

**SUSTAINABILITY
OF COMBI AS**

**COMMUNITY
BASED
INTERVENTION
IN DENGUE
CONTROL**

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RESEARCH HIGHLIGHT

Introduction
Research Q's
Methodology
Key Findings

Challenges
Lesson Learned
Recommendations

COMBI

**Social
Communication
+
Social Mobilization
=
Changes in
behavior!**

**Methodology for planning
sustained actions in
communication and social
mobilization (Lloyd LS 2006)**

COMBI was expanded to all other states in Malaysia. As of 31 Dec 2010 - 1,625 locality implemented COMBI in Malaysia (MoH)

COMBI was piloted in JB, Johore, Malaysia (2001).

This pilot project was basically successful in behaviour change in dengue control.

Pilot project in Johor

(Mohd Raili et al. 2004)

Pilot project in Selangor

(S Rozhan et al.2006)

**Expansion of
COMBI as a
community-based**

**intervention in
dengue control is
proven to be
effective i.e. short-
term success but
the sustainability of
COMBI in long-
term remains an
issue**

Research Questions

Factors that determine the success and failure of COMBI in a locality.

Challenges in sustaining COMBI and the solution to overcome these challenges.

**Conceptual
Framework**

**Study Designs &
Population**

**Study Sites &
Samples
Recruitment**

**Instruments &
Analysis**

Methodology

**Conceptual
Framework (US Agency
for International Development
1988).**

**Sustainability -
maintenance of
activities and results
after external
financing and support
has been withdrawn**

**Five integrated
actions in COMBI
which comprises of
advocacy, social
mobilization, publicity,
interpersonal
communication and
point-of service
promotion**

Conceptual Framework

(Shediac-Rizkallah & Bone
1998)

Assessing sustainability
are clustered into 3
key categories;

1. maintenance of health benefits from the initial project
2. continued delivery of community activities
3. long term capacity building in the community

Study Designs & Population

**Mix-method
designs
(Qualitative and
Quantitative)**

**IDIs - coordinators
& chairmen
FGDs- members
(committees and
promoters)
FFIs -community**

Study Sites

STATE	STUDY sites
Sarawak	Tmn Malihah II Kg Bako
Johore	Pasir Gudang Kg. Melayu Majidee
Kelantan	Kg.Kandis Bachok Kg.Baru Nelayan Tumpat
Penang	Kg. Binjai Kg. Baru Sg. Ara
Selangor	Tmn Setia Klang Sg.Ramal Dalam
Negeri Sembilan	Tmn Tunku Jaafar Tmn Enstek

Samples Recruitment

**10 COMBI
coordinators**

**14 COMBI
chairmen**

13 sessions of FGDs

N=489 FFIs

Instruments & Analysis

**Semi-structured
interview guide
based on themes -
IDIs and FGDs was
facilitated by
computer software
package, NVivo
version 8.0.**

**Set of questionnaire
– FFIs responses
were analyzed
using SPSS version
19.0.**

Key Findings : Health Benefits

COMBI has
succeeded in
increasing the
communities

- **knowledge** on
dengue and
skills on
source
reduction
activities

**COMBI have
succeeded in
controlling dengue**

**DF incidences were
decreased after
implementing
COMBI and much
easier task to
control dengue
outbreak in the
localities**

**Key Findings:
Health Benefits**

Key Findings: Health Benefits

Communities had an indifferent **attitude** about eliminating Aedes breeding sites.

Some are conscious about eliminating Aedes sites but the majority is not.

Challenges

Majority of the communities are not active partners in the control actions control efforts.

They had transferred the responsibility to the health sector, local council and COMBI members while a small minority of the communities taking responsibilities of their own health.

Key Findings: Publicity

Publicity on large scale at local localities was only at initial stage and recently when COMBI was reactivated.

Smaller scale publicity was still carried out in active localities after the discontinuation of financial support from health department.

Key Findings: Publicity

Gotong-royong was widely used compared to COMBI.

Printed materials (banner) which is more visible were able to assist members in carrying out COMBI activities as the community was informed in advanced

Key Findings: Publicity Attractions

Community activities (family day, recreational, sports, competition) that involve the whole family and provide refreshments.

In few localities, involvement from political assembly man was also able to attract the community.

Challenges

Discontinuation of COMBI publicity were perceived by the members as discontinuation of COMBI activities.

Thus, the community is no longer concerned about dengue and this might affect source reduction activities.

**Key Findings :
Source Reduction
Activities in DF control**

**Active localities -
source reduction at
community levels is
still being conducted
and even garnered
cooperation from the
community.**

**Inactive localities -
source reduction
activities are rarely
conducted due to the
lack of participation.**

Challenges

In most of the communities perceived gotong-royong as the responsibilities of health department and local authorities

Therefore, certain areas are neglected such as no man's land and public areas

Key Findings : Monitoring Activities

**House visits,
giving feedback
during meetings and
handing reports on
COMBI activities to
health department or
local council**

**COMBI members and
chairmen felt that the
monitoring activities
should be the
responsibilities of the
coordinator**

Key Findings : Monitoring Activities

**Inactive localities -
there were
coordinators that
rarely go to the
community and join
community activities**

**Active localities - one
PHA to one locality
was assigned to
monitor closely the
COMBI activities by
the community.
1 PHA 1 COMBI**

Challenges

Coordinator should monitored COMBI activities assisted by members and should avoid causing difficulty to the communities.

Continuous involvement of coordinator is important in getting the support from the communities

Key Findings : Community Leaders

COMBI chairmen were committed and self-empowered but lack the skills to empower the community.

Obstacles that refrain COMBI chairmen from being active - migration, holding various portfolios, opposing political views and feeling unappreciated.

Key Findings : Coordinators Leadership

Coordinator - interest and liking in community work resulted in committed and less committed coordinators, which could be associated with active and inactive localities and the sustainability of COMBI in those localities.

Challenges

Leaders did not manage the concept of 'bottom-up community participation'.

Hindrance to the sustainability of COMBI - Changes in administration which referring to health department and political structure in the community

Key Findings :
Members
Participation

Active localities - they were empowered ; identify problem, analyze situations, planning, implementing and assessing activities.

Applied strategic comm & beh. change approach

Inactive localities - they were very much dependent on the MoH instructions for actions which reflected lack of empowerment.

Key Findings : Communities Participation

Active localities which were mostly suburban, the communities' involvements were better because of their bonding with COMBI members and felt obliged to participate. The communities were cooperative and had showed interest in source reduction

Key Findings : Communities Participation

**Inactive localities
which were mostly
urban, the majority of
the communities
were not
corporative, difficult
to accept change
and have no interest
in the subject**

Challenges

Some communities were relatively easy to work with, while others were more difficult

Informants viewed dengue as a disease of interest but only when there were cases in the community

In the active locality, the multi-level commitment was very much higher compared to the non-active locality.

However, commitment from corporate agencies were lacking and need to be explored.

**Challenges :
Advocacy /Multilevel
Commitment**

Lesson Learned: Training

Proper training on COMBI - skills on mobilizing the community at all stages is extremely important and also should be conducted from time to time because of the turnover among the coordinators, chairmen and members.

Lesson Learned: Leadership

Efforts led by “program champions” have substantial prospects for initial success, but shared authority and responsibility among several or many offer better prospects for long-term success (Elder J. 2005).

Apprentices among members should be appointed in order to sustain the continuity of COMBI

Lesson Learned: Publicity

Publicity on COMBI should be emphasized and creatively inserted through community program, which could be more meaningful and should be led by community leaders with good communication skills. It is conceivable that the regular repetition of COMBI message and publicity is necessary to 'keep the flame alive' in the community_(Rozhan 2006).

Lesson Learned: Monitoring

Monitoring activities by the members and coordinators must meet a mutual understanding and agreed upon by both parties. Continuous monitoring is extremely important to achieve sustainability.

Lesson Learned: Partnerships

Community need to be involved actively in dengue control and to strengthen partnerships between the community, health staff especially Vector Control Unit and Health Education Unit who involved directly in COMBI, others government agencies and corporate bodies.

Recommendation from Informants

**Dengue and COMBI
education should be
continuous and early
education is
substantial**

**Committed and
dedicated leaders,
updated knowledge
and skills, continuous
publicity on COMBI
and designated
budget are important
to sustain COMBI.**

Recommendation from Informants

Recognition is important as identification to COMBI members and make them proud hence motivate them and others to join COMBI.

Priority services in medical, icon or spokesperson for COMBI, study visits, top ratings for outstanding COMBI members.

Recommendation from Research Team

Members should be trained on participatory methods. This includes self-funding and built networking with other agencies.

**Strengthen
COMMUNITY skills**

Capacity to plan, administer, implement and monitor at all levels. Experience in behavioural change, communication and social mobilization.

Strengthen STAFF skills

**Recommendation
from Research Team**

Points to ponder

**(Goodman & Steckler,
1987/88)**

**1. Absence of early
and active planning**

**2. Many programs see
their funds withdrawn
before activities have
reached full fruition**

**3. Programs that were
abruptly or
inappropriately
terminated**