

Community leaders' participation to identify disable people who are unable to come for vaccination centers for mobile vaccination programmes – Piliyandala MOH area, Colombo, Sri Lanka

I. INTRODUCTION

Vaccination coverage for the population over the age of 60 was given priority in Sri Lanka at initial stages of the vaccination process. After we achieved 90% of coverage from this category, it was evident that there are bedridden and disabled people who are unable to make it to the vaccination centers. Main objective of this work was to identify this unvaccinated category with the help of village level community group leaders. This group of people were quite familiar with the village setup and were able to easily reach each and every family in the village to identify non vaccinated people for this initiative.



II. METHODOLOGY

Stakeholder discussions were done with the Divisional Secretary of the area and Police officers in this area. Identified group leaders were empowered about this work. They were given a target to identify non vaccinated elderly people, collect their data and contact details.

Village level community leaders with the help of their subordinates carried out surveys to identify non vaccinated people in the village and public announcements were made to register non-vaccinated elderly people.

After gathering required data, an action plan developed for a mobile vaccination programme in the MOH area. With the help of District and Provincial level support, we were able to arrange ambulances and emergency treatment equipment. Registration processes were carried out with the help of tri-forces and village-level government officers and police officers accompanied the health team during these programmes.

Altogether six mobile vaccination programmes for elderly homes and for bedridden and disabled people (house to house mobile vaccination).

III. RESULTS AND DISCUSSION

During this special programme, 217 vaccinations were performed in elderly homes in our MOH area and 165 home visits done for mobile vaccination. Local political members of the council and community leaders' huge contribution helped immensely in vaccinating many people who are unable to attend vaccination clinics. This programme was greatly appreciated by the public

IV. CONCLUSION

Village level group leaders proved to be very effective in identifying people in special need and eventually, this strategy minimized unnecessary time waste and waste of resources.