

Participation of Community Relays in the Active Search for Children Lost of Sight during Routine Vaccination at Communal Health Center (CSCoM) of Yirimadio

Dr. Mohamed Diabaté^{1*}, Mahamadou Saliou², Bréhima Boly Berthé³, Samou Diarra⁴, Boubacar Tata Sangaré⁵

¹Agency for Contracting and Verification of Results-Based Financing, Koulikoro, Mali

²Bamako Hospital Gabriel Touré, Mali

³Army Medical and Surgical Center of Bamako (CMCAB), Mali

⁴Kayes Reference Health Center, Kayes, Mali

⁵Bamako Hospital of Mali

DOI: [10.36347/sjams.2023.v11i08.004](https://doi.org/10.36347/sjams.2023.v11i08.004)

| Received: 03.05.2023 | Accepted: 10.06.2023 | Published: 06.08.2023

*Corresponding author: Dr. Mohamed Diabaté

Agency for Contracting and Verification of Results-Based Financing, Koulikoro, Mali

Abstract

Original Research Article

Introduction: The active search of children lost of sight during routine vaccination is a means to increase vaccination rate. **Objective:** the purpose of this study is to decrease children lost of sight number during routine vaccination by the implication of community relays. **Methods:** we have carried out a survey of type research action from September to December 2015 with 25 communal relays in the health center of Yirimadio. **Results:** it emerges from that survey that, before upgrading relays, only 4% communal relays was informed at last one case child lost during vaccination while 100% communal relays was informed for the children lost after upgrading. None relay couldn't quote ten diseases target by program vaccination before the upgrading relays while 90% relays quoted it. **Conclusion:** There was a lack collaboration between communal relays and vaccinators' responsible for searching children lost of sight at the time of routine vaccination.

Keywords: Active search/children /lost of sight/communal relays/routine vaccination.

Copyright © 2023 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Vaccination program permitted to improve supplying vaccines to the population. This contributed to reduce the prevalence of the diseases 'children avoidable by vaccination but during those last years the coverage ratio vaccine is stagnant with tendency fall in some areas [1]. The habitual strategy: set, movable and advanced must be completed by others such as local strategy or area strategy acceptable by community. The active search of children lost of sight at the time of routine vaccination in the health center is average to increase the coverage ratio vaccine. One child lost is a child missing, no completed his vaccine calendar before his first birthday unimportant cause. Communal relays is a volunteer selected by community where he lives, accepts to ensure the bridge between community and health services for preventing, promoting, promotional activities. He must devote some time party to realize those activities.

The rate vaccine for children lost in communal center health in Yirimadio was 15% at the first period in 2015 [2].

The purpose of that survey is to increase the coverage ratio vaccine for children to 0 to 9 months by decreasing some lost cases.

OBJECTIVE

To decrease the number of children lost of sight at the time of routine vaccination by the implication of communal relays.

MATERIEL AND METHODS

The study is prospective of the research/action type, carried out in September to December 2015. Twenty five (25) communal relays have participated to answer the questions. The procedure consisted of informing the communal relays on diseases evitable by vaccination and on importance to bring back the children lost of sight at the time of routine vaccination.

Citation: Mohamed Diabaté, Mahamadou Saliou, Bréhima Boly Berthé, Samou Diarra, Boubacar Tata Sangaré. Participation of Community Relays in the Active Search for Children Lost of Sight during Routine Vaccination at Communal Health Center (CSCoM) of Yirimadio. Sch J App Med Sci, 2023 Aug 11(8): 1405-1407.

After that they were evaluated on the number of children lost brought back for vaccination and their knowledge on diseases evitable by vaccination. These results were presented to the responsible vaccination and the relays. Finally, a second evaluation was carried out to measure the impact of the upgrading on the application of the number children lost brought back for vaccination.

RESULTS

The relays for majority (92%) explained correctly vaccine calendar for children under 12 months, 100% relays knew the interval age for vaccination program.

Findings Prior to the Upgrade:

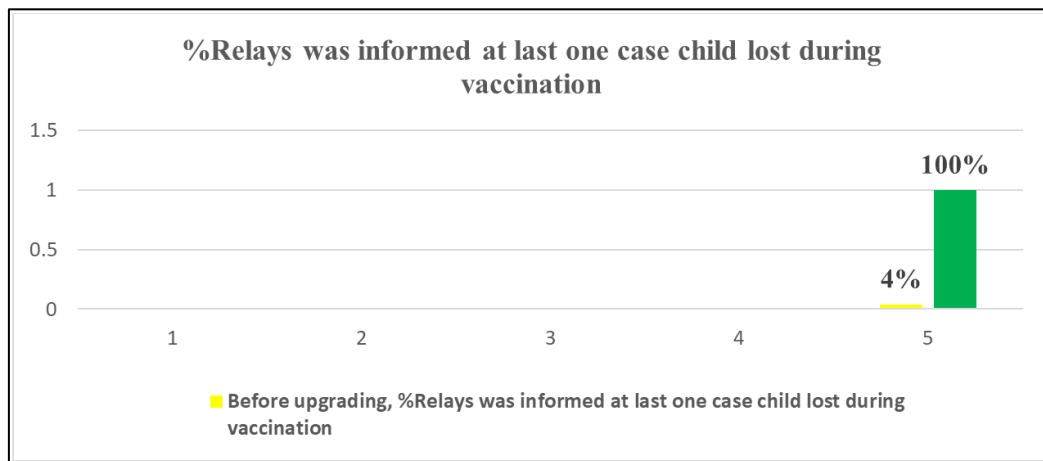
Only 4% communal relays was informed at last one case child lost during vaccination that was a major obstacle for 96% relays to look for the children lost.

None relay couldn't quote ten diseases target by program vaccination and 48% knew at last 3 diseases target by program vaccination national.

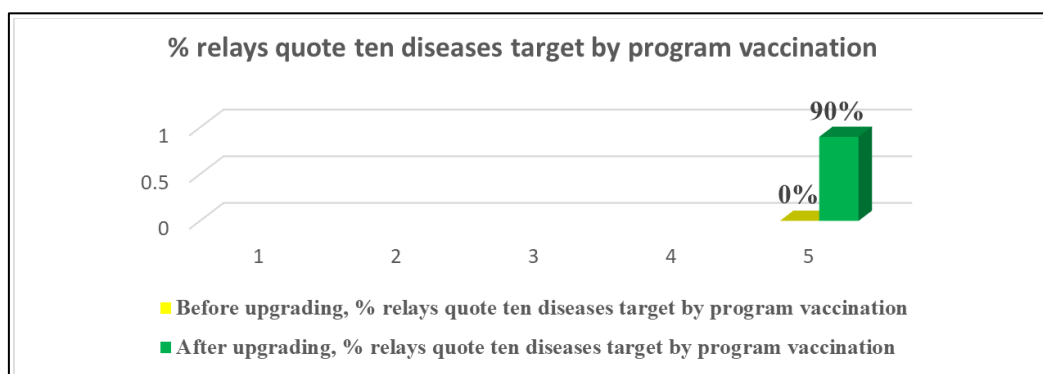
Findings after the Upgrade:

Hundred percent (100%) of communal relays was informed at last one case child lost during vaccination.

Ninety percent (90%) of relays quoted ten diseases target by program vaccination and 100% knew at last 3 diseases target by program vaccination national.



Graph I: Distribution of relays for having information on the case child lost: 100% was informed at last one case child lost after here upgrading



Graph II: Distribution of relays for quoting ten diseases target by program vaccination: 90% relays quoted ten diseases target by program vaccination, after upgrading

DISCUSSION

General Description:

In our study, before the upgrading relays only 4% communal relays was informed at last one case child lost during vaccination while 100% communal

relays was informed for the children lost after upgrading.

None relay couldn't quote ten diseases target by program vaccination before the upgrading relays while 90% relays quoted it. Traoré A. study showed

that 50% was informed at last one case child lost during vaccination and 80% could quote at last ten diseases evitable for vaccination [3]. Drèmé I. reported that 70% was informed at last one case child lost during vaccination and 85% could quote at last ten diseases evitable for vaccination [4].

Thirty two percent (32 %) communal relays quoted all diseases evitable by vaccination program in Mali. This result is similar as the result of Niaré D. at 2010, who reported 33, 5% communal relays in Dioila's district health (Mali) [5].

Bagayogo T B, in 2007 found in Baraouli's district health (Mali) that 90% was informed at last one case child lost of sight [8]. That result confirmed the lack of knowledge for communal relays on their activities and lack collaboration between relays and vaccinators' responsible. Coumaré M. in 2006 at Benin [9], BA H. *et al.*, in 2006 at Mopti (Mali) [10] thought that the performance of relays depends his education level, his accessibility into community and his disponibility for working. Bakayoko D at Kidal (Mali) in 2003 found that the difficulty principal for activities' relay is the lack means for his material motivation [11].

▪ Limitations of the Study:

We did not have many articles similar to our study topic. This limited the scope of the discussion. The size of the study does not allow for extrapolation of the results to the entire health district of Bamako's commune VI.

CONCLUSION

There was lack collaboration between communal relays and vaccinators' responsible for searching children lost of sight at the time of routine vaccination. The implication relays permitted to bring back many children lost of sight at the time of routine vaccination.

CONFLICT OF INTEREST DECLARATION

No conflict of interest was involved in the development of the protocol for this action research study or during its execution.

ACKNOWLEDGMENTS

We thank the Technical Director of the Yirimadio Community Health Center and the members of association communal health for their cooperation.

REFERENCES

1. OMS: La stratégie OMS de coopération avec la république du Mali 2003-2007.
2. Rapport du 1^{er} trimestre d'activité 2015 du C.S. Com de Yirimadio.
3. TRAORE AMADOU: Evaluation des relais communautaires sur la vaccination des enfants de moins d'un an dans le district sanitaire de Tenenkou en 2010.
4. DREME ISSOUF: Rôles et places des relais communautaires dans la recherche des enfants perdus de vue au cours de la vaccination.
5. NIARE DRAMANE: Etude de la participation des relais communautaires dans les activités du programme élargi de vaccination de routine dans le district sanitaire de Dioila. Thèse de médecine, université de Bamako 2010 N°24 FMPOS, Mali.
6. SEYDINA OUSMANE BA, Etude de la participation des relais/ASC dans le programme élargi de vaccination dans le district sanitaire de Poponguine (Sénégal), UCAD 2007 N°7.
7. Manuel de recherche action pour les chercheurs et praticiens en Afrique de l'Ouest et du Centre, ROCARE et l'Université de Québec à Montréal (UQAM) avec l'appui du CRDI 2003
8. BAGAYOGO THIerno BOUBACAR, Etude de la participation des relais communautaires dans les activités du programme élargi de vaccination du district sanitaire de Baraouli de janvier à juin 2007 au Mali. Mémoire pour l'obtention du diplôme interuniversitaire, 2007 N° 5 FMOS Mali.
9. COUMARE M. Evaluation de la performance des relais communautaires du secteur de la santé: Cas de la commune de POBE au Bénin, MRO MPH, IRSP, mémoire université du Benin 2006 N°76.
10. BA HAMADY. Evaluation des interventions et de l'acceptabilité des relais communautaires dans le cadre de la stratégie accélérée de survie et du développement de l'enfant dans le district sanitaire de Djenné, Région de Mopti, Mali, MRO ISPED /UNICEF Juillet 2006.
11. BAGAYOGO D. Etude sur les déterminants de la faible couverture vaccinale dans la commune urbaine de Kidal, MRO, DIU, EPIVAC, mémoire université du Benin 2003 N°2I.
12. CISSE M.O. Etude des causes des abandons DTCP1-DTCP3 et mesure de leur impact sur l'efficacité du PEV dans le cercle de Bandiagara en 2002, MRO, DIU, EPIVAC, mémoire université du Benin 2003 N°36.