

Documentation of deaths by local communities to counter severe under-reporting of deaths by government: Experiences from a community based monitoring process from India

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ABSTRACT

National Rural Health Mission (NRHM) in India has promoted Village Health Sanitation and Nutrition Committees with the aim of promoting participation of rural communities in monitoring, planning and action on local health. These village level committees are mandated to record the deaths in the villages. In 2012, information on 40,000 rural deaths was thus recorded, along with the probable causes reported by families, in 'Community Death Registers' by around 12,000 local communities in state of Chhattisgarh. The communities discussed and analysed this information in their monthly meetings facilitated by Trained Facilitators. It enabled communities to assess the deaths they can prevent and the steps they can initiate to achieve that. It served as an instrument with which the communities could monitor the health system. The information on 40,000 deaths was also compiled at state level. These deaths constituted around 25% of total expected deaths. It identified the common causes of deaths amongst different age groups. Malaria emerged as a major cause of deaths across age groups up to 60 years. While the State Government had reported around 10 deaths due to malaria, the Community Death Registers documented nearly 2,500 deaths related to fever. This brought to light the gross under-reporting of malarial deaths by the State Department of Health. The magnitude of malarial deaths also partially explained the exceptionally high child mortality in some districts of the state. The report also documented accidents and suicides along with TB as other leading causes of deaths in adult population. This experience shows the ways to empower rural and indigenous communities with low literacy and high poverty levels, in monitoring and analysing mortality data and also in putting forward the evidence to counter chronic under-reporting of deaths by Governments.