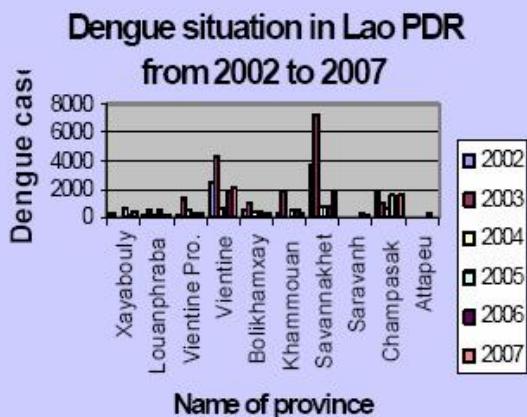


Communication for Behavioural Impact (COMBI) Implementation for Dengue

Prevention and Control in Lao PDR

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Dengue fever still remaining a public health problems in Lao PDR. since 1987 up to date. In 2002, Dengue is spreading to other remote districts. In this connection CMPE and provincial malaria station as well as district malaria unit under the suggestion department of Hygiene and prevention, MOH have been carry out dengue vector control with insufficient support in the past. Since the end of 2006, Lao government have received the grant from CDC / ADB to carry out the communicable disease control including dengue vector control in 12 target provinces.

The Communication for Behavioural Impact (COMBI) is one of various communication approaches that showed positive results for dengue prevent and control. Lao PDR intends to implement dengue COMBI already piloted in 2003, so this would be a kind of refine it and test it in a bigger scale to see how it could be replicated in high risk dengue areas with the goal of reducing dengue incidence in four provinces by 50 % by the end of 2009.

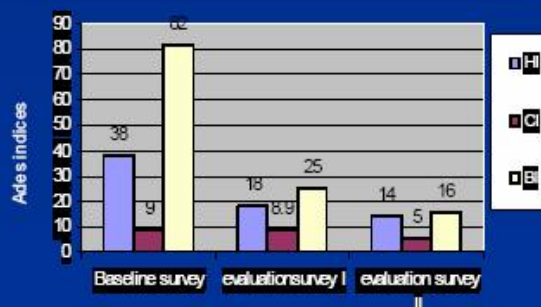
Methods: The implementation of dengue COMBI has followed 5 steps of communication action such as : 1./ Administrative Mobilization / Public relation / Advocacy, 2./ Community mobilization, 3./ Advertising, 4./ Personal selling and Point of the services promotion. A cross-sectional survey in some selected villages for baseline and evaluation survey in six districts of four provinces (Champassack, Khammouane, Savannakhet and Vientiane Capital). Using cluster sampling and simple random sampling techniques, the data collection team involved CMPE, provincial and district malaria technical staff. Data analysis was done with descriptive statistic. Moreover there were meeting with provincial and district team as well as training and advocating.

Materials: Survey tools used were; 1) Dengue knowledge Attitude and Practice (KAP) questionnaires, 2) Capacity for facilitating of Dengue Prevention Assistants (DPAs), 3) Dengue information gathering, and 4) Larval indices survey form. The questionnaires have content validity and reliability of KAP = .71 and capacity of DPAs = .79

Results: From 295 households in six villages found larval indices have been decreased , if we compared between baseline with the second evaluation survey. (HI decreased = 63 %, BI decreased = 80.4 %, and CI decreased = 44.4 %). Whereas KAP levels were between 61-98% and dengue information gathering showed that the source of information on dengue was mainly through television, followed by mobile sound truck, health provider, and posters. In addition, dengue capacity level of 85 DPAs is high (47-97%).



The comparison on Aedes index between baseline and evaluation survey



Discussion: To ensure the possible Dengue-COMBI implementation can achieve the goal at end of 2009, all partnerships should be: The central should be distributing dengue information materials for advertising and personal selling as soon as possible. DPAs roles should design follow local authority structure such as head of sector that has responsibilities for 40-45 households in community. The temple area of each village through random sampling showed high larva indices. The province should coordinate to involve monks as key person who advocate households for dengue prevention and control behavior. Training of trainer at provincial, district and village level should be evaluated and re-training considered. The central team (CMPE), provincial, district level and DPAs should have this skills at least simple random sampling of data collecting and use utilities of data to plan and implement. Monitoring the programme evaluation (process and impact) should continue by central team such as pre-survey, post-survey and during implementation time. The monitoring of the larval indices is maintain. In the long term plan (end of 2009), in order to cover all villages which provincial level proposed to implement Dengue-COMBI, four provinces should divide all villages into three parts, the first year, second year and third year and plan to maintain, monitor all villages in the same time. The budget should be continuous to transfer in the package to avoid breaks in implementation. All relevant stakeholders (CMPE, provincial , district and village level) should be involved at each stage of planning and implementation.