

## COMBI: CHALLENGES IN SUSTAINABILITY

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### Abstract

**Introduction:** World Health Organization (WHO) promoted Communication for Behavioural Impact (COMBI) as a methodology for planning sustained actions in communication and social mobilization. The major issues are not the effectiveness of COMBI but achieving long-term sustainability.

**Objectives:** The objective was to determine factors that contribute to sustainability of COMBI, as well as to identify the challenges in sustaining COMBI and also to recommend areas where COMBI should be improved.

**Methodology:** A qualitative study method was conducted among 95 respondents through a series of in-depth interviews (IDIs) and focus group discussions (FGDs) in six states in Malaysia. The community perceived COMBI as very beneficial but they face constraint to sustain the activities.

**Findings:** The study found that among the factors that contribute to sustainable COMBI are continuous training as well as publicity and monitoring. Lack of self-funding skills, quality leadership, partnership effort and a sense of ownerships also contribute to sustainability problem. Changes in the political structure at certain states contribute to continuous disturbance of activities.

**Recommendation:** Continuous training, publicity and monitoring are extremely important as well as designate budget funds annually to sustain communications and mobilization actions. Quality leadership, partnership effort and supportive political structure play important role to sustain the program.

**Keywords:** *Communication for Behavioural Impact, Achieving Sustainability, Community as Active Partners*

### 1.0 INTRODUCTION

The Ministry of Health (MOH), Malaysia has put much effort into implementing dengue prevention and control programmes yet with only limited success. In 2000, World Health Organization (WHO) promoted Communication for Behavioural Impact (COMBI) as a methodology for planning sustained actions in communications and social mobilization<sup>5</sup>. In 2001, COMBI was piloted in Johor Bahru District, Johore State, Malaysia with assistance from the World Health Organization (WHO). Results from the Johor Bahru pilot project proved that

COMBI has positively contributed towards behavioural outcomes<sup>6</sup>. The early success of using a COMBI approach in Malaysia led to the expansion of the programme as a community-based intervention for dengue control throughout the entire country.

Assuring long term success from this programme has been difficult, however, as it has been a challenge to engage communities to sustain control actions and effectively communicate with communities in light of reduced vector control staffing and budget shortfalls. As many of the



communities where the COMBI approach has been applied continue to remain active in spite of these limitations, this study seeks to understand the characteristics of these communities as compared with areas where activity levels have waned. More of an understanding of these attributes will inform future COMBI approaches and work towards assuring greater success with dengue prevention and control in Malaysia.

## 2.0 OBJECTIVES

- i. To determine factors that contribute to sustainability of COMBI
- ii. To identify the challenges in sustaining COMBI, and
- iii. To recommend areas where COMBI should be improved

## 3.0 METHODOLOGY

A cross sectional study design was employed using qualitative evaluation to identify informants experience from difference COMBI representatives in every

site. The study populations were COMBI coordinators (Assistant Environmental Health Officer and Health Education Officer) COMBI chairmen (community leaders) and COMBI members (community elected as COMBI committees and promoters). In total, 10 COMBI coordinators; 5 informants from each locality and 13 COMBI chairmen; 8 informants from active localities and 5 from inactive localities were interviewed, and 13 sessions of FGDs were conducted on COMBI members; 56 informants from active localities and 39 informants from inactive localities were recruited through purposive sampling. These informants were selected based on their involvement in COMBI implementation at respective sites. Two sites in each of six states of Malaysia were selected based upon their high incidence of dengue fever and implementing of COMBI within the past two years. Status of the study sites were classified as 'active' for continuing with COMBI activities over the past six months and as 'inactive' for discontinuing these activities over this same period.

Table 1: Summary of data collection methods

METHODS	SAMPLES	CATEGORY	NUMBER OF RESPONDENTS		TOTAL
			Active locality	Inactive locality	
In depth Interview	Informants	Coordinators	5	5	10
		Chairmen	8	5	13
Focus Group Discussion		COMBI members	56	39	95

A semi-structured interview guide based on themes or issues was formulated in Bahasa Malaysia (which has been identified from the literature review and discussion from technical research members) for this study. The investigators conducted briefing sessions with



research team members comprised of interviewers/moderators, rapporteurs and research assistants to ensure standardized data collection. Discussion through IDIs and FGDs, that took approximately up one to two hours, tape recorded and transcribed. Thematic analysis was reviewed and refined in a series of discussions with research team members' who devised the basic coding framework that emerged from the IDIs and FGDs texts. Coding was facilitated by use of the computer software package, NVivo version 8.0. Process of Validation was done by Institute for Health Behavioural Research (IHBR) Scientific Committee.

#### 4.0 Ethical Aspect

Each participant provided with ethical consent for data collection. The research received ethical approval by the medical research ethics committee of National Institute of Health, Malaysia on August 18 2010, with Approval No. P10-410 (NMRR-10-763-6883)

#### 5.0 RESULTS

The analysis of interviews with respondents is revealed 10 main themes: Training on COMBI, perceived benefits of COMBI, Publicity on COMBI, Source reduction activities, multilevel commitment, monitoring feedback, maintain strong leadership, COMBI structure, ownership, allocated maintenance budget and recognition.

#### 5.1 FACTORS CONTRIBUTE TO SUSTAINABILITY

##### 5.11 Training on COMBI

In response to the question about knowledge on COMBI, informants acquired knowledge on COMBI either through a one-day course,

briefing, meeting, seminar, convention or combination of these sessions. There only few coordinators acquired knowledge on COMBI from a structured training session. For instance, coordinator from inactive site admitted that he was not sure of five integrated actions in COMBI as he has not yet attended any formal course or training on COMBI. Chairman from active site commented that he never attended any formal course on COMBI but only briefing at committee level. It was also mentioned by the informants that the exposures were mostly on epidemiology of dengue rather than COMBI concept of social mobilization.

*"... mungkin saya tau, tapi tak tau yang ada 5 tu... kursus yang formal belum lagi..."*

(J: Inactive:Coordinator:IDI)

*"... tak pernah ikut kursus secara formal, cuma taklimat peringkat AJK. Tiada kursus modul" (K:Active:Chairman:IDI)*

##### 5.12 Perceived Benefits of COMBI

The informants claimed that COMBI not only has succeeded in increasing their knowledge on dengue but also has succeeded in creating awareness on dengue amongst the communities. From the description, communities' awareness were referring to COMBI two main messages which was spending 10 minutes to search and destroy *Aedes* breeding sites and seeking for early treatment when having fever and COMBI activity which was on *gotong-royong*. Importantly, COMBI had also succeeded in increasing the knowledge and skills of



household in terms of source reduction activities.

Informants agreed that dengue incidence significantly decreased after implementing COMBI. Even, most of the informants clearly indicated that COMBI have succeeded in controlling dengue drastically. Through the implementation of COMBI it became a much easier task to control dengue outbreak in the sites with the community involvement. Hence, discontinuation of COMBI activities resulted in increase of dengue incidence.

COMBI also provides safety in terms of health and the cleanliness of site improved with the implementation of COMBI, which indirectly controls dengue. For instance, the informants felt that the implementation of the COMBI increase safety among the community members because the cleanliness of the environment secured them from dengue threat. Besides that, the activities carried out in the site would also benefit surrounding areas because of information sharing about dengue control activities.

***“Saya rasa macam boleh dikatakan bangga la juga sebab apa, selama ini, selama kami pegang COMBI ni, penduduk Kampung tak kena lagi penyakit tu, tak dak dah penyakit tu, rasa puas, nak keluar rumah pun tak rasa takut, kalau dulu kawan-kawan kena, rasa takut nak keluar, anak cucu pun kurung dalam rumah..la ni terasa macam...macam boleh dikatakan selamat la...”***(P:Aktif:FGD)

Besides providing safety in terms of health, informants' perceived benefits of joining COMBI because it is a good practice, expands networking, increases unity and ability to socialize amongst the community as well as early awareness for younger generation on health.

***“Yang sebenar masuk ni ha denggi memang makcik suka la masa ni sebab kita dapat bercampur orang... tahu macam mana kita nak uruskan sampah kita nak bersihkan..”***. (J:Aktif:FGD)

### 5.13 Publicity on COMBI

All informants agreed that there was no continuous publicity on COMBI regardless of active and inactive sites, whereby marketing strategies (M-RIP) were not applied after launching of COMBI because of discontinuation support from health department and budget constraints. According to the coordinator, publicity is very important because the members' perceived discontinuation of COMBI publicity as discontinuation of COMBI activities as there was no more dengue outbreak. Thus, the community is no longer concerned about dengue and this might affect source reduction activities.

***“Pengiklanan memang penting, sebab kalau kita tak iklan, orang rasa sesuatu tu dah macam takde dah...macam mati kan, jadi bila kita kata iklan tu kadang pada peringkat mula lepas tu dia tak bersambungan. Bila tak bersambungan kan, orang kata hai habis ke dia sebab tu sesetengah komuniti yang dok buat COMBI tu dia akan tanya kita balik,***



*sampai bila nak habis ni haaa...jadi mungkin iklan kita tu terhenti jadi masalah orang tak perasan, ada ke takde, sambung lagi ke ataupun tak”(P:Inactive:Coordinator:IDI)*

### **5.14 Source Reduction Activities - Multilevel Commitment**

As for active sites, source reduction at community levels is still being conducted and even garnered cooperation from the community. Beside the MOH, local council was very much committed and supportive of COMBI programme because of their interest in environmental cleanliness and health. In one of the states where all the sites were active, the Menteri Besar supported COMBI and his political influence was able to get other government agencies involved hence resulted in success of COMBI in that particular state. However, in inactive sites, source reduction activities are rarely conducted due to the lack of community involvement which they had transferred the responsibilities to the health department, local authorities and COMBI members.

## **5.2 CHALLENGE TO SUSTAINING COMBI**

### **5.21 Monitoring Feedback Loop**

The monitoring activities by the COMBI members and coordinator are active at the earlier stage when COMBI was introduced to the community. Continuous involvement of coordinator in monitoring activities especially during house visits is important in getting the support from the communities. Apparently the coordinators do little or

nothing in terms of giving feedback on their breeding site control activities.

*“Kita tengok salah satu punca yang kes tu naik, kita takde berhubung dengan masyarakat kan kita kena letak penyelaras macam mula-mula dulukan masing-masing ada kawasan...” (J: Aktif: Coordinator: IDI)*

COMBI members and chairmen felt that the monitoring activities should be the responsibilities of the coordinators. They perceived monitoring activities as causing difficulty or a burden to the members & communities because it is time consuming and costly whereby they have to photocopy the checklist or feedback form. In addition, almost all members perceived it as routine work and therefore did not feel compelled to inform. The coordinators also agreed that they should monitor the COMBI activities and should avoid causing difficulty to the communities.

*“Yelah checklist tu la geng-geng COMBI pergi tu dah takde sekarang ni. Bukan masalah sekarang ni macam kawasan-kawasan ni semua dia dah tau dah apa yang dia nak biasa...” (J: Aktif: Coordinator: IDI)*

### **5.22 Maintain Strong Leadership**

Few factors were highlighted by the members as deterring COMBI chairmen from being active thus causing the site to become inactive in the long run includes migration, holding various portfolios, opposing political views and feeling unappreciated. Whereby, among the reasons given by coordinator



includes changes in administration which referring to health department and political structure in the community besides their unwillingness appointment as coordinator, time constraint and overwhelmed with routine work.

**“Pengerusi kitalah Dr.M kita. Dia yang jadi perantara kita di antara DBKU dengan pihak Kementerian Kesihatan.Kemudian diapun bekas pekerja Kementerian Kesihatan. Dia seorang doktor. So dialah orang kuat... dia seorang yang aktif, seorang yang kuat kerja ya. Seorang yang mengambil berat tentang tiap-tiap pertubuhan. Aaa dia juga pengerusi Homestay kat Kg. B ni...Nak kata dia sibuk, memang dia sibuk sebab dia kerja kat hospital...Pengerusi dah pindah. Aktiviti pun kurang dijalankan “ (Q:Inactive:FGD)**

**“Dia banyak parti politik lain, kalau dulu barisan yang perintah PP, senang kita urus, sekarang bila mai hok lain, pihak pengerusi dulu dia rasa pening kepala la, nak bergerak pun yang lain sekat, terbantut” (P:Inactive:FGD).**

**“Satu hal lagi..kadang-kadang yang dilantik (pengerusi) oleh kementerian, oleh hospital ke, orang tu terus tak datang. Tu yang jadi masalah tu. Fikirlah yang dilantik panel-panel tu orang lain, orang lain tak datang, orang lain yang buat kerja...”(J:Inactive:FGD)**

**“Memang kita dulu tiap-tiap minggu tau, ok zaman saya dulukan, kita memang tiap-tiap minggu ada pergi check ada**

**wakil kesihatan di tiap lokaiti ni.. tapi apabila kita melibatkan bajet melibatkan aaa apabila dah tukor orang ... tukar ganti orang lain, orang lain tu tak tau konsep yang mula-mula tu macam manakan, lepas tu dengan bos kita pun konsep awal dengan sebulan sekali pun boleh tak payah tiap-tiap minggu tu yang makin lama makin jauh la... “(J:Active:Coordinator:IDI)**

### 5.23 COMBI Structure

The structured COMBI committee was led by the chairman usually the community leader, supported by the deputy chairman, secretary, treasurer and other committee members and promoters. It is very common for COMBI committees to also be COMBI promoters. In active sites, the COMBI committee was well-structured and has full strength of human resources. By incorporating COMBI under established committee would help in sustaining COMBI because COMBI activities were jointly carried out with the existing committee activities. Those active sites in COMBI are usually active in other activities. Whereby, the COMBI committee was not well structured (proper committee) with fewer human resources and was not known by the community in the inactive sites. In most of inactive sites, there was no treasurer as there was no fund to manage and there was no budget presentation in COMBI meetings. If there are some allocations it will be channeled to the existing committee because there was no specific account for COMBI.



**“AJK ada 50 orang semuanya...encik I adalah pengerusi kawasan PG. Di bawah encik I ada 30 lokaliti, jadi saya salah satu pengerusi daripadanya...saya juga dilantik oleh encik I sebagai pegawai operasi kawasan PG” (J:Active:FGD).**

### **5.24 Ownership**

In most of the active sites the informants claimed that 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. COMBI members act as social controller personalized their communication (interpersonal approach) and applied behavioural change approach from education to punishment in order to get the communities to commit. In order to acquire commitment from the team members, they provide moral support to each other.

**“Yang pertama kita buat pada awalnya kita nak silaturrahimkan penduduk. OK... kita bila sekali kita buat aaa gotong-royong pada permulaan dulu, kita keluar bajet ... cari duit cari untuk jamuan ramai-ramai, second time kita akan buat lorong ke lorong jamuan dia sendiri, jadi tiap-tiap kali kita buat gotong-royong tiap-tiap lorong tu dia akan menyediakan juadah dia sendiri. Jadi komitmen dekat situ semua penduduk akan keluar. Jadi dekat situ lah nombor satu aa beramah mesra aaa berjumpa untuk bersembang jadi dekat situ juga gotong-royong diadakan”(J:Active:FGD).**

However, in inactive sites the majority of the communities were not cooperative, difficult to accept change and have no interest in the subject. According to the coordinator who manage inactive site, the members carried out COMBI activities when they were supervised by MOH. Even, the members from inactive sites confessed that they are very much dependent on the MOH instructions for actions which reflected lack of empowerment.

**“Kita anggap yang tu (COMBI) datang daripada pihak Kementerian Kesihatan, tak datang daripada pihak kita di sini pasai pertubuhan COMBI pun masyarakat tak tau, tambah yang lain lagi tak tau la. Masalah dia, masyarakat tak tau ada jawatankuasa COMBI, jangan salah faham masalahnya tak diperkenalkan kepada masyarakat. Saya pun tak tau jawatan COMBI ni ada ka tak dak di sini saya pun tak tau. Hari ni baru saya tau ada jawatankuasa COMBI. Sapa yang pegang jawatan pengerusi, timbalan, setiausaha, saya tak tau” (P: Inactive:FGD)”.**

### **5.25 Allocated Maintenance Budget**

All informants indicated that there is no specific allocation and no continuous funding from health department after COMBI were handed over to the community. Existing allocations are from local council, JKKK, or out of pocket money from chairmen and coordinators, from members such as pot lucks, collections etc. According to the chairmen and coordinators, they have to use pocket money for simple refreshment each



time they meet with the members. Although COMBI is a voluntary work, the members would expect some sort of token. All informants agreed that specific allocation is important to carry out COMBI activities.

### 5.26 Recognition

The COMBI chairmen and COMBI members have indicated the reciprocal needs which they seek for appreciation from the stakeholders. This is because there is lack of recognition to COMBI chairmen and COMBI members although recognition required in term of intangible incentives such t-shirt, vest, cap, bag, or uniform and certificate of appreciation which is actually important as identification to COMBI members and make them proud hence motivating them and others to join COMBI.

## 6.0 DISCUSSION

COMBI is a planning framework and implementation method for integrating behavioural and social communication interventions into public health programmes. The goal of COMBI is to achieve behavioural results. It is relatively easy to raise awareness and provide information. What is difficult is to encourage people to apply what they know and then perform the recommended behaviour. People act on the information to hand<sup>7</sup>.

Training is crucial for staff and promoters to enable them to have skills and competency to carry out the activities<sup>3</sup>. The challenge face by active and also inactive COMBI localities was lack of continuous training. Due to that, they have less knowledge and not competence to act based on COMBI

recommendation. Reorientation training of community health workers should be conducted regularly to improve their technical skills and capability, and their ability to supervise prevention and control activities<sup>6</sup>. Therefore proper training module and training activities should be prepared and all staff and promoters be given latest knowledge and skill.

Continuous publicity (social communication) was an important element in the social mobilization strategy employed in dengue control programme in order to remind the community<sup>2</sup>. Budget shortage and lack of support from the health department is among the challenges of continuous publicity especially in inactive localities. Therefore, good communication between the committee and COMBI coordinator is crucial to ensure the continuity of publicity activities.

Although the COMBI approach aimed at empowering communities to maintain the dengue control activities, the community still perceived the health department should provide certain amount of fund. Lack of self-funding skill and initiative become challenges for the community to maintain and continue dengue control activities. Due to this, continuous activities become slower and even freeze in some localities.

Other important elements of successful control programs are identified as community ownership, partnership with government and leadership<sup>1</sup>. The community still perceived COMBI is belongs to Health Department and they only assist to run the activities. Thus, the sense of ownership is



not cultivated among the community. In order to create sense of ownership in community, they need a strong leader with good leadership characteristic to convince the community to accept the program. The ability of leader to initiate partnership with government and non-government agencies play an important role to gains support (funding, man power, technical) for the continuity of the activities. Furthermore a strong leadership can trigger total community involvement to achieve sustainable control programmes<sup>2</sup>. Dengue prevention and control should including individuals, families and the wider community<sup>4</sup>. This smart partnership was become evidence for successful COMBI in certain active locality in Malaysia.

Another issue that could become barrier in sustaining COMBI is the changes in political structure which can distract the community involvement. Changes in political structure can cause different political value among the community and less support from new political representatives. However, to ensure the leader and committee members are still actively mobilize COMBI activities, regular monitoring and evaluation needs to be strengthened and integrated urgently<sup>7</sup>. Apart from that, COMBI members need to be given appreciation for their commitment and effort.

## 7.0 RECOMMENDATIONS

### 1. Strengthen Community Skills

The COMBI members should be trained on participatory methods. These groups should be able to empower, stimulate and accompany the people in the community in

making their own situational analysis of needs, problems and priorities for dengue control and in developing, implementing & evaluating action plans (e.g. PAR approach). This includes self-funding and built networking with other agencies.

### 2. Strengthen Staff Skills

Staffs required to have the capacity to plan, administer, implement and monitor at all levels. This includes provide technical support and coaching if required and also personnel with experience in behavioural change, communication and social mobilization.

### 3. COMBI Approach

COMBI activities in Malaysia that focuses on the dengue issue needs to be conducted with more creativity and innovation. By instilling healthy lifestyle elements like exercise, balanced diet and social activities like sports, Family Day and so on will garner everyone's interest and participation. Re-invention is an important predictor of long term sustainability and generalization to other health problems should be encouraged.

## 8.0 CONCLUSIONS

Sustainability of COMBI involves various factors such as continuous training for members and health staff. In addition, the chairman of the COMBI should have leadership qualities, knowledge, skills and motivation that can attract community involvement and fostering a sense of ownerships. Other crucial factors that should be considered are ongoing publicity on COMBI, special budget allocations,



continuous monitoring and recognition from the health department. The community needs to be proactive to mobilize the COMBI activities without depending on the health department.

### 9.0 Conflict of Interest

The authors have no conflict of interest

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