.M.R for those states in the S.R.S publications.

4. *The sample size* required to give reliable estimates of I.M.R, birth rate and death rate for the states has been calculated on the basis of I.M.R estimates of 1985 and using of following formula, giving a flexibility of 10% error

$$\eta = \frac{\gamma(100-\gamma)\,2\alpha}{\delta^2} \quad \text{where in}$$

η = Sample size

γ = I.M.R in percentage

α = Level of significance

δ = error in 'γ' acceptable.

The 10% error in the present study design will be acceptable to any reviewer.

5. The regular periodic survey in the same study population, will provide the trends using the same methodology for I.M.R studies and other parameters which will be reliable approach to find out impact of I.C.D.S on IMR and other parameters etc.

6. While drawing samples from the states, weightage to the natural division in the state has been given, as is being done in the S.R.S, the years of operation of I.C.D.S projects, proportionate distribution of population to rural and tribal projects in the state have also been taken into account.

7. Thus infact the study is being carried out in rural areas, which includes by S.R.S definitions also the tribal areas. It is not possible to conduct the study, in urban areas as a very large sample will be required.

8. Two states in each bracket of a, b, c, d referred above are to be studied. The I.M.R study in 1988 will be in eight states namely Orissa, Uttar Pradesh, Gujarat, Rajasthan, Andhra Pradesh, Haryana, Karnataka and West Bengal.

9. The conclusion of such a study would establish the impact of I.C.D.S on I.M.R., in reference to 4 groups of States, with varying I.M.R.

10. We will also have the data on brith rates, death rates and fertility, which will be quite useful.

Hence reiterating

The Objectives of the study.

I. To have specific State level estimates of I.M.R on scientifically drawn sample on principles stated above and determine national level estimates thereupon.

II. To study outcome and impact of I.C.D.S in the stated four groups of States.

As stipulated above, IMR, estimation being the main objectives of the study, may also help us in finding out estimates of few associated indices like neo-natal, post neo-natal death rates; age & sex and cause specific death rates, maternal mortality rates and certain other crude mortality and fertility indices.

The study sample :

The sample design is two stage random sample.

1st stage sampling :

The sample size for the study of the state was arrived at by the above formula and was distributed in natural divisions of the state in proportion to rural and tribal projects population of more than four years of functional age. The total number of Aws to be studied were also arrived at (for the purpose of study a rural project has been considered of 1,20,000 population and tribal of 80,000.)

Generally study sample in the rural project may have 10,000 (about 12 Anganwadis) sample population and tribal project 8000. When the sample population size exceeded, study population size had to be divided into two projects of equal size study population.

The smallest or peripheral most sampling unit is the Anganwadi with all its households. With the principle of natural division and distribution over the project, it is also possible that the sample size may be as small as 2000 population in a project.

The Central Cell will provide the following information to the consultants :

(a) Name of Project

(b) The sample size in the project

(c) Approximate number of anganwadis to be taken in the project for the study.

This first stage sampling has been done at Bio-statistics division of Central Cell.

Second stage sampling :

The sampling of Anganwadis has to be done by the consultants on the following guidelines :

First the consultants will list all the anganwadis into Zones of Mukhya Sevika's circle of allotted project as follows :

Circle No	*Mukhya Sevika I/C*	*Villages*	*Anganwadis*

Then proceed as mentioned under :

(i) The total number of Anganwadis of Mukhya Sevika's circle in the selected project has to be sub-divided into the groups (clusters) of 3 Anganwadis each, when the study sample is 12 anganwadis with approximate population of 1000 each. These 3 anganwadis be essentially contigous. Then select one cluster each from the Mukhya Sevika's circle for the purpose of study.

(ii) If the Anganwadis per project, for the purpose of study are less than 10 say '8 then the cluster would be of 2 Anganwadis per Mukhya Sevikas circle.

(iii) If the Anganwadis are less than 8 say '6 and considering that variability is not considerable in the project a set of 2 Anganwadis can be taken in 3 Mukhya Sevika's circle, leaving out one Mukhya Sevika circle.

(iv) If Anganwadis to be studied are less than 6, say 4, two Mukhya Sevikas area be picked-up out of 4 or 5 in the project.

(v) If Anganwadis are less than 4, one anganwadi each be picked up for study, in each of the Mukhya Sevika's circle.

From i to iv principle of contiguity of anganwadis be strictly followed.

Basic structure of the Infant and Early Childhood Mortality Study :

(i) Continuous enumeration of vital events in anganwadi area by the anganwadi worker.

(ii) An independent quarterly house to house survey for recording births and deaths occured during the quarter.

(iii) Quarterly matching of events recorded during continuous enumeration and those obtained during the course of independent quarterly survey, including field verification.

(iv) Visit of supervisor of project (PHC) to consultant's H.Q. for interim reporting.

(v) Data reporting by the consultants.

(vi) Scrutiny of data at Central Cell.

(vii) Mid-year Population.

Organisation of field work

The consultants designated to investigate the vital events in sampled anganwadis of selected ICDS project will be responsible to instal effectively and efficiently basic structure of the Infant and Childhood Mortality study. Suggestions are as below :

(i) *For Continuous enumeration of vital events* : Once again this is the responsibility of Anganwadi worker, but this has to be done efficiently, because mostly she is a local lady, she visits the households frequently and all households are visited at least once a month. She should work so efficiently that any unmatched event discovered later should be a discredit. She should also not fail to get information from village priest, barber, village headman/trained or untrained dais-midwives and from own beneficiary registers.

The Anganwadi worker who does continuous enumeration will keep two pads of formats or cyclostyled sheets (translated into regional language, if need be) one for births and the other for deaths. These filledup monthwise formats will be handed over/reached to *supervisor of the project* by 3rd of the following month.

(ii) *An independent quarterly house to house survey for recording births and deaths occured during the quarter* : The consultants would designate most suitable person per Mukhya Sevika circle. This person could be ANM, Health Assistant (female or male), Mukhya Sevika of Circle/Sector He or she will do house to house enumeration/*survey* within 10 days of the end of the quarter Her/his record will be independent of AWW's record and they should never see each other's record. Again he/she will keep two pads of formats or cycloslyted sheets like the anganwadi worker's, one for births, the other for deaths. These monthwise filledup formats for the quarter will be handedover/reached to the *supervisor* of project by 10th of the following month of the quarter.

(iii) *Quarterly Matching of events recorded during continuous enumeration and those obtained during the course of independent quarterly survey including field verification* : This function has to be performed by supervisor of the project (PHC), who will either be medical officer or seniormost non-medical supervisor designated by consultant. He will do matching of the formats received from enumerator (Anganwadi worker) and surveyer (middle level supervisor). He will sort out totally matched formats separately and will keep partially matched and unmatched formats for further verification. The supervisor will complete the field verification of unmatched and partially matched events and therefore will have total

formats of births and deaths by months. This task will be completed within 15 days, after the receipt of formats from surveyers, meaning thereby that this task will be completed by 25th of following month of each quarter. Additionally the supervisor of project will have list of discrepencies by months as it occured during matching between enumerators and surveyers.

(iv) *Visit of supervisor of project (PHC) to consultant H.Q. for interim reporting* : The supervisor of project will visit the consultant headquarter along with the formats of Anganwadi worker and surveyer which will bear the remarks :

I Completely matched

II Partially matched and corrected.

III Unmatched and new formats filled in and

discrepancy list under the head Anganwadi worker and surveyer and newly discovered events. Whereas the above will be checked and the final list of discrepancies will be signed by the consultant as given in appendix-III and sent to Central Cell by 30th of following month of each quarter.

The consultant will pay special attention to outcome of the pregnancy, gestation period at the time of termination of pregnancy, still births and abortions, in case of birth format, and cause of death in case of death formats. Consultant may give any further instructions to be carried out till the time, he will be able to visit the project.

(v) *Data reporting by the consultants* : During the consultants visit to the project which will be within 10 days of supervisors contact at the consultants headquarter the following activities will be carried out by the consultants :

(a) Sample field check of some events picked up randomly of matched and unmatched and missed events.

(b) The collection of up-to-date formats for preparation of monthwise report for the Central Cell and discussions on observations with supervisor of the project.

Monthwise reports of each quarter from the consultants as per appendix IV should reach the Central Cell within 45 days at the end of each quarter.

Scrutiry of data at Central Cell

(vi) The scrutiny of monthly data reported by the consultants will take place at the Central Cell and the Consultants will be informed in due course about the discrepancies observed in the data, if any. The computation of vital indices will be done after completion of 12 months continuous recording of data. However, at intermediate stages the projected estimates will be derived at the Central Cell and consultants will be informed of these findings for their valuable comments. Also the consultants may like to do their own exercise time to time.

Mid-year Population :

(vii) The mid year (June-July, '88) population of all the AWs, separately, (on the prescribed formats-Appendix-v) may be forwarded to the Central Cell latest by mid of August, '88. It is important to note that the updating of sampled AWs' registers, by the AWWs must be completed for the reference period.

FLOW OF REPORTS AND INFORMATION

A Anganwadi Worker — Monthly collection of events by house to house visit and monthly submission of formats on the prescribed formats by 3rd of the following month.

B Middle level supervisors/ surveyers — Independent survey of events by house to house visit of all alloted/determined (2 or 3 AW's every quarter) and submitting the reports on prescribed formats to project level supervisor (PHC) by 10th of the following quarter.

↓

C Supervisor of project (PHC)/ verifier/evaluator (Medical Officer/ seniormost non medical supervisor) — Matching of A & B Recording of discrepancies → Verification of discrepancies and correction of the events (of A & B), within 15 days i.e. 25th of the following month.

Consultant — Meeting the consultant at his headquarter, sending the Inland Letter report to Central Cell signed by consultant by 30th of the following month (of quarter)

↓

Visit project after supervisor meeting within few days for sample check, and monthly reports of the quarter by the consultants within 15 days (45 days after the end of quarter) sent to Central Cell.

Facilities

Expenditure on POL for visits and contigency for stationary may be met from consultants quarterly grant but under the head 'Survey and Research'.

As far as possible Govt. and Deptt. vehicle should be used. The supervisor of the project (PHC) in addition to remuneration mentioned below will draw T.A., D.A. as per State-Govt. rules, when visiting the consultant's headquarter which will be one day visit after each quarter. The honoraria to be given to various functionaries is as under :

(A)	12 Anganwadi workers/Enumerators in 12 Anganwadis @ Rs. 2 00 per event. (At an average we have worked out 50 events per anganwadi per year), the amount would be—	Rs. 1200 per annum
(B)	Middle level supervisor/surveyer will draw Rs. 15 per anganwadi surveyed at the end of a quarter, total amount for 12 Anganwadis would be—	Rs. 720.00 per annum
(C)	Supervisor of project (PHC), honourarium—	Rs. 600.00 per annum
(D)	Honourarium for assistance to the consultant for report related analysis etc. per annum	Rs. 180.00 per annum
(E)	TA and DA for supervisor of project visit to consultant's headquarter	Rs. 300 per annum
	Total	Rs. 3000 per annum

The above mentioned honourarium/remuneration is for 12 Anganwadis per project. The honourarium/remuneration would be reduced proportionately when the number of Anganwadis are less.

Kindly see that the expenditure is kept within the limits mentioned above but as far as possible not exceed Rs. 3000, when the anganwadis being studied in the project is 12. The expenditure for POL for visit of consultant's contingency and payment of honourarium may be from consultant's usual survey and research grant.

The honoraria/remuneration being recommended to various functionaries is just a token of respect to their voluntary and honourary contribution to the study for the cause of children and mothers in the country.

APPENDIX-I

BIRTH RECORD FORMAT—1988

Month : _____

Columns for Recording 'BIRTHS'

A) 1. House No. : _____

2. Household No. : _____

3. Name of the Father : _____

4. Age of Father : _____

5. Name of the Mother : _____

6. Age of Mother : _____

B) Outcome of pregnancy : (Live Births/Still Births/Abortions) : _____

If live birth :

1. Date of Birth : _____

2. Gestation period at the time of termination of pregnancy : _____ weeks

3. Name of the Child : _____

4. Sex of the Child : Male/Female : _____

If still birth/abortion :

Gestation period at the time of termination of pregnancy : _____ weeks

If checked by Supervisor of project (PHC), date of checking : _____

Note : Though we expect 30—35 births in a year as per our national estimate for a particular anganwadi area, please provide a pad of 50 copies/ cyclostyle forms each to AWW and Surveyer for recording details of each birth (including still births and abortions).

DEATH RECORD FORMAT—1988

Month : _____

Columns of Recording 'DEATHS'

A) 1. House Number : _____
2. Household Number : _____
3. Name of the deceased : _____
4. Date of Death : _____
5. Age of deceased : _____ Years _____ Months _____ Days**

(**Record No. of days in case of Children who died below 30 days of age)

6. Sex of the deceased : Male/Female : _____
7. Cause of death* : _____
8. Name of the Father : _____
9. Age of Father : _____
10. Name of the Mother : _____
11. Age of Mother : _____

B) Following details are to be recorded only in reference to **Infant Deaths** :

1. Birth order of the deceased infant : _____
2. Number of living children to the mother of the deceased infant : _____
3. Age of the youngest living child : _____

C) Verification of Death and its Cause by Supervisor of Project (PHC) :

1. Date of Verification : _____
2. Cause of Death : _____
3. Verified by : _____
4. Remarks if any : _____

* The symptoms as reported by the informant of the Household before death may be recorded by the anganwadi worker/surveyer which will be classified by the Supervisor of the project (PHC). The specific cause of death should be identified by the Supervisor after further investigations. In case of maternal deaths record specifically whether death took place during pregnancy, during child birth (Labour) or during 40 days after the birth of child.

Note : Though we expect 12—15 deaths in a year as per our national estimate, for a particular anganwadi areas, please provide a pad of **20 copies/** cyclostyle forms each to AWW/Surveyer for recording details of each death.

APPENDIX-III

MATCHING DISCREPANCY SHEET

Month : _____

Birth Format

1. Number of missed births (discovered by Project/PHC Supervisor) :

   (a) Anganwadi worker _____ (b) Surveyer _____ (c) New Formats prepared _____

2. Number of unmatched births :

   (a) Anganwadi worker _____ (b) Surveyer _____ (c) Corrected _____

3. Verified and final forms prepared (Number) : _____

Death Format

4. Number of missed deaths (discovered by Project/PHC Supervisor) :

   (a) Anganwadi worker _____ (b) Surveyer _____ (c) New formats prepared _____

5. Number of unmatched deaths :

   (a) Anganwadi worker _____ (b) Surveyer _____ (c) Corrected _____

6. Verified and final forms prepared (Number) : _____

Signature of Project Supervisor

Date _____

Signature of Consultant

Date _____

APPENDIX-IV

INFANT AND EARLY CHILDHOOD MORTALITY STUDY—1988
MONTHLY REPORT BY THE CONSULTANT

1. Name of the Project Area : .....
2. Type of Project : Rural/Tribal/Urban : .....
3. Name and address of the Consultant : .....

.....

4. Month to which the report pertains : 1988
5. Number of Anganwadis being studied in the Project : .....

Table—1 : Number of live births

Name of the Anganwadi Area	No. of LIVE BIRTHS in the Month Under Report		
	Male	Female	Total
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
Total			

Contd.....

Table—2 Number of Deaths (All age groups)

Name of the Anganwadi Area	No of DEATHS in the Month Under Report							Total Deaths (1+2+3)
	0—<6 years			6+years & above			Maternal deaths (3)	
	M	F	T(1)	M	F	T(2)		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
Total								

Table—3 : Number of Deaths* below 6 years by Age and Sex (for all AW's)

Age of the deceased Child	SEX of deceased		Total Deaths
	Male	Female	
0—<7 Days			
7—<28 Days			
28 Days—<1 year			
1—<2 years			
2—<3 years			
3 - <4 years			
4—<5 years			
5 - <6 years			
Total (0—<6 years)			

*Still Births are not to be included.

Table—4 : Deaths by cause and age of the deceased child (for all AW's)

Cause of death	Age at death								Total
	0—<7 Days	7-<28 Days	28 Days -< 1Y	1—<2 Yrs.	2—<3 Yrs.	3—<4 Yrs.	4—<5 Yrs.	5—<6 Yrs.	
Diarrhoea									
Respiratory Infection									
Tetanus									
Accidents, Injuries and Burns									
Fever									
Prematurity									
Others									
Total									

Table—5 : Maternal deaths by age of Mother (for all AW's)

Age of the deceased Mother	Material deaths due to complications of pregnancy, Child birth and during the puerperium			
	During pregnancy	During Child birth	During 40 days after child birth	Total
15—<20 years				
20—<25 years				
25—<30 years				
30—<35 years				
35—<40 years				
40—<45 years				
45+ years				
ALL				

Table—6 : Abortions, Still births and Perinatal deaths by Age of women (Number of events took place in the reporting month, for all the AW's)

Age of the women	No. of Abortions by Gestational Age				Still births**	<7 days deaths
	<12 weeks	12—<20 weeks	20—<28 weeks	Sub Total		
15—<20 Yrs.						
20—<25 Yrs.						
25—<30 Yrs.						
30—<35 Yrs.						
35—<40 Yrs.						
40—<45 Yrs.						
45+ Yrs.						
ALL						

**Pregnancy waste after 28 weeks of gestational age should be considered as still birth for the purpose of the study.

Table—7 : Distribution of live births by mother's age and gestation period (Record for only LIVE BIRTHS in the month under report for all the AW's)

Age of the Mother	Gestation Period at the time of delivery						
	28—<30 weeks	30—<32 weeks	32—<35 weeks	35—<37 weeks	37—<42 weeks	42+ weeks	Total
15—<20 Yrs.							
20—<25 Yrs.							
25—<30 Yrs.							
30—<35 Yrs.							
35—<40 Yrs.							
40—<45 Yrs.							
45+ Yrs.							

Table–8 : **FAMILY PARTICULARS OF DECEASED INFANT* (Record these particulars of those children who died before attaining the age of one year)**

Age of the deceased Infant**	Cause of death***	Age of the child's Parents		Birth order of the deceased Infant	No. of living children to concerned mother	Age of the youngest living child to concerned mother
		Father	Mother			
1.						
2.						
3.						
4.						
5.						
6						
7.						
8.						
9.						
10.						
11.						
12.						

*This table should be filled for all those Infants who died before attaining the age of one year in the month under report for all the AW's.

**Please record the exact age of the deceased child on the date of death to calculate the precise age in terms of weeks.

***The underlying cause identified by the Project (PHC) Supervisor based on the symptoms recorded by AWW/Surveyer should be mentioned.

FORMAT FOR REPORTING ESTIMATED MID-YEAR (JUNE-JULY '88) ANGANWADI POPULATION BY THE CONSULTANT

The data on age and sex distribution of the population may be obtained from the Anganwadi worker's survey register*.

1. Name of Project : _____
2. Name/Serial number of the Anganwadi : _____
3. Number of households in the Anganwadi : _____
4. Total population of the Anganwadi : _____

Male : _____ Female : _____ Total : _____

Age and Sex Distribution of the Population

Age-groups	SEX		
	Male	Female	Total
<6 months			
6 months – <1 year			
1—<2 years			
2—<3 years			
3—<4 years			
4—<5 years			
5—<6 years			
6—<15 years			
15—<20 years			
20—< 25 years			
25—< 30 years			
30—< 35 years			
35—<40 years			
40—< 45 years			
45+ years			
ALL			

5. Date of household surveyed by the Anganwadi Worker : _____
6. Date of updating of the survey register by Anganwadi Worker : _____

*Please ensure that the updating of the anganwadi register is done for the reference period.

APPENDIX-VI

DEFINITIONS OF SOME IMPORTANT DEMOGRAPHIC TERMS

1. **Resident Population** : People who habitually live in an area are called resident population of that area. Resident population includes temporary absentees also. In our case, any person who has been continuosly residing in the area atleast for the last six months and intends to stay as a normal resident should be considered, infants of the persons in above category should also be included.

2. **Age distribution** : The distribution of the individuals of population classified according to age is called 'Age distribution'. The age distribution of population is given either by individual years of age or by suitable age groups.

3. **Birth Order** : Birth Order is defined as the rank or numerical order of the live Births to mother e.g. first or second etc.

4. **Live Birth :** Live Birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy which, after such separation, breathes or shows any other evidence of life, such as; *beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.*

5. **Date of Birth** : The date, the month and the year of the Gregorian Calender on which the birth of an individual occurs is called the date of birth of that individual.

6. **Gestation Period** : The period of Gestation is defined as beginning with the first day of the last normal menstrual period (LMP) and ending with the day of Birth.

7. **Still Birth :** The delivery of a foetus already dead in the mother's womb is called a still-birth.

8. **Abortions :** A foetus becomes usually 'Viable', i.e. becomes capable of independent existence outside its mother, when the duration of pregnancy is 28 weeks. If *an expulsion of the foetus* takes place *before it is viable,* it is called *abortion.*

9. Parity : The number of children previously born alive to a woman is called Parity.

10. Premature Delivery : Births occurring prior to *37 weeks* of gestation are considered to be premature delivery.

11. Full term (Normal) delivery : Deliveries occuring between *37 weeks* to *42 weeks* of gestation period.

12. Post term delivery : Deliveries occurring above *42 weeks* of gestation period.

13. Death : The permanent disappearance of all evidence of life at any time after live birth is called death.

14. Date of Death : The date, the month and the year of Gregorian Calendar on which the death of an individual occurs is called the date of death of that individual.

15. Perinatal Mortality : Death of a foetus during the last few weeks of pregnancy and of live-born infants during the first few days of life (usually in between the period of 28th week of gestation and the first week after birth is considered) is called perinatal mortality.

16. Neonatal Mortality : The mortality of live-born children dying before attainining the age of four weeks (28 days) is called Neonatal mortality.

17. Infant Mortality : The mortality of live-born infants dying before attaining the age of *one year* is called infant Mortality.

18. Age specific deaths : Deaths in specific age groups are defined as age specific deaths.

19. Sex specific deaths : Deaths by sex (Male and Female) are called sex specific deaths.

20. Maternal Mortality : Death of a women due to complications of pregnancy, child-birth (or labour) and during the Puerperium (40 days after the child birth) is called Maternal mortality.

NOTE : Repeated explanations of relevent definitions to the Anganwadi workers may help a lot in ensuring the precise data collection.