SUSTAINABILITY OF COMBI AS COMMUNITY BASED INTERVENTION IN DENGUE CONTROL

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Methodology for planning sustained actions in communication and social mobilization (Lloyd LS 2006)
COMBI was piloted in JB, Johore, Malaysia (2001).

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

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

Pilot project in Johor (Mohd Raili et al. 2004)
Pilot project in Selangor (S Rozhan et al. 2006)
Factors that determine the success and failure of COMBI in a locality.

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

Research Questions
Sustainability - maintenance of activities and results after external financing and support has been withdrawn.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.

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

Conceptual Framework
(Shediac-Rizkallah & Bone 1998)
Mix-method designs (Qualitative and Quantitative)

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

Study Designs & Population
## Study Sites

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<th>STATE</th>
<th>STUDY sites</th>
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<td>Sarawak</td>
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<td>Johore</td>
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<td>Kelantan</td>
<td>Kg. Kandis Bachok Kg. Baru Nelayan Tumpat</td>
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<td>Selangor</td>
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<td>Negeri Sembilan</td>
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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
DF incidences were decreased after implementing COMBI and much easier task to control dengue outbreak in the localities.

Key Findings:

Health Benefits

COMBI have succeeded in controlling dengue
Communities had an indifferent attitude about eliminating Aedes breeding sites.

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

Key Findings:
Health Benefits
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.
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.
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.
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.
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

Challenges
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.
Challenges: Advocacy / Multilevel Commitment

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

Strengthen COMMUNITY skills
Recommendation from Research Team

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

Strengthen STAFF skills
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