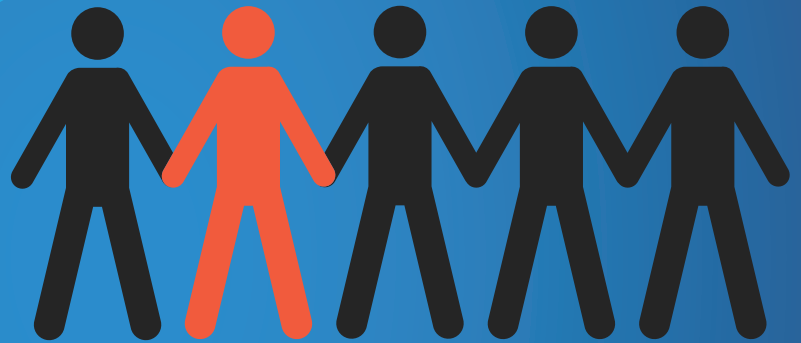


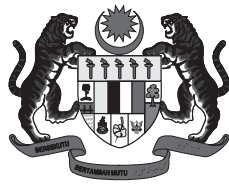


TECHNICAL REPORT

EVALUATION OF EFFECTIVENESS OF IMPLEMENTATION OF “KOMUNITI SIHAT PERKASA NEGARA” (KOSPEN) PROGRAMME IN MALAYSIA- PHASE 1



KOMUNITI SIHAT
PERKASA NEGARA



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KOMUNITI SIHAT PERKASA NEGARA

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GLOSSARY

CFS	Community Field Survey
CRT	Central Research Team
IPH	Institute for Public Health
i-NCD	intervention - Non-Communicable Diseases team
FELDA	Federal Land Development Authority
KEMAS	“Jabatan Kemajuan Masyarakat” Community Development Department
KOSPEN	“Komuniti Sihat Perkasa Negara” Healthy Community Empowers the Nation
NCD	Non-Communicable Diseases
NHMS	National Health and Morbidity Survey
SFT	States Field Team
SHD	State Health Department

EXECUTIVE SUMMARY

Introduction

The prevalence of Non Communicable Diseases (NCD) and its risk factors are still increasing in spite of vigorous effort by Ministry of Health, Malaysia in promoting healthy behaviours among population such as healthy diet, non smoking and physically active. The KOSPEN (Healthy Community Empowers the Nation) programme which emphasises on community empowerment in preventing NCD has been initiated to address this problem. This study had been carried out to assess the acceptance of KOSPEN programme among implementers, volunteers and community; by which the results will be utilised to further improve the implementation of KOSPEN.

Methods

The cross-sectional study was conducted from October to December 2014, using validated tools to collect data from the target population which consists of District Health Officers (DHO), KEMAS District Officers (KDO), i-NCD teams, KEMAS staff (Implementer), volunteers and community of KOSPEN localities. Census approach was used for the implementer group whilst a representative sample of volunteers and communities were obtained through one and two stage cluster sampling. Data was collected through self-administered approach (for implementer group) and face to face interview (for volunteers and communities) by trained researchers. Quality assurance was applied throughout the survey until data entry to ensure the quality of data.

Results

Implementer groups

The study revealed that most implementers were aware of their role in implementing the KOSPEN programme, in which 88.2% of District Health Officers, 94.1% of KEMAS District Officers, 86.0% of i-NCD teams members and 75.3% of KEMAS staff gave the correct feedback. In addition, all District Health Officers and KEMAS District officers, 99.7% of i-NCD team members and 91.5% of KEMAS staff understood the objectives of the KOSPEN Programme. More than 90% of implementers perceived KOSPEN as a good community intervention programme. Furthermore, 94.1% of District Health Officers, 70.6% of KEMAS District Officers, 79.7% of i-NCD team members and 73.1% of KEMAS staff said that the KOSPEN programme added value to the existing programme activities in their workplace. Implementation wise, inadequate funding, training and quantity of screening equipment were issues highlighted by the implementers.

Volunteers

Majority of the volunteers (89.6%) had positive perception of KOSPEN. Most of them were aware of their roles (96.5%) and functions (94.2%) in implementing KOSPEN programme. Almost all of the volunteers (99.7%) knew of their responsibilities in conducting health screening among the community and to refer those with risk of NCDs to the nearest health clinic. Apart from the screening, the volunteers also knew of their role in advocating the community to participate in healthy lifestyles activities. However, there were some misconceptions in which 67.1% of these volunteers said that providing treatment was among of their roles. In addition, inadequate health education materials and screening equipments were highlighted by the volunteers.

Community

Almost two thirds (65.5%) of the community from the study area were aware of the existence of KOSPEN programme in which majority of them understood that health screening, physical activity and non-smoking were the core activities of KOSPEN. All of them had positive perceptions about the programme and its basic elements and they agreed with the practice of drinking plain water and consuming more fruits and vegetables. Nevertheless, only 45.2% of them participated in KOSPEN activities and 41.1% reported difficulties in participating due to time constraints. Among those participated, 88.7% had then practiced drinking plain water and 86.9% consumed more fruits and vegetables.

Conclusion

Overall, KOSPEN was very well accepted by implementers, volunteers and the community despite of several misconception of the programme and inadequacy of funding and educational materials.

INTRODUCTION

Malaysia has the highest prevalence of Non-Communicable Disease (NCD) risk factors in ASEAN (WHO, 2010). The National Health and Morbidity Survey (NHMS) in 2011 showed that the percentage of adult population aged 18 years and above having NCD and NCD risk factors is increasing. The prevalence of diabetes had increased to 15.2% (2.6 million populations) in 2011 from 11.6% in 2006. In other words, in 2011, 1 out of 7 Malaysians aged 18 and above is diabetic (Institute for Public Health 2011).

The prevalence of hypertension among adults also showed a similar increasing trend at 32.7 % (5.8 million adults) in 2011 compared to 32.2 % in 2006. A similar picture was also seen in hypercholesterolemia and obesity whereby the prevalence of adults with increased blood cholesterol levels was 35.1 % (6.2 million adults) in 2011, compared to 20.7 % in 2006 while the percentage of obese adults increased from 14 % in 2006 to 15.1 % (2.5 million adults) in 2011 (Institute for Public Health, 2011).

NCDs are predominantly the result of unhealthy behaviours which include unhealthy eating, inadequate physical activity, tobacco and alcohol abuse (Non-communicable Disease Division, 2010). NCD prevention and control can be most effectively through a combination of population or community-based approach with an individually-focused intervention for risk reduction. The principle of community-based action not only targets the community by bringing about behavioural changes, it also includes empowering the community, by encouraging them to act as an agent of change and prompting them to use their own resources for action. This broad strategy comprises of raising the community's awareness by changing risk perception, providing simple tools, technologies and lifestyle choices as well as facilitating the adoption process of appropriate options by the community members (Nissinen et al., 2001; Puoane et al., 2006).

"KOSPEN" is an acronym for 'Komuniti Sihat Perkasa Negara' which means Healthy community, empowers the nation. It is a non-communicable disease intervention programme aimed at reducing the level of behavioural and biological NCD risk factors among the population hence lowering the prevalence of diabetes mellitus and cardiovascular diseases in this country. KOSPEN also targets social and physical environmental changes that enable and facilitate positive behavioral modification to take place. The main scope of KOSPEN include healthy eating, active lifestyle, body weight management, no smoking as well as regular screening of blood pressure, blood glucose and body mass index. The core functioning unit for KOSPEN

activities are health volunteers who are trained community members that act as health agents of change (Non-communicable Disease Division, 2013).

KOSPEN is in line with the policy statement of the National Non-Communicable Disease – National Strategic Planning (NSP) initiative and is consistent with strategies outlined under the NSP. To facilitate its implementation and to have good outreach of the activities, KOSPEN works together with other government agencies that have established community networks and programmes at the grass root level, this collaboration was inspired by the Blue Ocean Strategy concept. As the first step, MOH Malaysia worked together with the Community Development Department (KEMAS), an agency under the Ministry of Rural and Regional Development. As an agency that is responsible for the development of rural communities, KEMAS had existing established mechanisms and programmes for rural communities. For each setting, KEMAS personnel and a committee comprising of local leaders and villagers are responsible for planning and implementing KEMAS activities which comprised of Rural Development, Human Capital Development, Community Education and Early Childhood Education.

The intergration of KOSPEN activities into the KEMAS community program was the basis of this collaboration as villages under the KEMAS program provided the main setting for KOSPEN. KEMAS local leaders and village members were KOSPEN volunteers and carried out roles as mediator, advocator, facilitator and enabler for health policy adoption and practice by community members. Trained volunteers conducted screening activities and subsequently referred cases at risk of NCDs to the nearest health clinic for further management. In addition, they carried out specific community-based intervention programmes e.g. overweight/ obesity management programme

Evaluation of a programme is an integral part in any programme implementation as it will serve as an instrument to demonstrate if the intended results are being achieved as planned in a particular programme, If the community-based public health interventions are making positive contributions towards improving people's health. Therefore this study aimed to evaluate the execution of KOSPEN programme among the implementers (Health Officers, KEMAS officers and health volunteers), and their respective communities who participated in KOSPEN from October 2013 until 31 July 2014. This study was carried out in southern Peninsular Malaysia involving three states that pioneered the implementation of KOSPEN, namely Negeri Sembilan, Malacca and Johor.

OBJECTIVES

1.1. General objective

To evaluate the awareness, acceptance, knowledge and perception of District Health Officers, KEMAS District officers, i-NCD team members, KEMAS staff, volunteers and the community toward the KOSPEN programme

1.2. Specific objectives

To assess and identify

1. Knowledge of District Health Officers, KEMAS District officers, i-NCD team members, KEMAS staff, volunteers and the community on KOSPEN
2. Awareness of District Health Officers, KEMAS District officers, i-NCD team members, KEMAS staff, volunteers and the community on KOSPEN
3. Perception of District Health Officers, KEMAS District officers, i-NCD team members, KEMAS staff, volunteers and the community on KOSPEN
4. Acceptance level of District Health Officers, KEMAS District officers, i-NCD team members, KEMAS staff, volunteers and the community on KOSPEN
5. Problems that arose during implementation of KOSPEN

METHODOLOGY

2. Study design

A cross-sectional study design was employed in the study.

3. Locality

Localities (Kampungs or villages) which had implemented KOSPEN from October 2013 until 31 July 2014 in the state of Johor, Malacca and Negeri Sembilan were selected randomly.

4. Target populations

District Health Officers

KEMAS District officers

District i-NCD team members

KEMAS staff.

Health volunteers

Community at KOSPEN localities.

5. Sampling of different categories of respondents

For the implementer groups (District Health Officers, KEMAS District officers, i-NCD team members and KEMAS staff a census was taken. With regards to the health volunteers, one-stage, proportionate-to-size, cluster sampling was used, whereas for the community, two-stage, proportionate-to-size sampling was used to obtain representative samples of respondents.

5.1. District health officers (DHOs)

All DHOs from the districts in Johor, Malacca and Negeri Sembilan were recruited into the study.

5.2. KEMAS District Officers

All KEMAS officers in Johor, Malacca and Negeri Sembilan were recruited into the study.

5.3. i-NCD team

All i-NCD team members in Johor, Malacca and Negeri Sembilan , namely the Medical Officer, Health Education Officer, Assistant Medical Officer and Staff Nurse were enrolled in the study.

5.4. KEMAS staff

All KEMAS staff comprises of “Penyelia Masyarakat” and “Pemaju Masyarakat” in Johor, Malacca and Negeri Sembilan were included in the study.

5.5. Health volunteers

All healthcare volunteers in the selected KOSPEN localities (village) were recruited into the study. The calculation of sample size for volunteers was based on the following formula:

$$SS = \frac{Z_{\alpha/2}^2 * (p) * (1 - p)}{e^2}$$

Where:

Z = Z value (e.g. 1.96 for 95% confidence level)

p = Expected prevalence (0.05%)

e = Margin of error (2%)

To obtain the optimum sample size, a few adjustments were made:

1. Adjustment for n (Simple random sampling (SRS)) for the total number of target population (N) based on population size of all selected localities, and
2. Adjustment for n (complex) by taking into consideration of an expected non-response rate of 30% [N (adj)= n(complex) * (1+0.3)]

Thus, the optimum sample size required was 521 respondents

5.6. Community

All non-institutionalised adults aged 18 yearsold and above who resided in the randomly selected KOSPEN localities (villages) which implemented KOSPEN programme for at least 2 weeks prior to data collection were included in the sampling frame. Subsequently, all eligible respondents in the selected Enumeration Blocks (EBs) within the selected localities were included into the study. Institutionalised population was defined as those staying in hotels, hostels, etc.

Sample size was calculated using the calculation formula for preventive study:

$$SS = \frac{Z_{\alpha/2}^2 * (p) * (1 - p)}{e^2}$$

Where,

Z = Z value (e.g. 1.96 for 95% confidence level)

p = Expected prevalence (0.05)

e = Margin of error (0.015%)

To ensure optimum sample size, a few adjustments were made:

1. Adjusted for n (SRS) for the total number of target population (N) based on population size for all selected localities
2. Adjusted for the design effect (deff), the design effect used in the study was 3 (n* deff)
3. Adjusted for n (complex) by taking into consideration an expected non-response rate of 30% [N (adj)= n(complex) * (1+0.3)]
4. The sample size was then adjusted according to the need of analysis multiplied by 1 in view of one stratum in the study.

Based on the calculation, the optimum sample size required was 3456 respondents.

6. Instrument

A set of six validated and pre-tested questionnaires specific for each target population (District Health Officers, KEMAS District officers, i-NCD team members, KEMAS staff, health volunteers and community) was developed by an expert panel. Each questionnaire was divided into seven sections:

- A) Sociodemography
- B) Awareness of role in KOSPEN
- C) Knowledge on KOSPEN
- D) Practice in KOSPEN
- E) Acceptance of KOSPEN
- F) Training on KOSPEN
- G) Problems & issues

7. Data collection

7.1. Operational organisation for data collection

There were two main operating groups, namely the Central Research Team (CRT) and the States Field Team (SFT). The CRT which was based at the headquarters provided technical and administrative support as well as coordination and monitoring of the overall progress of the survey. In addition, the CRT was also involved in data collection activities among the community, logistics arrangement, and liaising with related agencies as well as ascertaining the quality of data collected.

The SFT, which comprised of the State Health Department (SHD) field team and state KEMAS field team, managed data collection activities in the field. The SHD field team conducted the survey and managed data collection in the field for District Health Officers and i-NCD team members, while the state KEMAS field team were involved in data collection among district KEMAS Officers and KEMAS personnel. The SHD team was headed by state NCD officers while the KEMAS state field team was led by state KEMAS officers. They were responsible for logistics arrangement and liaison with related agencies as well as ensuring the quality of the data collected.

7.2. Training of staff

7.3. Training of all state i-NCD and selected KEMAS officers

A standard training programme was conducted for all state i-NCD officers, KEMAS state officers, selected District and local Kemas officers. All of them were briefed and given manuals to serve as a practical guide for data collection in the field.

7.4. Training for Community Field Survey (CFS) team

A three-day training course was conducted for CFS teams at Putri Beach Resort, Malacca from 27th-29th October 2014. The main objectives of the training were to familiarize the CFS teams with the questionnaire and to develop interpersonal communication skills besides appreciation of good teamwork. Mock interviews as well as supervised individual interviewing sessions were conducted during the training session.

7.5. Duration of data collection

Collection of data was carried out simultaneously in all selected states for all target populations from October to mid December 2014.

7.6. Field data collection phase

7.6.1. Data collection period and monitoring activity

Quality control check during data collection were carried out by members of the Central Coordinating Team (CCT) from the Institute for Public Health. The progress of data collection for all target populations was monitored closely by the CCT team on a weekly basis.

7.6.2. Transportation of completed questionnaires from field to operation centre

Dedicated transportation along with one driver and one research assistant was assigned to collect completed questionnaires on a weekly basis from all the teams in the field. The research assistants who collected the completed questionnaires were given the responsibility to check the questionnaire bundles and verify the information stated in a specific form via physical counting of the questionnaires. Subsequently, the research assistant handed over the bundles to the officer in-charge of station 1 upon arrival to the operation centre at the Institute for Public Health (IPH).

7.6.3. Supervisory visit

Supervisory visits were made by the CCT members at least once a month during the data collection period. During the visits, performance of the teams was discussed together with other issues including technical, logistic and financial issues. Quality control checks were also performed during the visit.

8. Quality control checking

Quality control of the survey was done at various stages. During the planning stage, quality was ensured through correct survey design, pre-tested questionnaire, manuals and standardised training. In the field, several quality control measures were undertaken, (i.e Determination of selected premises based on specific identification numbers and maps given by the Department of Statistics. Furthermore, field supervisors were given the responsibility to supervise interviews and the data collection process in order to ascertain the quality of data collected. At the central level, the completed questionnaires were checked several times at different stations.

9. Data management process

All data processing activities were conducted at the IPH and were executed in the following order at the respective stations:

- i. Station 1: Receiving questionnaires from the field
- ii. Station 2: Data cleaning before data entry
- iii. Station 3: Data entry and data cleaning
- iv. Station 4: Filing/Storage

10. Data analysis

SPSS version 20 was used for data analysis. Descriptive statistics was used to illustrate the social demography of respondents, proportions and mean were used to exemplify the knowledge, acceptance and awareness of their roles in KOSPEN, process and activities of implementation and problems that arose during implementation of the KOSPEN programme. For health volunteers and the community, weighting was performed by taking the complex sample design and non-response rate into account.

Weighting:

For Health volunteers

$$W = W_1 * F_1$$

W_1 - The inverse of the probability of selecting the locality

F_1 - Locality-level (kampung) non-response rate

For Community

$$W = W_1 * W_2 * F_1$$

W_1 - The inverse of the probability of selecting the locality

W_2 - The inverse of the probability of selecting the enumeration block (EB)

F_1 - Locality-level (kampung) non-response rate

RESULTS

11. Implementer group

11.1. Socio-demographics

11.1.1. District health officers

Overall, there were 17 District Health Officers who participated in this study. Among this sample, 12 (70.6%) of the District Health Officers were female and 5 (29.4%) were male. By age group, the highest proportion was in the 40-49 years old category (52.9%, n=9), followed by those above 50 years old (29.4%, n=5) and then the 30-39 years old category (17.6%, n=3). All of the participants were Malays. Majority of the participants' service period was 16 years and over (60%, n=9), followed by 10-15 years (40%, n=6). Majority of the participants' had been working at their current workplace for "less than 5 years" (52.9%, n=9), followed by "5-9 years" (29.4%, n=5) and "10-15 years" (11.8%, n=2).

11.1.2. KEMAS district officers

Overall, there were 17 (85%) Community Development Department's District Officers (KEMAS) who responded to the study. Nine (52.9%) of them were male and Eight (47.1%) were female. Nine (52.9%) of them were 30-39 years-old, four (23.5%) of them were aged more than aged 50 year-old, two (11.4%) were younger than 30 years old and another two (11.8%) were between 40-49 years old. All respondents were Malay (100%). More than two thirds of these officers had been working for more than 9 years (70.6%, n=12) and 58.8% (n=10) of them had been working in the current working place for more than 9 years.

11.1.3. i-NCD team members

Overall, there were 520 i-NCD team members in the southern states of Malaysia who responded to the study. Of these, 77.9% (n=405) were female and 22.1% (n=115) were male. By age group, the highest proportion was in the 30-39 years old category (41.7%, n=215), followed by below 30 years old (32.4%, n=167), 40-49 years old (13.8%, n=71), and above 50 years old (12.0%, n=62). Majority of the respondents were Malay (91.5%, n=475). Most of them were health nurses (28.9%, n=149), followed by community nurses (28.2%,

n=145), doctors (17.7%, n=91), assistant medical officers (13.2%, n=68), nutritionists (3.5%, n=18), and assistant environmental health officers (2.3%, n=12).

By length of service in the department, the highest proportion had worked less than 5 years (35.0%, n=180), followed by 5-9 years (23.9%, n=123), 16 years and above (23.0%, n=118), and 10-15 years (18.1%, n=93). Majority of the staff worked less than 5 years in the current locality (67.7%, n=338). Most of them worked in Health Clinics (89.4%, n=454), while the others 10.6% (n=54) worked at a District Health Office.

11.1.4. KEMAS staff

Overall, 2375 staff from the Community Development Department (KEMAS) participated in this study. Among this sample, 97.7% (n=2324) of the respondents were female and 2.1% (n=51) were male. By age group, the highest proportion was in the 50 years old and above category (34.7%, n=825), followed by those below 30 years old (24.6%, n=584), 30 to 39 years old (21.8%, n=518), and 40-49 years old (18.9%, n=448). Almost all respondents were Malay (98.5%, n=2343).

By the length of service in the department, 45.9% (n=1046) of respondents had served for at least 16 years, followed by less than 5 years (29.7%, n=676), 10-15 years (12.6%, n=288), and 5-9 years (11.8%, n=268). However, more than half of the respondents worked less than 5 years in the current locality (53.3%, n=1146). Most of the respondents were working in the KEMAS premises (86.0%, n=1865) and only 14.0% (n=304) of them were working in the district offices. By position, almost all of them were kindergarten teachers (94.2%, n=2216) and only 5.8% (n=137) were supervisors in the Community Development Department.

11.2. Awareness of role in KOSPEN

11.2.1. District Health Officers

On average, only 15 respondents (88.2%) were aware that they were co-chairmen of the KOSPEN district committee and knew their function as co-chair. However, only 13 respondents (86.7%) were aware of their function in chairing district level meeting. Nonetheless, the study showed that all respondents had aware of their function to ensure the implementation of KOSPEN in all localities selected at the district level.

A majority were aware of their roles in selecting KOSPEN localities (53.8%, n=7) monitoring and supervising implementation (78.6%, n=11) and requesting funding (57.1%. n=8). Almost all aware of their function to give a briefing on KOSPEN at the District Action Committee Meeting.

11.2.2. KEMAS District Officers

Sixteen (n=16) KEMAS District Officers (94.1%) were aware that they were the co-chairman of the District KOSPEN committee and they understood their roles and responsibilities. More than 80% (n=14) of them were aware of their responsibilities in selecting localities for the implementation of the KOSPEN programme as well as monitoring and supervising its implementation. However, 43.8% (n=7), did not know their roles as co-chairman, 60% (n=9) of them were not aware of they need to apply for budget application for the implementation of KOSPEN, and 68.6% (n=11) did not know that they should brief the District Action committee regarding the implementation and progress of the KOSPEN programme.

11.2.3. i-NCD team members

The majority of the respondents (70.7%, n=362) were aware that they had been appointed as i-NCD team members for their district, and 86.0% (n=442) knew the functions of the i-NCD team. When asked in detail regarding this, 98.6% (n=429) agreed that they were supposed to train volunteers, 91.4% (n=394) said that they were required to provide technical input in the implementation, 91.2% (n=395) acknowledged that they were to supervise the implementation, 85.9% (n=372) admitted that they were responsible for carrying out intervention programs and 82.1% (n=362) claimed that they were supposed to carry out screening activities at KOSPEN localities.

11.2.4. KEMAS Staff

The results revealed that only 25.5% (n=604) of respondents were aware that they were on the KOSPEN committee. Almost two-thirds of the respondents (65.7%, n=1543) said that they knew the function of KEMAS in KOSPEN. A total of 90.8% (n=1384) were aware that their responsibilities included identifying localities for KOSPEN (90.8%, n=1384), identifying volunteers (85.7%, n=1304), and attending KOSPEN training (75.3%, n=1154). Only 8.0% (n=123) and 13.2% (n=202) of them were aware that it was not their responsibility to refer individuals with risk factors to the nearest health clinic and to conduct health screening, respectively.

11.3. Knowledge about KOSPEN

11.3.1. District health officers

All respondents provided correct answers for the statement "the objective of KOSPEN is to build a healthy and productive community through a culture of healthy living" (100%). The study showed 80.0% (n=12) of the respondents provided the correct answers for the statements "the role of KEMAS is to add value to KOSPEN programmes and activities" and 87.5% (n=14) agreed "to produce trained health volunteers in the community".

Three-quarters (75%, n=12) of the respondents correctly answered that the District Health Office is not directly responsible in carrying out KOSPEN intervention activities on the ground. In addition to this, 56.2% (n=9) of the respondents provided correct answers that the i-NCD team is not responsible for conducting health screenings to the community.

There were five items listed to test respondents' knowledge on core KOSPEN activities in the community. All respondents (100%) knew that health screening, no smoking zone and physical activities were the core KOSPEN activities. However, 50.0% (n=8) of respondents considered cooking demonstrations and 18.8% (n=3) considered sports carnivals as core activities of KOSPEN.

11.3.2. KEMAS District officers

All of them knew that the objectives of KOSPEN are to create a healthy and productive community through healthy lifestyle culture while (94.1%, n=16) knew they were supposed to establish trained healthcare volunteer workers in the community. Two-thirds of them indicated that the KEMAS district office was also responsible in enhancing the KOSPEN program. Eight (53.3%) and Ten (66.7%) of them knew about the i-NCD team and District Health Office's functions in carrying out health screening and intervention activities in the community, respectively.

Majority of them had good knowledge about the core activities of KOSPEN, such as conducting health screenings (100%, n=17), creating no smoking zones (88.2%, n=15) and performing regular exercise (70.6%, n=12). More than half (52.9% n=9) and one-third (33.3%, n=5) did not know that "cooking demonstrations" and "sports carnivals" are not part of the core activities of KOSPEN, respectively.

11.3.3. i-NCD team members

Almost all of the respondents (99.2%, n=505) provided correct answers for the statements on the objective of KOSPEN which is to create a healthy and productive community through a culture of healthy living and to produce trained health volunteers in the community (98.2%, n=501).

The study revealed 85.3% (n=435) of the respondents agreed that KOSPEN will add value to the existing KEMAS programs and its activities. 66.6% (n=339) of them believed that the i-NCD team were responsible to conduct health screening in KOSPEN localities. 59.6% (n=304) answered that the District Health Office was to be directly involved in carrying out intervention activities at localities.

Out of the five items that test the respondents' knowledge on core activities of KOSPEN, most of the respondents knew that health screening (99.2%, n=507), no smoking zone (92.2%, n=471), and regular exercise (88.8%, n=450) were the core activities of KOSPEN. However, there were 58.2% (n=295) and 50.3% (n=256) of them who considered that cooking demonstrations and sports carnivals were also the core activities of KOSPEN.

On knowledge of the basic components of KOSPEN, most of the respondents correctly identified health screening (98.1%, n=505), body weight management (97.1%, n=499), healthy eating behaviour (96.7%, n=497), active lifestyle (96.5%, n=493), and no smoking (96.1%, n=494). However there were also a high proportion of respondents who thought that stress management (69.5%, n=335), chronic diseases management (58.3%, n=295), and injury prevention (36.3%, n=184) were also basic components of KOSPEN.

11.3.4. KEMAS Staff

Almost all of the respondents knew "the objective of KOSPEN was to create a healthy and productive community through healthy lifestyle culture" (91.5%, n=2150), "KEMAS will add on the value of the program and its activities" (84.3%, n=1972), and "to establish trained health volunteers in the community" (85.9%, n=2018). While 14.6% (n=341) of respondents said that District Health Office was responsible to conduct the intervention directly in the community, only a small proportion of respondents (6.1%, n=142) knew that i-NCD team was not responsible for conducting health screening in KOSPEN.

Among the 5 core activities of KOSPEN, most of the respondents knew that health screening (93.2%, n=2190), no smoking area (80.1%, n=1876), and regular exercise (74.6%, n=1742) were the core activities of KOSPEN. However, there were 63.9% (n=1489) and 63.1% (n=1469) of respondents who considered sports carnivals and cooking demonstrations to be the core activities of KOSPEN.

On components of KOSPEN, majority of the respondents knew that healthy eating habits (94.7%, n=2228), active lifestyle (93.4%, n=2194), body weight management (87.0%, n=2041), no smoking (86.8%, n=2031), and health screening (92.2%, n=2165) were basic components of KOSPEN. However, a relatively high proportion of respondents considered stress management (76.2%, n=1765), chronic diseases management (61.0%, n=1408), and injury prevention (51.4%, n=1179) also as basic components of KOSPEN.

11.4. Practice in KOSPEN

11.4.1. i-NCD team

The results showed that a total of 79.0% (n=406) of the respondents were involved in conducting training for volunteers. They were also involved in providing technical guidance during KOSPEN's official events (77.0%, n=396), coordinating briefings to the community (65.6%, n=335), involved in committee meetings (62.0%, n=317), and attending committee meetings (57.2%, n=295). The results also showed that only 48.8% (n=252) of the respondents ever attended district level KOSPEN committee members meeting and 41.4% (n=212) were involved in collecting KOSPEN returns in the districts.

11.4.2. KEMAS Staff

The results revealed that a total of 27.9% (n=661) respondents had ever been involved in conducting training for the volunteers together with the healthcare team. In addition, 12.8% (n=301) of respondents were involved in collecting KOSPEN returns in the districts. The most common practice carried out by the respondents was monitoring or coordinating briefings to the community (27.1%, n=606), and followed by providing technical guidance during events (20.6%, n=553). About 1 in 10 of respondents had ever attended KOSPEN committee meetings in the district office (10.3%, n=244) and 15.0% (n=354) had ever attended KOSPEN committee meetings in the community.

11.5. Acceptance

11.5.1. District Health Officers

Majority of the participants had very good (52.9%, n=9) and good (41.2%, n=7) general views on KOSPEN, while, more than two-thirds of the participants (47.1%, n=8 good and 23.5% n=4 very good) agreed that KOSPEN was effective in overcoming chronic diseases in Malaysia. Regarding the management components of KOSPEN, majority of the respondents (82.4%, n=14) perceived that suitability of education material was good and 81.2% (n=13) of respondents agreed that commitment from i-NCD team was also good.

Regarding the screening components, majority of the respondents perceived that the training module for i-NCD team/KEMAS (82.4%, n=14) and volunteers (88.2%, n=15) were good.

However, only 43.8% (n=7) of the respondents perceived that the quality of screening equipment was good.

Majority of the respondents perceived that the community interventional components were good. The highest component was health screening (93.3%, n=14), followed by active life style (81.3%, n=13), and (75.0% ,n=12) for healthy eating habit, no smoking habit and body weight management respectively.

Regarding self-perception of impact of KOSPEN on the respondents' daily routine, majority of them perceived that KOSPEN was helping them to be closer to the community (94.1%, n=16), provided added value to existing programs or activities in their place (94.1%, n=16), and created a healthy environment (82.4%, n=14).

11.5.2. KEMAS District Officers

Generally, most of them had rather positive thoughts and views on the KOSPEN program, in which 41.2% (n=7) had rated it as very good, 23.5% (n=4) as good or moderate (23.5%, n=4) respectively . In addition, more than 80% of them agreed that KOSPEN was effective in overcoming chronic diseases problem.

Regarding the management components of KOSPEN, 40.9% (n=7) of them had rated the education materials as good or very good while only 37.5% (n=6) rated the commitment level of the i-NCD staff as good.

For the screening components, more than half of them rated the training modules for volunteers (57.9%, n=9) as good. Of note, one-third (35.4%, n=6) of them reported that the health screening equipment were of low quality.

Most of them were of the opinion that the interventional activities for the community were good. The most highly rated activity was health screening (78.6%, n=11), followed by body weight management (75.4, n=12), active lifestyle (68.8%, n= 11), healthy eating habits (62.5%, n=10), and no smoking habit (50.0%, n=8).

Twelve (70.6%, n=12) of them appreciated the beneficial effect of the KOSPEN program in enhancing and empowering the existing programs, and almost 60% (n=10) of them thought the KOSPEN program helped them in getting closer to their communities.

11.5.3. i-NCD team members

The majority of the respondents had very good and good (33.5%, n=234; 45.3%, n=234) general views on KOSPEN, while 20.7% (n=107) and 48.5% (n=251) of respondents believed that KOSPEN was very effective or effective in preventing non-communicable diseases.

With regards to the KOSPEN management components, respondents agreed that education materials were suitable (13.8% (n=71) rated it as very good and 57.0% (n=293) agreed it is good. The study also found that the level of commitment of i-NCD team was very good (18.1%, n=93) and good 55.0% (n=283).

Regarding the screening components, more than half of the respondents perceived that the training module for i-NCD team/KEMAS was very good (19.5%, n=101) and good (58.3%, n=302). Similar finding was also reported on training of volunteers (very good 21.5%, n=111 and good 57.9%, n=299). On the other hand, 51.8% (n=267) and 13.6% (n=70) of respondents perceived that the quality of screening equipment provided for volunteers were good and very good.

The majority of the respondents perceived that the components on intervention in the community were very good or good. The highest accepted component was health screening 81.3% (22.8%, n=117 very good and 58.5%, n=300 good), followed by physically active 77.9% (23.1%, n=119 very good and 54.8%, n=282 good), weight management 74.6% (13.9%, n=72 very good, 60.7%, n=314 good), healthy eating habits 73.3% (19.3%, n=100 very good and 54.0%, n=279 good) and no smoking (16.1%, n=83 very good and 51.5%, n=265 good).

Regarding the self-perception on impact of KOSPEN, majority of the respondents perceived that KOSPEN added value to the programs or activities in their place (60.9%, n=214 agree and 18.8%, n=97 strongly agree), helped them to be closer to the community (59.1%, n=306 agree and 26.1%, n=135 strongly agree) and created a healthy environment (55.7%, n=288 agree and 24.4%, n=126 strongly agree).

11.5.4. KEMAS Staff

About two-thirds of the respondents had good or very good (46.8%, n=1107 or 37.5%, n=887) general views on KOSPEN. More than two-thirds of the respondents perceived that KOSPEN was effective in overcoming non-communicable disease problems (48.0%, n=1138 perceived good and 32.4%, n=768 perceived very good). Regarding the management components of KOSPEN, two-thirds of the respondents perceived that suitability of education material was good or very good (57.0%, n=1344 or 13.1%, n=310). About 80% of respondents agreed that commitment from KEMAS staff was also good or very good (61.0%, n=1441 or 19.4%, n=459).

Regarding the screening components, more than half of the respondents perceived that the related training module for i-NCD team / KEMAS (69.1%, n=1633) and volunteers (68.8%, n=1626) were good or very good, and the quality of screening equipments (64.3%, n=1522) were also good or very good.

Majority of the respondents perceived that the components for intervention in the community were good. The highest accepted component was health screening (83.5%, n=1982), followed by healthy eating habits (82.0%, n=1945), active lifestyle (80.4%, n=1904), no smoking habit (76.9%, n=1827) and body weight management (76.1%, n=1803). According to the acceptance of healthy lifestyle practices, the best accepted practice was preparing fruits and vegetables in the main menu (91.5%, n=2175), preparing plain water during formal events (89.4%, n=2123), setting up no smoking signboards at all gazetted non-smoking areas (88.8%, n=2112), weight monitoring corners (87.1%, n=2064), recognizing non-smoking areas for all formal events (86.9%, n=2064), conducting physical activities, leisure and sport activities (86.7%, n=2059), and separating sugar from hot drinks (84.3%, n=1998).

Regarding the self-perception on impact of KOSPEN on the respondents' daily routine, majority of the respondents perceived that KOSPEN created a healthy environment (83.3%, n=1973), helped them to be closer to the community (80.5%, n=1906), and added value to the existing programs or activities in their localities (73.1%, n=1731). Only 32.9% (n=779) of them perceived KOSPEN as an added burden of work to them. About 30% (n=704) of them perceived that KOSPEN reduced their time to be with their family, 10.5% (n=251) said that they were cynically perceived by the community due to KOSPEN, and 9.1% (n=214) of them perceived that they did not get any benefit for involvement in KOSPEN.

11.6. Training

11.6.1. District Health Officers

The study found that 87.5% (n=14) of District Health Officers reported to have ever attended KOSPEN training. Majority of them received training from the State Health Department (57.1%, n=8), followed by the i-NCD team (42.9%, n=6), the Ministry of Health Malaysia (14.3%, n=2) and the KEMAS department (7.1%, n=1).

11.6.2. KEMAS District Officers

All KEMAS District Officers had attended training on KOSPEN, in which 13 (76.5%) and 8 (47.1%) of them (76.5%) were trained by the State Health Department and KEMAS, respectively. More than 50% of them reported that they were trained at least 6 months, while only 3 (17.6%) of them were recently trained (less than 3 months prior to commencement of KOSPEN

11.6.3. i-NCD Team members

The study found that 71.2% (n=366) of respondents reported they had attended KOSPEN training. The majority of them received training from the District Health Department (78.0%, n=288), followed by the State Health Department (32.5%, n=120), the KEMAS Department (13.5%, n=50), and the Ministry of Health Malaysia (10.6%, n=39). Regarding the latest training received, the majority of the respondents attended training within 3-6 months ago (36.0%, n=133), followed by more than 6 months ago (33.1%, n=122), and less than 3 months ago (30.9%, n=114).

The study also revealed that 96.2% (n=352) of the respondents admitted that they were trained on health screening, followed by 94.8% (n=348) on healthy eating, 94.8% (n=348) on physical activity, 94.5% (n=346) on body weight management, and 93.2% (n=341) on no smoking. A total of 86.8% (n=317) of respondents reported that the respective i-NCD team in their district had conducted training for volunteers in their respective localities. Most of them had conducted 2-3 sessions (45.2%, n=133), followed by at least one training session (36.4%, n=107), 4-5 sessions (11.9%, n=35), and more than 5 sessions (6.5%, n=19).

11.6.4. KEMAS Staff

A third (32.5%, n=771) of respondents reported ever attending KOSPEN training. Majority of them had received training conducted by District Health Office (72.2%, n=514), followed by KEMAS (64.0%, n=436), State Health Department (25.8%, n=167), and Ministry of Health Malaysia (8.7%, n=54). Regarding the latest training received, about a third of the respondents attended training less 3 months ago (38.5%, n=291), followed by 3-6 months ago (30.8%, n=233), and more than 6 months ago (30.7%, n=232).

The results revealed that almost all of the respondents were trained on the five basic components of KOSPEN, namely healthy eating (94.8%, n=722), body weight management (92.8%, n=709), physical activity (82.7%, n=622), no smoking (88.5%, n=674), and health screening (94.6%, n=725). 61.0% (n= 459) of respondents reported team members from KEMAS ever involved in providing training in the localities. Half of them were ever involved in at least one session of training (50.4%, n=202), followed by 2-3 sessions (37.4%, n=150), 4-5 sessions (6.2%, n=25), and more than 5 sessions (6.0%, n=24).

11.7. Problems & Issues

11.7.1. District Health Officers

A total of 81.2% (n=13) of respondents were satisfied with the content of the training module, the rest 6.2% (n=1) did not know, were unsatisfied or refused to answer. 62.5% (n=10) of respondents said the budget allocated for the training was adequate. Regarding the implementation component, 50.0% (n=8) respondents said that the number of education materials and budget allocated were adequate, while only 37.5% (n=6) of them said that health screening equipments were adequate. Majority of respondents (87.1%, n=14) reported that the educational materials were appropriate and 81.2% (n=13) were satisfied with the content. Half of the respondents (50.0%, n=8) thought the returns were not user-friendly, only 37.5% (n=6) said the returns were user-friendly, and 12.5% (n=2) were not sure.

11.7.2. KEMAS District officers

Twelve respondents (70.6%) were satisfied with the content of the training modules. However majority of the respondents (88.2%, n=15) reported that the financial allocation was not adequate for conducting the training. With regards to the implementation of KOSPEN, most of them reported that the health education materials were adequate (50%, n=8) and suitable (81.2%, n=13). However, all of them reported that the health screening materials were inadequate 94.1% (n=16) and 82.4% (n=14) reported the inadequacy of funds allocated for implementation of the program and health education materials.

11.7.3. i-NCD Team members

There were 77.5% (n=385) of respondents who were satisfied with the content of the training modules, while only a small proportion reported to be unsatisfied (5.0%, n=25).

On the budget for training, 36.0% (n=178) reported that adequate budget was allocated, 33.3% (n=165) did not know, 25.7% (n=127) found it inadequate, 3.6% (n=18) refused to answer and 1.4% (n=7) said that it was irrelevant.

With regards to implementation of KOSPEN activities at locality level, 76.2% (n=384) said that the content of the health education materials were satisfactory and 78.7% (n=396) said it was suitable. Only 59.1 % (n=298) said that the number provided were adequate.

Regarding health screening equipment, only 41.7% (n=210) said that the equipment were sufficient.

Overall, only 35.3% (n=177) of the respondents said the budget for the implementation of activities at localities level was adequate.

The monitoring component was also evaluated. According to the results, a total of 46.2% (n=231) of respondents reported that returns were user-friendly.

11.7.4. KEMAS staff

There were 39.7% (n=851) of respondents satisfied with the content of training modules, 51.1% (n=1094) of them did not know, only a small proportion of 4.8% (n=102) were unsatisfied, 3.0% (n=64) refused to answer and 1.4% (n=30) said that it was not relevant (1.4%, n=30).

Regarding the implementation component, about half of the respondents had no knowledge about the budget (58.5%, n=1313) and quantity of education materials (49.1%, n=1103) provided for the implementation of KOSPEN. However, there were 27.1% (n=610), 15.6% (n=351), and 23.0% (n=517) of respondents who reported that education materials, budget, and health screening equipments were adequate, respectively. Only a small proportion revealed that education materials, budget and screening equipments were inadequate (19.0% (n=427), 19.5% (n=437), and 21.1% (n=473), respectively.

Apart from the above, 37.5% (n=839), 32.0% (n=718), and 29.8% (n=670) of respondents reported that it was easy to identify the localities, volunteers, and convince the volunteers, respectively. Nevertheless, there were a small proportion of respondents who reported difficulty in identifying the localities (8.8% (n=197), volunteers (14.1%, n=316) as well as convincing the volunteers (16.5%, n=371), respectively. In addition, there were 36.7% (n=824), 35.7% (n=801) and 25.4% (n=606) of respondents who reported that it was easy to coordinate between KEMAS and District Health Office, understand the implementation guideline, and prepare a safe place to keep the inventory, respectively. Only a small proportion of respondents found difficulties in coordinating (8.8%, n=198), understanding the guideline (8.4%, n=188) and preparing storage for inventory (11.4%, n=256).

The monitoring component was also evaluated. According to the results, a total of 28.1% (n=574) and 22.8% (n=507) of respondents reported that returns and the system were user-friendly, respectively. Only 4.0% (n=82) and 6.4% (n=142) of respondents reported difficulty in preparing returns and using the KOSPEN system.

The study also found that 48.5% to 62.5% (n=1086-1392) of respondents did not know issues pertaining to training, implementation, and monitoring components of KOSPEN.

12. Volunteers

12.1. Socio-demographics

A total of 385 volunteers from Gerakan Sukarelawan Satu Malaysia (GS1M) who were involved in KOSPEN participated in this study. Among the respondents, 66.5% (95%CI: 61.6-71.2, n=253) were female and 33.5% (95%CI: 28.8-38.4, n=132) were male. By age group, the highest proportion of respondents were aged > 50 years old (44.1%, 95% CI: 39.0-49.3, n=165), followed by 40-49 years (27.7%, 95% CI: 23.5-32.5, n=107), 30 to 39 years (19.1%, 95% CI: 15.4-23.4, n=75), and below 30 years (9.1%, 95% CI: 6.7-12.4, n=38). All of the respondents were of Malay ethnicity. By education level, majority of the respondents had completed secondary school (68.6%, 95% CI: 63.7-73.2, n=263) followed by completion of primary school (14.1%, 95% CI: 10.8-18.1, n=52), certificate/diploma holders (14.1%, 95% CI: 10.9-17.9, n=57), and degree holders (2.2%, 95% CI: 1.1-4.3, n=9).

A high proportion of respondents were married (81.5%, 95% CI: 77.1-85.2, n= 317), 10.3% (95% CI: 7.6-14.0, n=39) were single, and 8.2% (95% CI: 3.6-14.0, n=29) were separated/divorced. A majority (62%, 95% CI: 56.7-67.0, n=236) of the respondents were employed. According to type of employment, 27.9% (95% CI: 23.6-32.6, n=112) of the respondents were self-employed, followed by private sector employees (16%, 95% CI: 12.5-20.2, n= 60), government servants (14.6%, 95% CI: 11.3-18.7, n=54) and statutory body employees (2.6%, 95% CI: 1.4-4.8, n=10), housewives (31.8%, 95% CI: 27.2-36.8, n=121), unemployed (5%, 95% CI: 3.2-7.8, n=19) and students (1.2%, 95% CI: 0.5-2.8, n=5). Most of the respondents resided in a village (93.4%, 95% CI: 90.6-95.4, n=357) while the others resided in FELDA resettlement areas (6.6%, 95% CI: 3.6-9.4, n=29).

12.2. Awareness of role in KOSPEN

A majority (96.5%, 95% CI: 94.1, 98.0, n=371) of the respondents were aware of their appointment as volunteers of KOSPEN. Only a small percentage were unaware of their appointment (1.9%, 95% CI: 0.9-3.8, n=8), did not know (1.1%, 95% CI: 0.4-3.2, n=4) or refused to respond (0.5%, 95% CI: 0.1-1.8, n=2). A majority (94.2%, 95% CI: 91.0-96.2, n=364) said they knew their function as volunteers in KOSPEN. Regarding the specific functions or roles of volunteers, a majority of them said they knew that their roles included performing health screening for NCD risk factors in the community (99.7%, 95% CI: 97.7-100, n=364), ensuring individuals with potential health risks were referred to the nearest health clinic (97.9%, 95% CI: 95.3-99.1,

n=359) and encouraging the community to participate in KOSPEN activities (95.2%, 95% CI: 92.1-97.1, n=349). Almost half perceived incorrectly their roles included treating residents with potential health risks (43.4%, 95% CI: 38.3-48.7, n=157), and chairing community KOSPEN committee meetings (27.7%, 95% CI: 23.2-32.6, n=104).

12.3. Knowledge about KOSPEN

Majority of the respondents responded incorrectly to the inaccurate statement "the i-NCD team performs health screening in the KOSPEN communities" (84.6%, 95% CI: 80.4-88.0, n=326). However, majority correctly answered that "the objective of KOSPEN is to develop a healthy and productive community through a culture of healthy living" (96.3%, 95% CI: 93.5-98.0, n=371), and "to ensure residents with potential health risk will be referred to the nearest health clinic" (95.0%, 95% CI: 92.0-97.0, n=365). More than two-thirds of respondents incorrectly agreed with the following inaccurate statements: "trained respondents can provide treatment for the community" (67.1%, 95% CI: 62.1-71.8, n=266) and "KOSPEN is a community-based programme that creates a community that is healthy and free from communicable diseases such as dengue" (69.5%, 95% CI: 64.5-74.0, n=269).

There were five items that tested knowledge on the core activities of KOSPEN in the community. Most of the respondents knew that health screening (98.8%, 95% CI: 96.7-99.6, n=380), no smoking area (76.6%, 95% CI: 71.8-80.7, n=293), and physical activities (83.6%, 95% CI: 79.1-87.3, n=328) were core KOSPEN activities. However, 72.5% (95% CI: 67.7-76.9, n=200) and 71.0% (95% CI: 66.0-75.5, n=276) of respondents also considered sports carnivals and healthy cooking demonstrations respectively as core activities of KOSPEN.

Of the five statements listed to test the respondents' knowledge on non-communicable diseases, almost all of the participants provided correct answers to the statements "all child-care centres are no-smoking areas under the law" (92.4%, 95% CI: 89.0-94.7, n=355), and "consuming food with high fat content is a risk factor for NCDs" (88.0%, 95% CI: 84.1-91.1, n=341). More than half of the respondents incorrectly agreed to the statements "the ideal body mass index is between 18.5-24.9" (79.7%, 95% CI: 75.2-83.5, n=306) and "an adult needs to walk 5000-7499 steps per day to be physically active" (51.7%, 95% CI: 46.5-56.8, n=194). Almost a quarter of the respondents agreed to the incorrect statement "smoking causes diabetes" (24.2%, 95% CI: 20.1-28.9, n=92).

For questions on the KOSPEN referral system, 88% (95% CI: 84.1-91.1, n=341) of the respondents said they knew about the KOSPEN referral system. Most respondents correctly identified the following indications for NCD case referral: "blood sugar level ≥ 5.6 mmol/l" (61.1%, 95% CI: 55.8-66.1, n=215), "blood pressure level ≥ 140 and/or ≥ 90 mmHg" (73.6%, 95% CI: 68.7-78.0, n=261) and "smokers seeking smoking cessation services" (79.7%, 95% CI: 75.1-83.8, n=284). However, 62.8% (95% CI: 57.6-67.8, n=222) thought that "BMI ≥ 25 kg/m²" was an indication for case referral.

12.4. Practice in KOSPEN

The results showed that a total of 72.7% (95% CI: 67.9-77.1, n=279) of respondents distributed health diaries to the community during health screening activities. 86.8% (95% CI: 83.0-89.9, n=332) recorded the results of health screening in the health diary and 89.3% (95% CI: 85.7-92.1, n=343) recorded it in the registry. A total of 252 respondents (65.8%, 95% CI: 60.8-70.2) had ever referred residents with NCD risk to the health clinic. Of these 252 respondents, 67.8% (95% CI: 61.6-72.4, n=151) referred obesity cases, 92.4% (95% CI: 88.2-95.1, n=233) referred high blood sugar cases, 91.6% (95% CI: 87.3-94.5, n=231) referred high blood pressure cases and 57.5% (95% CI: 51.2-63.6, n=141) referred smokers who were willing to quit smoking and agreed to be referred. A high percentage (82.7%, 95% CI: 77.4-87.0, n=210) of the respondents used a referral slip when referring cases.

12.5. Acceptance

A majority of the respondents generally viewed KOSPEN as good (45.7%, 95% CI: 40.6-50.9, n=179) and very good (43.9%, 95% CI: 38.9-49.1, n=169). More than three-quarters of the participants agreed that the effectiveness of KOSPEN in preventing chronic diseases was good or very good (53.8, 95% CI: 48.6, 58.9, n=208 or 31.7, 95%CI: 27.1-36.7, n=123).

Management-wise, more than three-quarters of the respondents perceived that suitability of education material was good or very good (60%, 95% CI: 54.9-64.9, n=230 or 16.7%, 95% CI: 13.3-20.9, n=66) and were of the opinion that commitment of the NCD team was good/very good (65.6%, 95% CI: 60.3-70.4, n=256 or 18.1%, 95% CI: 14.5-22.4, n=71).

Regarding the screening components, slightly more than half perceived that the training module for i-NCD team/KEMAS was good or very good (53.6%, 95% CI 48.5-58.7, n=202 or 12.7%, 95% CI: 9.7-16.4, n=51). The volunteer training module was perceived as good and very good by 63.4% (95% CI: 58.4-68.2, n=243) and 15.2% (95% CI: 11.9-19.2, n=60) respectively. Furthermore, about two-thirds of the participants perceived that the quality of screening equipment was good or very good (57.6%, 95% CI 52.4-62.6, n=221 or 10.7%, 95% CI: 7.9-14.3, n=42).

A majority of the participants perceived that the components on intervention in the community were good. The highest rated intervention component was health screening 83.7%, (good 58.8%, 95% CI: 53.6-63.8, n=229; very good 24.9%, 95% CI: 20.7-29.7, n=93) followed by physically active lifestyle 81.6% (good 53.6%, 95% CI: 48.3-58.7, n=207; very good 28.0%, 95% CI: 23.6-32.8, n=108), healthy eating habit 75.2% (good 56.7%, 95% CI: 51.5-61.7, n=215; very good 18.5%, 95% CI: 14.8-22.9, n=70), body weight management 71.3%, (good 61.7%, 95% CI: 56.6-68.6, n=237; very good 9.6%, 95% CI: 6.9-13.2, n=35) and not smoking 70.3% (good 54.7%, 95% CI: 49.5-58.7, n=208; very good 15.6%, 95% CI: 12.2-19.8, n=3858).

With regards to the recommended healthy lifestyle practices, the rate of acceptance of each practice from highest to lowest was: inclusion of fruits and vegetables in the main menu 95.6% (good 52.2%, 95% CI: 47.1-57.3, n=199; very good 43.4%, 95% CI: 38.4-48.6, n=168), provision of plain water during functions 95.3% (53.1%, 95% CI:48.0, -58.2, n=203;42.2%, 95% CI: 37.2-47.3, n=164). putting up signboards for no-smoking areas 89.4% (good 51.4%, 95% CI:46.2, -56.5, n=194; very good 32.9%, 95% CI: 28.3-37.9, n=129).

Regarding perception of the impact of KOSPEN on the participants' routine activities, a majority of the participants perceived that KOSPEN created a healthy environment within their community (agree 67.5%, 95% CI: 62.5-72.1, n=258; strongly agree 24.8%, 95% CI: 20.7-29.4, n=98), KOSPEN helped them get closer to their community (agree 66.9%, 95% CI: 61.9-71.5, n=255; strongly agree 25.9%, 95% CI: 21.7-30.6, n=103), and that KOSPEN added value to the programs or activities at their place (65.0%, 95% CI: 60.0-69.8, n=248; 23.3%, 95% CI: 19.3-27.9, n=94). More than half disagreed or strongly disagreed that KOSPEN added to their work burden (51.6%, 95% CI: 46.5-56.7, n=200; 5.1%, 95% CI: 3.2-8.2, n=18). A majority of them disagreed or strongly disagreed that KOSPEN reduced their time with their family (57.7%, 95% CI: 52.6-62.7, n=222; 3.3%, 95% CI: 1.8-5.8, n=12), that they were viewed cynically by the community during implementation of KOSPEN (59.1%, 95% CI: 53.9-64.0, n=231; 7.4%, 95% CI: 5.2-10.5, n=30) and that they did not gain any benefit from their involvement in KOSPEN (70.7%, 95% CI: 65.8-75.1, n=271; 14.4%, 95% CI: 11.2-18.3, n=57).

12.6. KOSPEN Training

84.5% (95% CI: 80.2-88.1, n=330) of participants reported ever attended a KOSPEN training. A majority of them had participated in training conducted by the District Health Department (73.6%, 95% CI: 68.3-78.3, n=248), followed by KEMAS department (72.6%, 95% CI: 67.5-77.5, n=237), State Health Department 30.9% (95% CI: 26.1-36.2, n=103), and the Ministry of Health 19.4% (95% CI: 15.5-24.1, n=64). Regarding the most recent training they underwent, 19% (95% CI: 15.1-23.7, n=64) had attended a KOSPEN training within the past 3 months followed by 27.7% (95% CI: 23.0-32.9, n=90) 3-6 months ago, and 53.3% (95% CI: 47.8, -58.8, n=176) more than 6 months ago.

Almost all of the respondents were trained in all of the five basic KOSPEN components during training, i.e. 98.5% (95% CI: 96.3-99.4, n=325) had attended training on healthy eating, 97.6% (95% CI: 95.2-98.8, n=328) on body weight management, 92.3% (95% CI: 88.8-94.8, n=305) on physical activity, 88.6% (95% CI: 84.6-91.7, n=292) on smoking intervention, and 99% (95% CI: 96.8-99.7, n=327) on health screening.

12.7. Problems & Issues

A high proportion (89.3%, 95% CI: 85.6-92.1, n=344) of respondents were satisfied with the content of the KOSPEN training module. A small proportion were not satisfied (5.2%, 95% CI: 3.3-8.1, n=419), answered "do not know" (4.7%, 95% CI: 2.9-7.4, n=18) or refused to answer (0.8%, 95% CI: 0.3-2.7, n=3). The KOSPEN training manual was reported easy to understand by 90.3% (95% CI: 86.9-92.9, n=348) respondents.

With regards to the implementation of KOSPEN, most respondents were satisfied with the content of the education materials provided (81.1%, 95% CI: 76.8-84.9, n=317), had adequate supply of education materials (60.5%, 95% CI: 55.4-68.4, n=233), and adequate supply of health screening equipment (58.9%, 95% CI: 53.8-63.8, n=221). In terms of manpower, 67.6% (95% CI: 62.6-72.2, n=262) reported that manpower was adequate, 86.9% (95% CI: 83.0-89.9, n=333) agreed that the KOSPEN implementation guidelines were easy to understand and 85.6% (95% CI: 81.8-88.9, n=320) said they had sufficient storage space for inventory. Apart from that, the returns form was reported to be user-friendly by 90.1% (95% CI: 86.5-92.8, n=347) of respondents.

13. Community

13.1. Sociodemographics

A total of 4149 adults responded to the study. The respondents were almost evenly distributed by gender, 54% (95% CI: 52.4-55.5, n=2242) of them were female and 46.0% (95% CI: 44.4-47.6, n = 1907) were male. Majority of the respondents were 50 years old and above (47.1%, (95% CI: 45.6-48.7), n=1913), followed by below 30 years old (20.3% (95% CI: 19.0-21.5) n=859) and 40 to 49 years old (17.5 %, (95% CI: 16.3-18.7) n= 739). Most of the respondents were Malay (94.7%, (95% CI: 94.2-95.3) n=3896), followed by Indian (4.0%, (95% CI: 3.5-4.5) n=203) and Chinese (1.0%, (95% CI: 0.7-1.4) n=30). In terms of education level, 52.3% (95% CI: 50.7-53.8) n=2169) of them completed secondary school, while 27.4% ((95% CI: 27.0-29.8), n=1155) completed primary school education. Only a minority of them had tertiary education certificates (12.9%, (95% CI: 12.0-15.0) n=547).

Two-thirds of the respondents were married (67.5% (95% CI: 66.1-69.0), n=2795), while 18.8% (95 % CI 17.6-20.0, n=790) were single. Most of the respondents were self employed (24.9%, (95% CI: 23.6-26.3), n=1003), followed by not working/jobless (23.2%, (95% CI: 21.9-24.6) n=935), students (21.7%, (95% CI: 20.4-23.00), n=897), working in private sectors (21.6%, (95% CI: 20.4-22.9) n=946) and the remainder were government servants, housewives, statutory bodies employees and unpaid workers.

More than half of the respondents (56.7%, (95% CI: 55.1-58.2) n=2284) earned less than RM1000 per month with 16.8% (95% CI: 15.6-18.0, n=681) earning between RM1000 to RM1499. Only 5.6% ((95% CI: 5.0-6.4), n=234) earned more than RM3000 monthly. Majority of the respondents lived in village (89.3%, (95% CI: 89.2-89.4) n=3713) while the remaining lived in re-settlement areas. (10.7%, 95% CI: 10.6-10.8) n= 436).

13.2. Awareness of role in KOSPEN

Approximately two-thirds of the respondents were aware of KOSPEN (65.5%, (95% CI: 64.0-66.9) n=2791). The most common source of information about KOSPEN was Jawatankuasa Kemajuan dan Keselamatan Kampung (JKKK) or Village Safety and Development Committee (56.7%, (95% CI: 54.9-58.5) n=1654), followed by friends (45.2%, (95% CI: 43.4-47.0) n=1287), volunteers (29.0%, n= 891), KEMAS (24.2%, (95% CI: 22.7-25.7) n=744) and health agencies (23.1%, (95% CI: 21.7-24.6) n=733). Other sources included signboards (10.6%, 95 % CI % 9.4-11.6, n=285), mass media (8.8%, 95% CI: 7.8-9.9, n=259) and social media (3.9%, 95% CI: 3.2-4.7, n=117).

13.3. Knowledge about KOSPEN

In answering questions related to agencies directly involved in implementation of KOSPEN, the respondents identified health clinics to be the main agency involved (70.2%, (95% CI: 68.6–71.8) n=2085), followed by District Health Office (57.3%, (95% CI: 55.7–58.9) n=1756) and KEMAS (38.9%, (95% CI: 37.2– 40.6) n=1167). The main activities of KOSPEN reported by respondents were health screening (82.3%, (95% CI: 80.8–83.7) n=2380), followed by physical activity (63.4%, (95% CI: 61.6-65.1) n=1732) and no smoking areas (25.0%, (95% CI: 23.6–26.5) n=758). However, almost half of them (49.4%, (95% CI: 47.6–51.1) n=1433) and 39.4% (95% CI: 37.7–41.1) (n=1171) considered sports carnivals and cooking demonstrations the main activities of KOSPEN.

13.4. Practice in KOSPEN

A total of 1875 of the respondents were involved (45.2%, (95% CI: 43.4–47.0) in KOSPEN activities. Health screening was the main activity attended by respondents (84.4% (95% CI: 82.6–86.8), followed by 66.4% (95% CI: 63.8–68.9) attended health talks. More than half of the respondents (52.9% (95% CI: 50.2–55.5) attended formal occasions that provided plain water and 41.5% (95% CI: 38.8–44.2) were involved in physical activity programmes. About a quarter of them also attended other activities such as cooking demonstrations and walking 10,000 steps.

After attending the KOSPEN activities, most of the respondents started to drink plain water regularly (88.7% (95% CI: 86.8– 90.4), consume more fruits/vegetables (86.9% (95% CI: 84.8– 88.7), reduced the amount of sugar in drinks and foods (84.4% (95% CI: 82.3–96.4), start to

eat healthy/balanced diet (83.2% (95% CI: 81.1–85.2), choose less fat meals (82.6% (95% CI: 80.4–84.6) and 80.1% (95% CI 77.8–82.2) not smoke in non--smoking areas. However, approximately a quarter of the respondents ever used the 10,000 steps walking track at least once a week and health diary to monitor their health status of BMI, BP and glucose level.

With regards to health examination in KOSPEN, about three-quarters (76.5%; 95% CI: 73.5-79.2) of the respondents without chronic ailment (diabetes, hypertension and hypercholesterolemia) participated in the health examination. Out of these, 677 respondents or 95.6% (95% CI: 93.8-96.9) of them knew the results of the examination. Most of those examined reported that their blood pressure and glucose levels were normal (95.5% (95% CI:93.5-96.9), while 90.2% (95% CI:87.6-92.4) had normal body mass index (BMI).

13.5. Acceptance

Majority of the respondents had a very good (73.4% (95% CI: 70.4-76.2)n=636) and good (24.1% (95% CI: 21.4-27.0)n=218) general view on KOSPEN. Approximately 91% of the respondents agreed that KOSPEN was effective in overcoming chronic diseases problem as 68.7% (95% CI: 65.6-71.7)n=597) and 24.9% (95% CI: 22.1-27.8), n=223) rated it as very good and good. Almost all of the respondents said that the practice of separating sugar from hot drinks (96.7%, n=844), preparing plain water during events (98.7%, n=857), preparing fruit and vegetable in the menu (98.8%, n=862), recognition of non-smoking zones for all formal events (97.3%, n=849), weight monitoring corners (97.3%, n=849) and conducting exercises, leisure activities and sports sessions (98.2%, n=857) were good or very good.

All respondents perceived that almost all the information delivered through KOSPEN activities were easily understood (99.5% (95%CI: 98.8-99.8)n=867) , and the activities were easy to follow (99.5%, 95%CI: 98.8-99.8) n=867).

13.6. Problems & Issues

About 41.1% (95%CI: 38.9-43.3, n=813) respondents faced difficulties attending the KOSPEN programme. Out of these, majority of them (83.0% (95% CI: 80.2-85.5, n=676) reported "time" as the main constraint, followed by "not interested" (11.4% (95% CI: 9.4-13.9, n=95). 5.2% (95% CI: 9.4-13.9, n=49) and 4.4% (95% CI: 3.2-6.0, n=38) reported transportation difficulties and nobody to accompany them.

14.0: DISCUSSION AND CONCLUSION

KOSPEN is a Non-Communicable Disease intervention program carried out by the Ministry of Health, Malaysia in a large nationwide scale based on the concept of National Blue Ocean Strategy and the establishment of community health volunteers. These volunteers will act as the functioning units of KOSPEN and act as health agents of change. Readiness of the collaborating agencies to take ownership, as well as share responsibility, leadership and management of KOSPEN is important in order to ensure the success of this collaboration.

Both District Health Officers and KEMAS Officers were aware of their shared roles as the co-chairman of the District KOSPEN Committee. This District committee serves as the platform to discuss progress and to overcome any inter-agency issues related to the implementation of KOSPEN. However, the study revealed most of the committee meetings were chaired by the District Health officers.

i-NCD team is the core unit within the health sector to facilitate and ensure the implementation of KOSPEN at district levels. This team is responsible to give technical guidance to volunteers and KEMAS staff. All team members should undergo training on KOSPEN and be officially appointed as members of the i-NCD Team. However, the study showed that a high proportion of i-NCD team members did not receive training and was not aware that they were members of the team. Most of them had misunderstood their roles to be directly conducting community intervention and performing health screening for the community which actually the responsibility of the volunteers.

To enhance its implementation, elements of KOSPEN were also integrated into the KEMAS program at the grass root level such as provision of child care services and capacity building programs. As such, KEMAS staff were also trained on KOSPEN and subsequently, most of them were aware of their role in KOSPEN. Nevertheless, there was still a misconception of them being responsible for conducting health screening and referring at-risk cases to the health clinics.

KOSPEN focused on 5 scopes namely healthy eating, physically active, body weight management, no smoking and screening of NCD risk factors. Nevertheless, injury prevention, stress management and communicable diseases had been identified to be amongst the scopes by some i-NCD team members, KEMAS personnel and the volunteers.

The basis of KOSPEN was to have trained health volunteers and this concept was recognized by all KOSPEN stakeholders. Training was organized mainly at the district level by the i-NCD team assisted by KEMAS staff. Trained KOSPEN volunteers should be able to perform health advocacy, health promotion and conduct BMI, Blood Pressure and Capillary Blood Glucose measurement. This study revealed that the volunteers' basic knowledge on NCD needed to be enhanced to enable them to convey health messages correctly and confidently thus influencing the community towards healthy lifestyles. Nevertheless, their capability in conducting screening activities and appropriate referrals of cases were encouraging.

As functioning units of KOSPEN, the role of volunteers in KOSPEN was crucial. Like other community-based interventions involving strong social mobilization led by community leaders, a network of community leaders and active health volunteers are among the key factors for the success of KOSPEN. Results of this study showed that readiness and perception of the volunteers towards KOSPEN were excellent. They do not consider KOSPEN as a burden; in fact they admitted to have benefited from KOSPEN. The reach of KOSPEN among the community, on the other hand, was modest, nevertheless the program was well perceived by the community involved. Elements of KOSPEN were also perceived to be practical and had been adopted into their daily practice after participating in KOSPEN. In addition, KOSPEN managed to create awareness of health status among them through screening activities.

Overall, KOSPEN was very well accepted by implementers, volunteers and the community even though there were issues of inadequate funding, screening equipment and health education materials. Several measures are currently being carried out to improve and strengthen the implementation of KOSPEN.

15.0 RECOMMENDATION

1. Trainings on KOSPEN should be a prerequisite for i-NCD team members and all members should be given a letter/certificate of appointment.
2. Training modules should be reviewed and updated with content emphasising the role of each stakeholder.
3. A refresher course/training should be conducted on a regular basis to update knowledge and to correct any misconceptions among all KOSPEN stakeholders.
4. To overcome any interagency issues related to KOSPEN implementation, regular communication between the planners and implementers from both parties (Health and KEMAS) should be conducted to improve the level of understanding of each personnel's roles and responsibilities in KOSPEN. This can be done through Committee meetings at various levels. Meetings should be conducted regularly and as the co-chairman of KOSPEN, Health and KEMAS should together or alternately chair the meeting.
5. Funding of KOSPEN activities are mainly from the Health Sector and is distributed top down from central to district health office. Mechanism at district level should be simplified to expedite the imbursement of the funding to facilitate implementation of KOSPEN activities at localities.
6. Equipment should be made available to all localities to enhance screening activities.
7. An online system (My Sihat on-line evaluation system (MOVEs) had been developed to facilitate data collection for KOSPEN.

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Table 1: Sociodemographic Characteristics Of The KOSPEN Implementer Groups

Variable		Implementer group			
		District health officers f (%)	KEMAS district officers f (%)	KEMAS staff f (%)	i-NCD team members f (%)
Gender	Male	5 (29.4)	9 (52.9)	51 (2.1)	115 (22.1)
	Female	12 (70.6)	8 (47.1)	2324 (97.7)	405 (77.9)
	Refuse to answer				
Age group (years)	<30		2 (11.8)	584 (24.6)	167 (32.4)
	30-39	3 (17.6)	9 (52.9)	518 (21.8)	215 (41.7)
	40-49	9 (52.9)	2 (11.8)	448 (18.9)	71 (13.8)
	50 and above	5 (29.4)	4 (23.5)	825 (34.7)	62 (12.0)
Ethnicity	Malay	17 (100.0)	17 (100)	2343 (98.5)	475 (91.5)
	Chinese			3 (0.1)	16 (3.1)
	Indian			2 (0.1)	16 (3.1)
	Others			28 (1.2)	11 (2.1)
	Refuse to answer			3 (0.1)	1 (0.2)
Length of service (years)	< 5			676 (29.7)	180 (35.0)
	5-9		5 (28.4)	268 (11.8)	123 (23.9)
	10-15	6 (40.0)	7 (41.2)	288 (12.6)	93 (18.1)
	16 and above	9 (60.0)	5 (28.4)	1046 (45.9)	118 (23.0)
Length of service in current locality (years)	< 5	9 (52.9)		1146 (53.3)	338 (67.7)
	5-9	5 (29.4)	7 (41.2)	412 (19.2)	99 (19.8)
	10-15	2 (11.8)	6 (35.3)	272 (12.7)	41 (8.2)
	16 years and above	1 (5.9)	4 (23.5)	320 (14.9)	21 (4.2)
Workplace	KEMAS district office		17 (100.0)	304 (14.0)	
	KEMAS branch			1865 (86.0)	
	District health office	17 (100.0)			54 (10.6)
	Health clinic				454 (89.4)
Designation	KEMAS officer				
	Supervisor			137(5.8)	
	KEMAS kindergarten teacher			2216 (94.2)	
	Nutritionist				18 (3.5)
	Health education officer				
	Assistant medical officer				68 (13.2)
	Assistant environmental health officer				12 (2.3)
	Nurse				149 (28.9)
	Community nurse				145 (28.2)
	Medical officer				91 (17.7)
	Others				32 (6.2)

Table 2. Awareness of KOSPEN among the implementer groups

Variables	District Health Officers		KEMAS District Officers		KEMAS staff		i-NCD team members	
	Yes, f (%)	No, f (%)	Yes, f (%)	No, f (%)	Yes, f (%)	No, f (%)	Yes, f (%)	No, f (%)
Are you aware of your appointment as chairman of the KOSPEN district joint committee?	15 (88.2)	2 (11.8)	16 (94.1)	1 (5.9)				
Do you know the role and functions of the co-chairman of the KOSPEN District Committee	15 (88.2)	2 (11.8)	16 (94.1)	1 (5.9)				
i) To chair meetings at district level	13 (86.7)	2 (13.3)	9 (56.2)	7 (43.8)				
ii) To ensure KOSPEN activities are implemented at all selected localities in the district	15 (100.0)		13 (81.2)	3 (18.8)				
iii) To select locality for KOSPEN project	7 (53.8)	6 (46.2)	14 (93.3)	1 (6.7)				
iv) To monitor and supervise KOSPEN implementation at district level	11 (78.6)	3 (21.4)	13 (81.2)	3 (18.8)				
v) To apply for funds	8 (57.1)	6 (42.9)	6 (40.0)	9 (60.0)				
vi) Responsible for providing information about KOSPEN in District Action Committee meetings	14 (93.3)	1 (6.7)	5 (31.2)	11 (68.6)				
Are you aware of your appointment as KOSPEN committee member?					604 (25.5)	1765 (74.5)		
Do you know the functions of a KEMAS member in KOSPEN?					1543 (65.7)	805 (34.3)		
KEMAS roles and function								
i) Attending the KOSPEN training courses					1154 (75.3)	378 (24.7)		
ii) Ensure that members of the community who have risk factors are referred to the nearest health clinic					1408 (92.0)	123 (8.0)		
iii) Identify localities					1384 (90.8)	140 (9.2)		
iv) Conducting health screening in selected KOSPEN localities					1327 (86.8)	202 (13.2)		
v) Identify volunteers					1304 (85.7)	217 (14.3)		
Are you aware of your appointment as member of the district i-NCD team?							362 (70.7)	150 (29.3)
Do you know the functions of the district i-NCD team?							442 (86.0)	72 (14.0)
Function/s of the district i-NCD teams are:								
i) Conducting health screening in selected KOSPEN localities							362 (82.1)	79 (17.9)
ii) Coordinating the implementation of KOSPEN activities at the district level in selected communities							395 (91.2)	38 (8.8)
iii) Providing technical input in the implementation of KOSPEN at							394 (91.4)	37 (8.6)
iv) Conducting intervention program in KOSPEN localities							372 (85.9)	61 (14.1)
v) Provide training to KOSPEN volunteers							429 (98.6)	6 (1.4)



Table 3 Knowledge of KOSPEN among the implementer groups

Variables	District Health Officers				KEMAS district officers				KEMAS staff				i-NCD team members			
	Yes	No	Don't know	Refuse to answer	Yes	No	Don't know	Refuse to answer	Yes	No	Don't know	Refuse to answer	Yes	No	Don't know	Refuse to answer
	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)
i)The objective of KOSPEN is to establish a healthy and productive community through acculturation of healthy lifestyle	16 (100.0)				17 (100)				2150 (91.5)	30 (1.3)	159 (6.8)	11 (0.5)	505 (99.2)	2 (0.4)	1(0.2)	1(0.2)
ii)The District health office is directly responsible for conducting intervention activities in the field	4 (25.0)	12 (75.0)			10 (66.7)	5 (33.3)			1588 (68.2)	341 (14.6)	369 (15.8)	32 (1.4)	304 (59.6)	164 (32.2)	40(7.8)	2(0.4)
iii) Adding value to KOSPEN activities and programs is the responsibility of KEMAS	14 (87.5)	2 (12.5)			11 (64.7)	2 (11.8)		4 (23.5)	1972 (84.3)	83 (3.5)	262 (11.2)	23 (1.0)	435 (85.3)	38 (7.5)	35(6.9)	2(0.4)
iv)Establishing trained health volunteers in the community	14 (87.5)	2 (12.5)			16 (94.1)	1 (5.9)			2018 (85.9)	56 (2.4)	262 (11.1)	14 (0.6)	501 (98.2)	6 (1.2)	2(0.4)	1(0.2)
v) The i-NCD team is responsible for conducting health screening in the community	7 (43.8)	9 (56.2)			5 (33.3)	8 (53.3)		2 (13.3)	1656 (71.4)	142 (6.1)	500 (21.6)	20 (0.9)	339 (66.6)	147 (28.9)	21(4.1)	2(0.4)
KOSPEN main activities are:																
i)Health screening	16 (100.0)				17 (100)				2190 (93.2)	11 (0.5)	140 (6.0)	10 (0.4)	507 (99.2)	3 (0.6)	1(0.2)	
iii)Non-smoking areas	16 (100.0)				15 (88.2)	2 (11.8)			1876(80.1)	150 (6.4)	297 (12.7)	18 (0.8)	471 (92.2)	25 (4.9)	15(2.9)	
iv)Sports carnival	3 (18.8)	12 (75.0)	1 (6.2)		6 (37.5)	9 (56.2)		1 (6.3)	1489 (63.9)	496 (21.3)	328 (14.1)	17 (0.7)	256 (50.3)	210 (41.3)	42(8.3)	1(0.2)
v)Healthy cooking demonstrations	8 (50.0)	7 (43.8)	1 (6.2)		9 (52.9)	7 (41.2)		1 (5.9)	1469 (63.1)	480 (20.6)	365 (15.7)	14 (0.6)	295 (58.2)	178 (35.1)	34(6.7)	
vi)Physical activity	16 (100.0)				12 (70.6)	4 (23.5)		1 (5.9)	1742 (74.6)	181 (7.7)	396 (17.0)	17 (0.7)	450 (88.8)	36 (7.1)	21(4.1)	
I" #5% &	!!	!!	!!	!!	!!	!!	!!	!!	!!	!!	!!	!!	!!	!!	!!	!!
Basic components of KOSPEN are:																
i)Healthy eating									2228 (94.7)	3 (0.1)	117 (5.0)	5 (0.2)	497 (96.7)	12 (2.3)	5(1.0)	
ii)Physical activity									2194 (93.4)	18 (0.8)	131 (5.6)	6 (0.3)	493 (96.5)	10 (2.0)	8(1.6)	
iii) Stress management									1765 (76.2)	274 (11.8)	269 (11.6)	7 (0.3)	355 (69.5)	125 (24.5)	30(5.9)	1(0.2)
iv)Weight management									2041 (87.0)	60 (2.6)	237 (10.1)	7 (0.3)	499 (97.1)	13 (2.5)	2(0.4)	
v)Chronic disease management									1408 (61.0)	515 (22.3)	376 (16.3)	8 (0.3)	295 (58.3)	184 (36.4)	27(5.3)	
vi)No-smoking									2031(86.8)	64 (2.7)	239 (10.2)	7 (0.3)	494 (96.1)	12 (2.3)	8(1.6)	
vii)Health screening									2165(92.2)	19 (0.8)	158 (6.7)	5 (0.2)	505 (98.1)	7 (1.4)	2(0.4)	1(0.2)
viii)Injury prevention									1179(51.4)	670 (29.2)	431 (18.8)	12 (0.5)	184 (36.3)	268 (52.9)	54(10.7)	1(0.2)

Table 4: Practice among the implementer groups (KEMAS staff and i-NCD Team)

No	Variable	KEMAS Staff				i-NCD team members			
		Yes, f (%)	No, f (%)	Don't know, f (%)	Refuse to answer, f (%)	Yes, f (%)	No, f (%)	Don't know, f (%)	Refuse to answer, f (%)
Q1	Have you ever been involved with health teams to conduct training for volunteers?	661(27.9)	1709(72.1)			406(79.0)	108(21.0)		
Q2	Have you ever been involved in collecting KOSPEN return at district level?	301(12.8)	2057(87.2)			212(41.4)	300(58.6)		
	Do you monitor and coordinate activities in the field by								
Q3	i) Giving briefing to the community?	606(27.1)	1634(82.9)			335(65.6)	176(34.4)		
	ii) Conducting KOSPEN committee meetings at the community level?	459(20.6)	1634(79.4)			317(62.0)	194(38.0)		
	iii) Provided technical assistance in the field during the ceremony / event?	555(25.2)	1645(74.8)			396(77.0)	118(23.0)		
Q4	Have you ever attended KOSPEN committee meetings at the district level?	244(10.3)	2114(89.7)			252(48.8)	264(51.2)		
Q5	Have you ever attended KOSPEN committee meetings at the community level?	354(15.0)	2002(85.0)			221(42.8)	295(57.2)		

Table 5: Acceptance of KOSPEN by the implementer groups

Variable	District health officers							KEMAS district officers							KEMAS staff							i-NCD team members																			
	Very poor/strongly disagree	Poor/disagree	Moderate/neutral	Good/agree	Very good/strongly agree	Don't know	Refuse to answer	Very poor	Poor	Moderate	Good	Very good	Don't know	Refuse to answer	Very poor	Poor	Moderate	Good	Very good	Don't know	Refuse to answer	Very poor	Poor	Moderate	Good	Very good	Don't know	Refuse to answer													
	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)													
Perception of KOSPEN			1 (5.9)	7 (41.2)	9 (52.9)										35 (1.5)	4 (0.2)	176 (7.4)	1107 (46.8)	887 (37.5)	147 (6.2)	8 (0.3)	13 (2.5)	5 (1.0)	83 (16.1)	234 (45.3)	173 (33.5)	7 (1.4)	1 (0.2)													
KOSPEN is effective in overcoming chronic diseases problem in Malaysia		1 (5.9)	4 (23.5)	8 (47.1)	4 (23.5)			1 (6.3)		4 (25.0)	4 (25.0)	7 (43.7)		1 (5.9)	23 (1.0)	3 (0.1)	256 (10.8)	1138 (48.0)	768 (32.4)	174 (7.3)	10 (0.4)	9 (1.7)	9 (1.7)	127 (24.5)	251 (48.5)	107 (20.7)	13 (2.5)	2 (0.4)													
Management component																																									
Suitability of health education material			3 (17.6)	13 (76.5)	1 (5.9)			1 (5.9)		8 (47.1)	3 (17.6)	4 (23.3)		1 (5.9)	8 (0.3)	10 (0.4)	376 (15.9)	1344 (57.0)	310 (13.1)	302 (12.8)	9 (0.4)	4 (0.8)	5 (0.9)	126 (23.7)	293 (55.1)	71 (13.3)	15 (2.8)	18 (3.4)													
Commitment of i-NCD team			3 (18.8)	8 (50.0)	5 (31.2)				1 (6.2)	9 (56.2)	6 (37.5)				11 (0.5)	10 (0.4)	225 (9.5)	1441 (61.0)	459 (19.4)	206 (8.7)	13 (0.5)	3 (0.6)	9 (1.7)	108 (21.0)	283 (55.0)	93 (18.1)	18 (3.5)	1 (0.2)													
Screening component																																									
Training module for i-NCD/ KEMAS teams			2 (11.8)	14 (82.4)	1 (5.9)				2 (11.8)	8 (47.1)	6 (35.3)	1 (5.9)			5 (0.2)	9 (0.4)	317 (13.4)	1362 (57.6)	271 (11.5)	389 (16.4)	12 (0.5)	3 (0.6)	4 (0.8)	91 (17.6)	302 (58.3)	101 (19.5)	16 (3.1)	1 (0.2)													
Training module for volunteers			2 (11.8)	15 (88.2)					1 (5.9)	9 (52.9)	7 (41.2)				4 (0.2)	9 (0.4)	300 (12.7)	1325 (56.1)	30 (12.7)	412 (17.4)	12 (0.5)	3 (0.6)	8 (1.6)	79 (15.3)	299 (57.9)	111 (21.5)	15 (2.9)	1 (0.2)													
Quality of screening tool		2 (13.3)	6 (40.0)	7 (46.7)				2 (11.8)	4 (23.6)	5 (29.4)	5 (29.4)			1 (5.9)	5 (0.2)	20 (0.8)	394 (16.6)	1245 (52.6)	277 (11.7)	414 (17.5)	12 (0.5)	9 (1.7)	20 (3.9)	125 (24.3)	267 (51.8)	70 (13.6)	20 (3.9)	4 (0.8)													
Intervention component for health risk factor in community																																									
Weight management		2 (12.5)	2 (12.5)	10 (62.5)	2 (12.5)					4 (26.6)	12 (75.4)				6 (0.3)	15 (0.6)	320 (13.5)	1441 (60.8)	362 (15.3)	218 (9.2)	7 (0.3)	2 (0.4)	7 (1.4)	105 (20.3)	314 (60.7)	72 (13.9)	16 (3.1)	1 (0.2)													
No smoking		2 (12.5)	2 (12.5)	10 (62.5)	2 (12.5)					7 (43.8)	8 (50.0)	1 (6.2)			8 (0.3)	26 (1.1)	328 (13.8)	1297 (54.6)	530 (22.3)	175 (7.4)	10 (0.4)	2 (0.4)	12 (2.3)	130 (25.2)	265 (51.5)	83 (16.1)	21 (4.1)	2 (0.4)													
Healthy eating		1 (6.2)	3 (18.8)	10 (62.5)	2 (12.5)					5 (31.3)	10 (62.5)	1 (6.2)			7 (0.3)	17 (0.7)	239 (10.1)	1388 (58.5)	557 (23.5)	157 (6.6)	6 (0.3)	1 (0.2)	5 (1.0)	113 (21.9)	279 (54.0)	100 (19.3)	18 (3.5)	1 (0.2)													
Physically active			3 (18.8)	10 (62.5)	3 (18.8)					4 (25.0)	11 (68.8)	1 (6.2)			6 (0.3)	10 (0.4)	253 (10.7)	1338 (56.5)	566 (23.9)	188 (7.9)	7 (0.3)	2 (0.4)	6 (1.2)	87 (16.9)	282 (54.8)	119 (23.1)	18 (3.5)	1 (0.2)													
Health screening			1 (6.7)	11 (73.3)	3 (20.0)					2 (14.3)	11 (78.6)	1 (7.1)			5 (0.2)	5 (0.2)	203 (8.6)	1431 (60.3)	551 (23.2)	171 (7.2)	6 (0.3)	5 (1.0)	1 (0.2)	79 (15.4)	300 (58.5)	117 (22.8)	10 (1.9)	1 (0.2)													
Practices recommended in KOSPEN:																																									
i) Separation of sugar from hot drink															12 (0.5)	13 (0.5)	196 (8.3)	1306 (55.1)	692 (29.2)	147 (6.2)	4 (0.2)																				
ii) Provision of plain drinking water during official functions															12 (0.5)	4 (0.2)	124 (5.2)	1170 (49.3)	953 (40.1)	106 (4.5)	5 (0.2)																				
iii) Provision of fruits and vegetables in main menu.															12 (0.5)		92 (3.9)	1111 (46.7)	1064 (44.8)	93 (3.9)	4 (0.2)																				

Table 5: Acceptance of KOSPEN by the implementer groups (cont)

iv) Declaration of official function as smoke free event.															11 (0.5)	16 (0.7)	148 (6.2)	1110 (46.7)	954 (40.2)	128 (5.4)	8 (0.3)												
v) Provision of self weighting corner															8 (0.3)	5 (0.2)	168 (7.1)	1306 (55.1)	758 (32.0)	120 (5.1)	6 (0.3)												
vi) Conducted physical /sport/recreation activities.															7 (0.3)	2 (0.1)	170 (7.2)	1306 (55.0)	753 (31.7)	130 (5.5)	5 (0.2)												
ii) Placement of 'No smoking' signage in gazetted areas															7 (0.3)	5 (0.2)	143 (6.0)	1116 (46.9)	996 (41.9)	101 (4.2)	9 (0.4)												
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know	Refute to answer	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know	Refute to answer	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know	Refute to answer	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know	Refute to answer					
Effect of KOSPEN on daily activities																																	
i) KOSPEN increased my workload															47 (2.0)	655 (27.7)	557 (23.6)	601 (25.4)	178 (7.5)	194 (8.2)	131 (5.5)												
ii) KOSPEN reduces quality time with my family															39 (1.6)	719 (30.4)	591 (25.0)	546 (23.1)	158 (6.7)	199 (8.4)	115 (4.9)												
iii) KOSPEN added value to the program/activities in the workplace			1 (5.9)	15 (88.2)	1 (5.9)				4 (23.5)	10 (58.8)	2 (11.8)			1 (5.9)	5 (0.2)	91 (3.8)	308 (13.0)	1450 (61.2)	281 (11.9)	170 (7.2)	64 (2.7)	1 (0.2)	3 (0.6)	89 (17.2)	314 (60.9)	97 (18.8)	11 (2.1)	1 (0.2)					
iv) KOSPEN helped me to be closer to the community			1 (5.9)	14 (82.4)	2 (11.8)				2 (11.8)	3 (17.6)	7 (41.2)	3 (17.6)		2 (11.8)	3 (0.1)	44 (1.9)	247 (10.4)	1543 (65.2)	363 (15.3)	148 (6.2)	20 (0.8)	2 (0.4)	1 (0.2)	62 (12.0)	306 (59.1)	135 (26.1)	9 (1.7)	3 (0.6)					
v) KOSPEN creates a healthy environment in my surrounding		1 (5.9)	2 (11.8)	13 (76.5)	1 (5.9)				1 (5.9)	4 (23.5)	8 (47.1)	3 (17.6)		1 (5.9)	1 (0.1)	20 (0.8)	202 (8.5)	1547 (65.3)	426 (18.0)	156 (6.6)	16 (0.7)	2 (0.4)	4 (0.8)	82 (15.9)	288 (55.7)	126 (24.4)	12 (2.3)	3 (0.6)					
vi) Viewed cynically by society while implementing KOSPEN															162 (6.9)	1090 (46.2)	261 (11.1)	214 (9.0)	36 (1.5)	493 (20.9)	105 (4.4)												
vii) I Did not gain any benefit from my involvement in KOSPEN															209 (8.8)	1271 (53.8)	251 (10.6)	177 (7.5)	37 (1.6)	315 (13.3)	102 (4.3)												

Table 6: Training on KOSPEN among the implementer groups

Variable	District health officers					KEMAS district officers					KEMAS staff					i-NCD team members				
	Yes	No	Don't know	Refuse to answer	f (%)	Yes	No	Don't know	Refuse to answer	f (%)	Yes	No	Don't know	Refuse to answer	f (%)	Yes	No	Don't know	Refuse to answer	f (%)
	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)
Ever attended briefing on KOSPEN	14 (87.5)	2 (12.5)				17 (100)														
Attended KOSPEN training conducted by:																				
i) Ministry of Health (Head office)	2 (14.3)	12 (85.7)				3 (17.6)	14 (82.4)													
ii) State Health Department	8 (57.1)	6 (42.9)				13 (76.5)	4 (23.5)													
iii) KEMAS	1 (7.1)	13 (92.9)				8 (47.1)	9 (52.9)													
iv) i-NCD team	6 (42.9)	8 (57.1)				6 (35.3)	11 (64.7)													
Most recent KOSPEN training attended																				
< 3 months ago					3 (25.0)					3 (17.6)										
3-6 months ago					2 (16.7)					4 (23.5)										
> 6 months ago					7 (58.3)					10 (58.8)										
Ever attended briefing on KOSPEN											771 (32.5)	1598 (67.5)				366 (71.2)	148 (28.8)			
Attended KOSPEN training conducted by:																				
i) Ministry of Health (Head office)											54 (8.7)	569 (91.3)				39 (10.6)	330 (89.4)			
ii) State Health Department											167 (25.8)	480 (74.2)				120 (32.5)	249 (67.5)			
iii) KEMAS											436 (64.0)	245 (36.0)				50 (13.5)	320 (86.5)			
iv) District Health Office/ i-NCD team											514 (72.2)	198 (27.8)				288 (78.0)	81 (22.0)			
Most recent KOSPEN training attended																				
< 3 months ago																291 (38.5)				114 (30.9)
3-6 months ago																233 (30.8)				133 (36.0)
> 6 months ago																232 (30.7)				122 (33.1)
Ever received training on the following components:																				
i) Healthy eating											722 (94.8)	25 (3.3)	13 (1.7)	2 (0.3)		347 (94.8)	16 (4.4)	3 (0.8)		
ii) Body weight management											709 (92.8)	39 (5.1)	14 (1.8)	2 (0.3)		346 (94.5)	18 (4.9)	2 (0.5)		
iii) Physical activity											622 (82.7)	96 (12.8)	31 (4.1)	3 (0.4)		347 (94.8)	18 (4.9)	1 (0.3)		
iv) No smoking											674 (88.5)	64 (8.4)	19 (2.5)	5 (0.7)		341 (93.2)	21 (5.7)	4 (1.1)		
v) Health screening											725 (94.6)	25 (3.3)	13 (1.7)	3 (0.4)		352 (96.2)	13 (3.6)	1 (0.3)		
Has the district KEMAS ever conducted training for volunteers at locality level?											459 (61.0)	293 (39.0)								
Has the district i-NCD team ever conducted training for volunteers at locality level?																317 (86.8)	48 (13.2)			
Number of courses conducted:																				
1																202 (50.4)				107 (36.4)
2-3																150 (37.4)				133 (45.2)
4-5																25 (6.2)				35 (11.9)
>5																24 (6.0)				19 (6.5)

Table 7: Problems and issues identified by the implementer groups

Variable	District health officers					KEMAS district officers					i-NCD team members					KEMAS Staff				
	Yes	No	Don't know	Refuse to answer	Not applicable	Yes	No	Don't know	Refuse to answer	Not applicable	Yes	No	Don't know	Refuse to answer	Not applicable	Yes	No	Don't know	Refuse to answer	Not applicable
	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)
Training component																				
i) Content of training module	13 (81.2)	1 (6.2)	1 (6.2)	1 (6.2)		12 (70.6)	5 (29.4)				385 (77.5)	25 (5.0)	76 (15.3)	5 (1.0)	6 (1.2)	851(39.7)	102(4.8)	1094(51.1)	64(3.0)	30(1.4)
ii) Funding	10 (62.5)	5 (31.2)	1 (6.2)			2 (11.8)	15 (88.2)				178 (36.0)	127 (25.3)	165 (33.3)	18 (3.6)	7 (1.4)			1313(58.5)		
Implementation component																				
i) Contents of health education material	13 (81.2)	1 (6.2)	2 (12.5)			8 (50.0)	7 (43.8)		1 (6.2)		384 (76.2)	49 (9.7)	57 (11.3)	13 (2.6)						
ii) Number of education material	8 (50.0)	7 (43.8)	1 (6.2)			3 (17.6)	14 (82.4)				298 (59.1)	121 (24.0)	73 (14.5)	12 (2.4)				1103(49.1)		
iii) Suitability of health education material	14 (87.5)		2 (12.5)			13 (81.2)	1 (6.2)	1 (6.2)	1 (6.2)		396 (78.7)	27 (5.4)	68 (13.5)	12 (2.4)						
iv) Funding	8 (50.0)	7 (43.8)	1 (6.2)			1 (5.9)	16 (94.1)				177 (35.3)	145 (28.9)	163 (32.5)	15 (3.0)	1 (0.2)					
v) Health screening equipment	6 (37.5)	10 (62.5)					16 (100.0)				210 (41.7)	226 (44.9)	53 (10.5)	14 (2.8)						
vi) Easy to identify localities																839(37.5)	197(8.8)	1086(48.5)	78(3.5)	40(1.8)
vii) Easy to identify volunteers																718(32.0)	316(14.1)	1093(48.7)	77(3.3)	39(1.7)
viii) Easy to convince the volunteers																670(29.8)	371(16.5)	1090(48.5)	73(3.3)	44(2.0)
ix) Coordinate activities between KEMAS and health office																824(36.7)	198(8.8)	1069(47.7)	100(4.6)	52(2.3)
x) Understand of implementation guidelines																801(35.7)	188(8.4)	1134(50.6)	78(3.5)	40(1.8)
xi) prepare a safe place to keep the inventory																606(25.4)	256(11.4)	1211(54.0)	90(4.2)	80(3.6)
Monitoring component																				
viii) Returns	6 (37.5)	8 (50.0)	2 (12.5)			6 (37.5)	5 (31.2)	3 (18.8)	2 (12.5)		231 (46.2)	86 (17.2)	159 (31.8)	24 (4.8)						

= Satisfied (for question i & iii)
 = Adequate (for question ii, iv, vi & vii)
 = Suitable (for question v)
 = User friendly (for question viii)

Table 8: Socio demographic characteristics of the KOSPEN volunteers

Variable		N	n	%	95% CI
Gender	Male	440	132	33.5	28.8-38.4
	Female	876	253	66.5	61.6-71.2
Age group (years)	<30	120	38	9.1	6.7-12.4
	30-39	252	75	19.1	15.4-23.4
	40-49	384	107	27.7	23.3-32.5
	50 and above	580	165	44.1	39.0-49.3
Ethnicity	Malay	1316	385	100	
	Chinese				
	Indian				
	Others				
Education attainment	Did not complete primary school				
	Completed primary school	185	52	14.1	10.8-18.1
	Completed secondary school	903	263	68.6	63.7-73.2
	Certificate/ Diploma	185	57	14.1	10.9-17.9
	Degree	20	9	2.2	1.1-4.3
	Don't know	6	2	0.5	0.1-1.9
Marital status	Refuse to answer	6	2	0.5	0.1-2.1
	Single	136	39	10.3	7.6-14.0
	Married	1073	317	81.5	77.1-85.2
	Separated	107	29	8.2	3.6-14.0
	Widow/widower				
Occupation	Others				
	Government employee	192	54	14.6	11.3-18.7
	Statutory body employee	34	10	2.6	1.4-4.8
	Private sector	211	60	16.0	12.5-20.2
	Self employed	366	112	27.9	23.6-32.6
	Housewife	418	121	31.8	27.2-36.8
	Student	15	5	1.2	2.5-2.8
	Not working	65	19	5.0	3.2-7.8
	Don't know	3	1	0.3	0.0-1.9
	Refuse to answer	9	3	0.7	0.2-2.1
Residential area	Village	1230	357	93.4	90.6-95.4
	New village				
	Squatter village				
	Estate				
	Re-settlement area	87	29	6.6	3.6-9.4
	Others				

Table 9: Awareness of KOSPEN among the volunteers

Variable	Yes				No				Don't know				Refuse to answer			
	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI
Are you aware that you have been appointed as a KOSPEN volunteer?	1270	371	96.5	94.1-98.0	25	8	1.9	0.9-3.8	15	4	1.1	0.4-3.21	6	2	0.5	0.1-1.8
Are you aware of the functions and roles of KOSPEN volunteers?	1239	364	94.2	91.0-96.2	77	21	5.8	3.8-9.0								
Roles and functions:																
i) Conduct health screening for NCD risk factors in community	1242	364	99.7	97.7-100	4	1	0.3	0.0-2.3								
ii) Provide treatment for individuals with NCD risk factors	541	157	43.4	38.3-48.7	683	203	54.9	49.0-60.1	21	5	1.7	0.7-4.2				
ii) Ensure that individuals with NCD risk factors are referred to the nearest health clinic	1220	359	97.9	95.3-99.1	18	4	1.5	0.5-4.1	7	2	0.6	0.1-2.3				
v) Chair KOSPEN committee meetings	345	104	27.7	23.2-32.6	876	254	70.3	65.3-74.9	24	7	2.0	0.9-4.1				
v) Encourage members of the community to participate in KOSPEN activities	1195	349	95.2	92.1-97.1	52	14	4.2	2.4-7.1	8	2	0.6	0.2-2.7				

Table 10: Knowledge of KOSPEN among the volunteers

Variable !	Yes				No				Don't know				Refuse to answer			
	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI
i) The i-NCD team is responsible for conducting health screening among members in the community	1111	326	84.6	80.4-88.0	130	37	9.9	7.2-13.5	72	21	5.5	3.6-8.5				
ii) Trained volunteers can prescribe treatment for the community	881	266	67.1	62.1-71.8	392	113	29.9	25.3-34.8	40	11	3.0	1.6-5.5				
iii) The objective of KOSPEN is to develop a healthy and productive community through a culture of healthy living	1263	371	96.3	93.5-98.0	36	9	2.8	1.4-5.4	12	3	0.9	0.3-3.6				
iv) Ensure individuals found to have NCD risk factors during health screening are referred to the health clinic	1249	365	95.0	92.0-97.0	50	13	3.8	2.2-6.0	15	4	1.2	0.4-3.2				
v) KOSPEN draws in and expands the reach of community programs to create a healthy community free from infectious diseases such as dengue	912	269	69.5	64.5-74.0	376	108	28.6	24.2-33.8	19	5	1.4	0.6-3.6	6	2	0.5	0.1-1.8
Core KOSPEN activities are:																
i) Health screening	1298	380	98.8	96.7-99.6	8	2	0.7	0.2-3.0	6	2	0.5	0.1-1.8				
ii) No smoking	1006	293	76.6	71.8-80.7	253	78	19.3	15.6-23.7	48	13	3.7	2.1-6.3	6	2	0.5	0.1-1.8
iii) Sports carnival	953	200	72.5	67.7-76.9	298	86	22.7	18.7-27.4	56	16	4.3	2.6-7.0	6	2	0.5	0.1-1.8
iv) Healthy cooking demonstration	932	276	71.0	66.0-75.5	319	89	24.3	20.1-29.1	56	17	4.2	2.6-6.8	6	2	0.5	0.1-1.8
v) Physical activity	1098	328	83.6	79.1-87.3	158	36	12.1	8.8-16.2	51	15	3.9	2.3-6.4	6	2	0.5	0.1-1.8
Statements about NCD																
i) Smoking causes diabetes	318	92	24.2	20.1-28.9	936	275	71.3	66.4-75.7	59	17	4.5	2.0-7.2				
ii) The ideal adult BMI is between 18.5 -24.9	1047	306	79.7	75.2-83.5	108	32	8.4	5.9-11.7	151	44	11.5	8.6-15.2	6	2	0.5	0.1-1.8
iii) Based on number of steps, an adult needs to take between 5000-7499 steps per day to be physically active	679	194	51.7	46.5-56.8	402	122	30.6	26.2-35.5	223	65	17	13.5-21.2	9	3	0.7	0.2-2.1
iv) Child care centres are no-smoking areas under the law	1212	355	92.4	89.0-94.7	44	12	3.4	2.0-5.9	56	16	4.3	2.8-7.0				
v) Consuming high-fat food is a risk factor for NCDs	1153	338	88.0	84.1-91.0	124	36	9.5	6.8-13.0	33	9	2.5	1.3-4.9				
Do you know the KOSPEN system for referring individuals with NCD risk factors identified during the health screening session to the health clinic?	1156	341	88.0	84.1-91.1	93	25	7.2	4.8-10.5	63	18	4.8	3.0-7.6				
Criteria for referral:																
vi) Body mass index $\geq 25\text{kg/m}^2$	759	222	62.8	57.6-67.8	263	78	21.8	17.1-26.5	186	57	15.4	12.0-19.5				
vii) Blood glucose level $\geq 5.6\text{ mmol/L}$	738	215	61.1	55.8-66.1	382	118	31.6	26.9-36.7	85	25	7.1	4.8-10.3	3	1	0.2	0.0-1.8
iii) Systolic blood pressure ≥ 140 and/or diastolic $\geq 90\text{mmHg}$	890	261	73.6	68.7-78.0	229	70	18.9	15.2-23.4	87	25	7.2	4.8-10.5	3	1	0.2	0.0-1.8
ix) Smokers seeking smoking cessation services	963	284	79.7	75.1-83.8	142	43	11.8	8.8-15.6	103	30	8.6	6.0-12.1				

Table11: Practice of functions in KOSPEN among the volunteers

Variable	Yes				No				Don't know				Refuse to answer			
	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI
Have you ever distributed a health diary to the members of community when conducting health screening activities?	956	279	72.7	67.9-77.1	358	105	27.3	22.9-32.1								
Have your recorded the health screening result of the members in community into a health diary?	1140	332	86.8	83.0-89.9	172	52	13.2	10.1-17.0								
Have you ever recorded the health screening result of member in community into registration book?	1174	343	89.3	85.7-92.1	140	41	10.7	7.9-14.3								
Have you ever referred individuals with NCD risk factor to the health clinic?	865	252	65.8	60.8-70.2	449	132	34.2	29.5-39.2								
Ever referred cases for:																
i) Obesity	585	171	67.8	61.6-72.4	248	71	28.5	23.1-34.5	26	8	3.1	1.5-6.0	6	2	0.7	0.2-1.8
ii) High level of blood glucose	799	233	92.4	88.2-95.1	59	17	6.9	4.3-11.0	6	2	0.7	0.2-2.8				
iii) High blood pressure	791	231	91.6	87.3-94.5	52	15	6.0	3.6-9.9	20	6	2.4	1.1-5.2				
iv) Smokers seeking smoking cessation services	487	141	57.5	51.2-63.6	331	100	38.3	32.4-44.6	32	10	3.8	2.0-6.9	3	1	0.4	0.1-2.6
v) Used referral slip to refer person with NCD risk factor	717	210	82.7	77.4-87.0	149	43	17.3	13.0-22.6								

Table 12: Acceptance of KOSPEN by the volunteers

Variable	Very poor				Poor				Moderate				Good				Very good				Don't know				Refuse to answer			
	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI
General view on KOSPEN	58	16	4.4	2.7-7.2					67	20	5.2	3.3-7.9	600	178	45.7	40.6-50.9	576	169	43.9	38.9-49.1	11	3	0.8	0.3-2.7				
KOSPEN is effective in overcoming NCD problem in Malaysia	37	10	2.8	1.5-5.3	8	2	0.6	0.1-2.4	134	38	10.2	7.5-13.9	706	208	53.8	48.6-58.9	416	123	31.7	27.1-36.7	8	2	0.6	0.2-2.6	3	1	0.2	0.0-1.6
Management component																												
i) Suitability of health education material	21	8	1.6	0.7-3.7	6	2	0.5	0.1-1.8	238	69	18.2	14.5-22.5	788	230	60.0	54.9-64.9	220	66	16.7	13.3-20.9	28	8	2.2	1.1-4.3	1	3	0.8	0.3-2.7
ii) Commitment of iNCD teams	20	6	1.5	0.7-3.4	11	3	0.8	0.3-2.7	157	42	12	8.9-13.9	861	256	65.6	60.3-70.4	231	70	18.1	14.5-22.4	25	7	1.9	0.9-4.1				
Health screening component																												
i) Training module for iNCD teams / KEMAS	21	6	1.7	0.7-3.8	24	8	1.9	0.8-4.2	312	95	23.9	19.8-28.4	702	202	53.6	48.5-58.7	166	51	12.7	9.7-16.4	77	21	5.9	3.8-8.9	6	2	0.5	0.1-1.9
ii) Training module for volunteer	25	7	1.9	0.9-4.1	13	3	1	0.3-3.1	202	59	15.4	12.0-19.5	833	243	63.4	58.4-68.2	199	60	15.2	11.9-19.2	40	12	3.1	1.7-5.4				
iii) Quality of health screening equipment	24	8	1.8	0.8-4.1	4.3	13	3.3	1.9-5.7	328	98	25	20.8-29.7	758	221	57.6	52.4-62.6	140	42	10.7	7.9-14.3	20	6	1.5	0.7-3.4				
NCD risk factor interventions in the community																												
i) Body weight management	3	1	0.3	0.0-1.9	102	32	7.8	5.2-10.9	203	80	15.5	12.1-19.6	809	237	61.7	56.6-68.6	125	35	9.6	6.9-13.2	63	17	4.9	3.0-7.7	3	1	0.2	0.0-1.8
ii) No smoking	3	1	0.3	0.0-1.9	73	22	5.6	3.7-8.5	225	71	17.2	13.8-21.2	715	207	54.7	49.5-58.7	204	58	15.6	12.2-19.8	73	20	5.7	3.6-8.7	1	2	4	1.0
iii) Healthy eating	3	1	0.3	0.0-1.9	20	5	1.5	0.6-3.7	273	88	20.8	17.1-25.1	744	215	56.7	51.5-61.7	243	70	18.5	14.8-22.9	29	7	2.2	1.0-7.4				
iv) Physical activity	7	2	0.5	0.1-2.2	31	9	2.4	1.2-4.5	190	50	12.9	9.9-16.8	709	207	53.6	48.3-58.7	387	108	28	23.6-32.8	33	8	2.5	1.2-5.1				
v) Health screening	9	3	0.7	0.2-2.3	9	3	0.7	0.2-2.1	171	50	13.1	10.0-16.7	772	229	58.8	53.6-63.8	327	93	24.9	20.7-29.7	18	4	1.4	0.5-3.7	6	2	0.5	0.1-1.9
Recommended practices:																												
i) Serving sugar separate from hot beverages	8	2	0.7	0.2-2.6	10	3	0.7	0.2-2.3	194	61	14.8	11.6-18.6	683	196	52	46.9-57.1	398	117	30.4	25.8-35.2	16	4	1.2	0.4-3.3	3	1	0.2	0.0-1.7
ii) Providing plain drinking water during formal functions	7	2	0.6	0.1-2.2					42	12	3.3	1.6-5.8	698	203	53.1	48.0-58.2	554	164	42.2	37.2-47.3	11	3	0.8	0.3-2.7				
iii) Include fruits and vegetables in the main menu	7	2	0.6	0.1-2.2	9	3	0.7	0.2-2.9	30	10	2.3	1.2-4.2	685	199	52.2	47.1-57.3	570	168	43.4	38.4-48.6	11	3	0.8	0.3-2.7				
iv) Pronounce official functions as no smoking area	7	2	0.5	0.1-2.2	74	23	5.6	3.8-8.4	107	33	8.2	5.8-11.4	604	174	46	40.9-51.2	480	141	36.5	31.7-41.6	31	8	2.4	1.2-4.8	9	3	0.7	0.2-2.1
v) Provision of weight monitoring corner	8	2	0.7	0.2-2.6	57	19	4.4	2.8-6.8	115	33	8.8	6.3-12.2	762	222	58.1	52.9-63.0	333	99	25.4	21.2-30.8	36	9	2.7	1.4-5.2				
vi) Physical/sports/recreational activities	8	2	0.7	0.2-2.6	8	2	0.6	0.2-2.6	126	40	9.6	7.1-12.9	770	222	58.7	53.6-63.6	369	110	28.1	23.8-32.9	22	6	1.7	0.8-3.8	8	2	0.6	0.1-2.5
vii) Placement of no-smoking signage at gazette no-smoking areas	6	2	0.5	0.1-2.0	112	34	8.5	6.1-11.9	57	17	4.3	2.7-6.9	674	194	51.4	46.2-56.5	432	129	32.9	28.3-37.9	23	6	1.8	0.8-4.0	8	2	0.6	0.2-2.0

Table 12: Acceptance of KOSPEN by the volunteers (cont)

	Strongly disagree				Disagree				Neutral				Agree				Strongly agree				Don't know				Refuse to answer			
Effect of KOSPEN on daily activities																												
i) KOSPEN increased my workload	68	18	5.1	3.2-8.2	678	200	51.6	46.5-56.7	243	71	18.5	14.8-22.8	245	73	18.7	15.0-23.0	32	8	2.5	1.2-4.9	13	300	1.0	0.3-3.1	34	11	2.6	1.4-4.6
ii) KOSPEN reduces quality time with my family	43	12	3.3	1.8-5.8	758	222	57.7	52.6-62.7	269	80	20.5	16.7-24.9	168	49	12.8	9.8-16.7	38	10	2.9	1.5-5.4	11	3	0.8	0.3-2.7	24	8	1.9	1.0-3.8
iii) KOSPEN added value to the program/activities in the workplace	10	2	0.7	0.2-3.0	46	15	3.6	2.1-5.9	88	23	6.7	4.5-10.0	854	248	65.0	60.0-69.8	306	94	23.3	19.3-27.9	5	1	0.4	0.1-2.7	3	1	0.2	0.0-1.6
iv) KOSPEN helped me to be closer to the community	3	1	0.3	0.0-1.9	29	8	2.2	1.1-4.6	57	16	4.4	2.7-7.1	878	255	66.9	61.9-71.5	339	103	25.9	21.7-30.6	5	1	0.4	0.1-2.7				
vi) KOSPEN creates a healthy environment in my surrounding					15	4	1.1	0.4-3.2	72	20	5.5	3.5-8.5	886	258	67.5	62.5-72.1	325	98	24.8	20.7-29.4	11	3	0.8	0.3-2.7	3	1	0.2	0.0-1.7
vii) Viewed cynically by society while implementing KOSPEN	97	30	7.4	5.2-10.5	776	231	59.1	53.9-64.0	100	28	7.7	5.3-11.0	211	58	16.1	12.5-20.4	57	16	4.4	2.6-7.1	56	16	4.3	2.6-6.9	15	5	1.2	0.5-2.8
viii) I did not gain any benefit from my involvement in KOSPEN	189	57	14.4	11.2-18.3	928	271	70.7	65.8-75.1	51	15	3.9	2.4-6.4	90	26	6.9	4.7-10.0	39	11	3.0	1.6-5.4	8	2	0.6	0.1-2.5	6	2	0.5	0.1-2.0

Table 13: Training on KOSPEN among the volunteers

Variable	Yes				No				Don't know				Refuse to answer			
	N	N	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI
Ever attended a KOSPEN training session	1110	330	84.5	80.2-88.1	203	54	15.5	11.9-19.8								
Agency which conducted the training:																
i) Ministry of Health (Headquarters)	215	64	19.4	15.5-24.1	894	266	80.6	75.9-84.5								
ii) State Health Department	343	103	30.9	26.1-36.2	767	227	69.1	63.8-73.9								
iii) KEMAS	806	237	72.6	67.5-77.5	304	93	27.4	22.8-32.5								
iv) District Health Department	817	248	73.6	68.3-78.3	286	82	26.4	21.7-31.7								
When did you last receive training on KOSPEN?																
< 3 months	211	64	19.0	15.1-23.7												
3-6 months	307	90	27.7	23.0-32.9												
> 6 months	592	176	53.3	47.8-58.8												
Have you ever received training on the following KOSPEN modules:																
i) Healthy eating	1093	325	98.5	96.3-99.4	17	5	1.5	0.6-3.7								
ii) Body weight management	1078	328	97.6	95.2-98.8	20	6	1.8	0.8-4.1	6	2	0.6	0.1-2.3				
iii) Physical activity	1026	305	92.3	88.8-94.8	76	22	6.9	4.5-10.3	6	2	0.5	0.1-2.1	3	1	0.3	0.0-1.9
iv) No smoking	984	292	88.6	84.6-91.7	114	34	10.3	7.4-14.1	9	3	0.8	0.3-2.6	3	1	0.3	0.0-1.9
v) Health screening	1099	327	99.0	96.8-99.7	8	2	0.7	0.2-3.0	3	1	0.3	0.0-2.1				

Table 14: Problems/Issues identified by the volunteers

Variable	Yes				No				Don't know				Refuse to answer				Not applicable			
	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI
Training Component																				
i. Content of training module (Satisfactory)	1173	344	89.3	85.6-92.1	68	19	5.2	3.3-8.1	61	18	4.7	2.9-7.4	11	3	0.8	0.3-2.7				
ii. Understood KOSPEN training manual (Easy)	1186	348	90.3	86.9-92.9	40	12	3.1	1.7-5.4	48	14	3.7	2.2-6.2	38	12	2.9	1.6-5.1				
Implementation Component																				
i) Contents of health education material (Satisfactory)	1085	317	81.1	76.8-84.9	153	40	11.7	8.6-15.6	77	22	5.9	3.9-8.9	12	4	0.9	0.3-2.4	4	1	0.4	0.1-2.6
ii) Quantity of health education material (Adequate)	795	233	60.5	55.4-68.4	402	119	30.6	26.1-35.5	92	25	7.0	4.7-10.3	9	3	0.7	0.2-2.1	15	4	1.2	0.4-3.2
iii) Health screening equipment (Adequate)	774	221	58.9	53.8-63.8	478	145	36.4	31.7-41.4	61	18	4.7	2.9-7.4								
iv) Manpower (Adequate)	888	262	67.6	62.6-72.2	362	105	27.6	23.2-32.4	63	15	4.8	3.0-7.7								
v) Understood the guideline of KOSPEN implementation (Easy)	1141	333	86.9	83.0-89.9	75	23	5.7	3.9-8.6	74	21	5.7	3.7-8.7	22	7	1.7	0.8-3.6				
vi) provide suitable place for storage of inventory	1125	320	85.6	81.8-88.9	94	28	7.2	5.0-10.3	82	23	6.2	4.1-9.3	12	4	1.0	0.4-2.5				
Monitoring component																				
Returns (User-friendly)	1183	347	90.1	86.5-92.8	14	4	1.1	0.4-2.9	105	29	7.8	5.4-11.1	9	3	0.7	0.2-2.1	4	1	0.4	0.1-2.6

= satisfactory (for question I & iii)

= Adequate (for question iv, v & vi)

= Easy (for question ii, vii, viii)

= user friendly (for question ix)

= unsatisfactory (for question I & iii)

= inadequate (for question iv, v & vi)

= Difficult (for question ii, vii, viii)

= Not user friendly (for question ix)

Table 15: Sociodemographic characteristics of the community participated in KOSPEN

Variable		N	n	%	95% CI
Gender	Male	59488	1907	46.0	44.4-47.6
	Female	69863	2242	54.0	52.4-55.5
Age group (years)	<30	26172	859	20.3	19.0-21.5
	30-39	19526	634	15.1	14.0-16.3
	40-49	22588	739	17.5	16.3-18.7
	50 and above	60192	1913	47.1	45.6-48.7
Ethnicity	Malay	122573	3896	94.7	94.2-95.3
	Chinese	1311	30	1.0	0.7-1.4
	Indian	5132	203	4.0	3.5-4.5
	Others	334	12	0.3	0.1-0.5
Education attainment	Did not complete primary school	8201	270	6.4	5.6-7.1
	Completed primary school	36642	1155	28.4	27.0-29.8
	Completed secondary school	67467	2169	52.3	50.7-53.8
	Certificate/Diploma/Degree	16700	547	12.9	12.0-15.0
Marital status	Single	24249	790	18.8	17.6-20.0
	Married	87080	2795	67.5	66.1-69.0
	Separated	765	25	0.6	0.4-6.9
	Divorced	6379	195	4.9	4.3-5.7
	Widow/Widower	10392	333	8.1	7.2-9.0
	Others	81	2	0.1	0.0-0.3
Occupation	Government employee	7760	244	6.0	5.3-6.8
	Statutory body employee	46	12	0.3	0.2-0.6
	Private sector employee	27894	946	21.6	20.4-22.9
	Self employed	32139	1003	24.9	23.6-26.3
	Unpaid worker	153	4	0.1	0.0-0.3
	Not Working	27966	935	23.2	21.9-24.6
	Housewife	29895	99	2.2	1.8-2.6
	Student	2802	897	21.7	20.4-23.0
	Others				
Average income from working /salary/ retired	<RM1000	72491	2284	56.7	55.1-58.2
	RM1000 -RM1499	21469	681	16.8	15.6-18.0
	RM1500 – RM1999	15468	521	12.1	11.1-13.1
	RM2000 – RM2999	11253	375	8.8	8.0-9.7
	>RM3000	7226	234	5.6	5.0-6.4
Residential area	Village	115482	3713	89.3	89.2-89.4
	New village				
	Squatter village				
	Estate				
	Re-settlement area	13870	436	10.7	10.6-10.8
	Others				

Table 16: Awareness of KOSPEN among the community

Variable	Yes				No			
	<i>N</i>	<i>n</i>	%	95% CI	<i>N</i>	<i>n</i>	%	95% CI
Have you ever heard of KOSPEN?	84697	2791	65.5	64.0-66.9	44654	1358	34.5	33.1-36.0
Source of information on KOSPEN:								
i. Friend/s	38280	1287	45.2	43.4-47.0	45417	1504	54.8	53.0-56.6
ii. Health agency	19572	733	23.1	21.7-24.6	65124	2058	76.9	75.4-78.3
iii. KEMAS agency	20481	744	24.2	22.7-25.7	64216	2047	75.8	74.3-77.3
iv. Signages	8951	285	10.6	9.4-11.6	75746	2506	89.4	88.2-90.6
v. Mass media (TV, Radio, newspaper etc)	7454	259	8.8	7.8-9.9	77243	2532	91.2	90.1-92.2
vi. Social media (i.e Facebook, Twitter, Instagram, Wechat, Whatapps)	3291	117	3.9	3.2-4.7	81401	2674	96.1	95.3-96.8
vii. Village safety and development committee (Jawatan Kuasa Kemajuan & Keselamatan Kampung)	48054	1654	56.7	54.9-58.5	36642	1137	43.3	41.5-45.1
viii. Volunteers	24577	891	29.0	27.5-30.5	60120	1900	71.0	69.5-72.5
ix. Others	4532	150	5.4	4.6-6.3	80165	2641	94.6	93.7-95.4



Table 17: Knowledge of KOSPEN among the community

Variable	Frequency				Yes				No				Don't know				Refuse to answer			
	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI
Agencies involved in KOSPEN are:																				
i. Community Welfare Department	6829	246	8.1	7.2-9.1																
ii. District Office	6139	233	7.2	6.4-8.2																
iii. RELA (Ikatan Relawan Rakyat Malaysia)	5828	214	6.9	6.1-7.8																
iv. KEMAS agency	32391	1167	38.9	37.2-40.6																
v. District Health Department	48525	1756	57.3	55.7-58.9																
vi. Health clinic	59443	2085	70.2	68.6-71.8																
vii. Fisheries Department	1631	57	1.9	1.5-2.5																
viii. Financial institution	1319	49	1.6	1.2-2.1																
The core KOSPEN activities are:																				
i. Health screening					69710	2380	82.3	80.8-83.7	9130	261	10.8	9.7-12.6	5856	150	6.9	6.0-8.0				
ii. Free smoking zone					21213	758	25.0	23.6-26.5	45701	1523	54.0	52.1-55.8	17758	509	21.0	19.5-22.5				
iii. Sport carnival					41800	1433	49.4	47.6-51.1	29026	972	34.3	32.6-36.0	13870	385	16.4	15.0-17.8				
iii. Cooking demonstration					33343	1171	39.4	37.7-41.1	37228	1221	44.0	42.2-45.8	14025	398	16.6	15.2-18.1				
iv. Physical activity					53681	1732	63.4	61.6-65.1	23518	838	27.8	21.2-29.4	7473	220	8.8	7.0-10.0				

Table 18: Practice of KOSPEN among the community

Variable	Yes				No				Don't know				Refuse to answer			
	N	n	%	95 CI	N	n	%	95 CI	N	n	%	95 CI	N	n	%	95 CI
Have you ever participated in KOSPEN activities?	38273	1320	45.2	43.4-47.0	46424	1471	54.8	53.0-56.6								
Activities participated in:																
i) Health screening	32461	1156	84.8	82.6-86.8	5812	164	15.2	13.2-17.4								
ii) Health talks	25415	900	66.4	63.8-68.9	12770	417	33.4	30.8-36.0	87	3	0.2	0.1-0.7				
iii) Healthy cooking demonstration	9806	340	25.6	23.4-28.0	28273	974	73.9	71.4-76.2	192	6	0.5	0.2-1.1				
iv) Smoke-free home programme	6256	228	16.3	14.5-18.4	31766	1085	83.0	80.9-84.9	250	7	0.7	0.3-1.4				
v) Attended official functions which served sugar separately from hot drinks	7856	26.9	20.5	18.4-22.8	30079	1041	78.6	76.2-80.8	337	10	0.9	0.5-1.7				
vi) Attended official functions which provided plain water	20230	743	52.9	50.2-55.5	17880	573	46.7	44.1-49.4	162	4	0.4	0.2-1.1				
vii) Physical activity/sport/ recreational organized	15869	551	41.5	38.8-44.2	22362	768	58.4	55.7-66.1	40	1	0.1	0.0-0.7				
viii) The 10,000 steps programme	8967	304	23.4	21.2-25.8	28997	1008	75.8	73.4-78.0	307	8	0.8	0.4-1.6				
Practice activities recommended of KOSPEN in daily life																
i) Used the health diary to monitor self health status	8473	279	22.1	19.9-24.5	29378	1030	76.8	74.3-79.0	420	11	1.1	0.6-2.0				
ii) Reduced the amount of sugar in food and drinks	32317	1129	84.4	82.3-96.4	5738	185	15.0	13.1-17.1	217	6	0.6	0.3-1.3				
iii) Reduced fat in food	31618	1108	82.6	80.4-84.6	6388	205	16.7	14.7-18.9	266	7	0.7	0.3-1.5				
iv) Consume more fruits and vegetables	33246	1171	86.9	84.8-88.7	4873	145	12.7	11.0-14.7	153	4	0.4	0.1-1.1				
v) Practise drinking plain water	33964	1196	88.7	86.8-90.4	4155	120	10.9	9.2-12.8	153	4	0.4	0.1-1.1				
vi) Do not smoke in designated no-smoking areas	30643	1083	80.1	77.8-82.2	7388	230	19.3	17.2-21.6	241	7	0.6	0.3-1.3				
vii) Choose healthy and balance food	31859	1130	83.2	81.1-85.2	5961	178	15.6	13.7-17.1	452	12	1.2	0.7-2.1				
viii) Used the 10,000 steps track at least once a week	9085	300	23.7	21.5-26.1	28871	1012	75.4	73.0-77.1	315	8	0.8	0.4-1.6				
ix) Used the provided weighing machine	15107	530	39.5	36.9-42.1	22931	784	59.9	57.3-62.5	234	6	0.6	0.3-1.4				
x) Increase physical activity (e.g. mopping the floor, washing the car, gardening)	16794	602	43.9	41.2-46.6	21179	710	55.3	52.6-58.0	298	8	0.8	0.4-1.6				
Have you ever undergone health screening under the KOSPEN programme?	20249	735	76.5	73.5-79.2	6190	177	23.5	20.8-26.5								
After participating in the health screening, do you know your health screening result?	19363	705	95.6	93.8-96.9	886	30	4.4	3.1-6.2								
If yes, was the result normal?																
i) Blood pressure level	18484	676	95.5	93.5-96.9	651	22	3.4	2.2-5.1	224	7	1.1	0.5-2.5				
ii) Blood Glucose level	18486	677	95.5	93.5-96.9	676	22	3.5	2.3-5.3	200	6	1.0	0.5-2.3				
iii) Body mass index (BMI)	17470	644	90.2	87.6-92.4	1366	44	7.1	5.3-9.4	526	17	2.7	1.7-4.4				



Table 19: Acceptance of KOSPEN by the community

No.	Variable	Very poor				Poor				Moderate				Good				Very good				Don't know				Refuse to answer				Yes				No			
		N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI				
	General view of KOSPEN									641	19	2.6	1.6-4.0	6003	218	24.1	21.4-27.0	19313	636	73.4	70.4-76.2																
	KOSPEN is effective in overcoming NCD problem in Malaysia	42	2	0.2	0.0-0.8					1472	46	5.9	4.4-7.8	6205	224	24.9	22.1-27.8	17145	597	68.7	65.6-71.7	87	3	0.4	0.1-1.1												
	Recommended practices:																																				
	a. Separation of sugar from hot drinks					141	6	0.6	0.3-1.3	687	122	12.8	11.8-4.2	110404	1367	11.7	138.5-44.9	113724	1477	155	151.7-58.2																
	b. Provision of plain water at functions					23	1	0.1	0.0-7.0	413	14	1.7	1.0-2.8	10414	366	41.7	38.5-45.0	14105	491	56.5	53.3-59.7																
	c. Preparing fruits and vegetables in main menu					23	1	0.1	0.0-0.7	270	9	1.1	0.6-2.1	10144	356	40.6	37.5-43.9	14520	506	58.2	54.9-61.4																
	d. Proclamation of official functions as no smoking areas	78	3	0.3	0.1-1.0	70	3	0.3	0.1-0.9	437	15	1.8	1.0-2.9	9910	345	39.7	36.6-42.9	14380	504	57.6	54.4-60.8	81	2	0.3	0.1-1.3												
	e. Weight monitoring corner	23	1	0.1	0.0-0.7	47	2	0.2	0.0-0.8	533	18	2.1	1.3-3.4	10372	365	41.6	38.4-44.8	13900	484	55.7	52.4-58.9	81	2	0.3	0.1-1.3												
	f. Physical/sport/recreational activities	23	1	0.1	0.0-0.7	23	1	0.1	0.0-0.7	374	12	1.5	0.8-2.7	10348	365	41.5	38.3-44.7	14147	492	56.7	53.4-59.9	40	1	0.2	0.0-1.1												
	Information given was easy to understand																									24832	867	99.5	98.8-99.8	125	5	0.5	0.2-1.				
	Easy to follow KOSPEN activities																									24832	867	99.5	98.8-99.8	125	5	0.5	0.2-1.				

Table 20: Problems and issues identified by the community

No	Variable	Yes				No				Don't know				Refuse to answer			
		N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI	N	n	%	95% CI
Q1	Obstacles to participating in the KOSPEN programmes	24090	813	41.1	38.9-43.3	34572	1137	58.9	56.7-61.1								
Q2	Obstacle:																
	i) No time	19998	676	83.0	80.2-85.5												
	ii) No companion	1048	38	4.4	3.2-6.0												
	iii) No suitable facility/ies	151	5	0.6	0.3-1.5												
	iv) Shy	282	10	1.2	0.6-2.2												
	v) Activities are uninteresting	446	15	1.9	1.1-3.1												
	vi) Not interested	2754	95	11.4	9.4-13.9												
	vii) No transportation	1259	49	5.2	3.9-6.9												
	viii) Others	757	29	3.1	2.2-4.5												

Appendix A

No Id Individu													
Kumpulan		Negeri		Daerah		Parlimen		Dun		Kampung		Individu	
O	1												

(Kosongkan Untuk Kegunaan Pejabat)

Program Komuniti Sihat Perkasa Negara

**BORANG MAKLUMAT
(PEGAWAI KESIHATAN)**

Tuan/Puan yang dihormati,

Kementerian Kesihatan Malaysia sedang menjalankan Penyelidikan ke atas pelaksanaan Program Komuniti Sihat Perkasa Negara (KOSPEN) untuk memperolehi **maklumat mengenai keberkesanan perlaksanaan program ini**. Maklumat ini akan digunakan bagi menambahbaikkan program yang sedang dilaksanakan..

Tuan/Puan telah terpilih untuk mengambil bahagian dalam penyelidikan ini dan dijemput menjawab borang soal selidik yang memakan masa daripada 15 hingga 30 minit. Semua maklumat akan dirahsiakan dan **akan hanya digunakan untuk tujuan penyelidikan sahaja**. Penglibatan Tuan/Puan adalah secara sukarela, dan tuan/puan boleh menarik diri pada bila-bila masa atau tidak menjawab mana-mana soalan dalam borang soal-selidik ini.

Jika ada sebarang pertanyaan tentang penyelidikan ini, Tuan/Puan boleh menghubungi En Lim Kuang Hock, Ketua Penyelidik Projek ini di Institut Kesihatan Umum, Jalan Bangsar, 50590, Kuala Lumpur, di talian 03-22979400 atau mana-mana pegawai di bilik operasi kami di alamat yang sama, atau di talian 03-22979540.

MODUL A: SOSIO -DEMOGRAFI

1.	Jantina ☐ Lelaki ☐ Tidak tahu ☐ Perempuan ☐ Enggan jawab
2.	Berapakah umur anda? Bundarkan kepada bentuk integer. Tahun ☐ Tidak tahu ☐ Enggan jawab
3.	Apakah bangsa anda? ☐ Melayu ☐ Tidak Tahu ☐ India ☐ Lain-lain ☐ Cina ☐ Enggan jawab
4.	Nyatakan tempoh perkhidmatan anda sekarang. tahun bulan
5.	Nyatakan tempoh perkhidmatan anda di tempat sekarang. tahun bulan

MODUL B: KESEDARAN TENTANG PERANAN DALAM KOSPEN

1.	Adakah anda maklum bahawa anda adalah Pengerusi Bersama Jawatankuasa KOSPEN Daerah? ☐ Ya ☐ Tidak	2.	Adakah anda mengetahui fungsi sebagai Pengerusi Bersama Jawatankuasa KOSPEN Daerah? ☐ Ya ☐ Tidak (Terus ke Modul C: Pengetahuan Tentang KOSPEN)																					
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MODUL C: PENGETAHUAN TENTANG KOSPEN

1.	Berikut adalah kenyataan benar mengenai KOSPEN? Tandakan (✓) di ruangan yang disediakan.				
	Kenyataan	Ya	Tidak	Tidak Tahu	Enggan Jawab
	i. Objektif KOSPEN adalah untuk membentuk komuniti sihat dan produktif melalui pembudayaan gaya hidup sihat.				
	ii. Pegawai Kesihatan Daerah bertanggungjawab menjalankan aktiviti intervensi di lapangan secara langsung.				
	iii. Menambah nilai program dan aktiviti di bawah KEMAS.				
	iv. Mewujudkan sukarelawan kesihatan terlatih di kalangan komuniti.				
	v. Pasukan iNCD bertindak menjalankan saringan kesihatan kepada komuniti KOSPEN.				
2.	Berikut merupakan antara aktiviti utama yang dijalankan di dalam KOSPEN? Tandakan (✓) di ruangan yang disediakan.				
	Aktiviti	Ya	Tidak	Tidak Tahu	Enggan Jawab
	i. Saringan kesihatan				
	ii. Kawasan bebas asap rokok				
	iii. Karnival sukan				
	iv. Demostrasi masakan				
	v. Aktiviti fizikal berkala dan berjadual				

MODUL D: PENERIMAAN PROGRAM KOSPEN



Sangat Tidak Baik
Very Poor

1



Tidak Baik
Poor

2



Sederhana
Fair

3



Baik
Good

4



Sangat Baik
Excellent

5

1.	Apakah pandangan umum anda tentang Program KOSPEN? ☐ Sangat tidak baik ☐ Sangat baik ☐ Tidak baik ☐ Tidak Tahu ☐ Sederhana ☐ Enggan Jawab ☐ Baik																																																																																							
2.	Apakah pandangan anda tentang keberkesanan Program KOSPEN dalam menangani masalah NCD di negara ini? ☐ Sangat tidak baik ☐ Sangat baik ☐ Tidak baik ☐ Tidak Tahu ☐ Sederhana ☐ Enggan Jawab ☐ Baik																																																																																							
3.	Apakah pandangan anda mengenai komponen KOSPEN (seperti di bawah) dalam menjayakan objektif KOSPEN? Tandakan (✓) di ruangan yang disediakan. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Komponen Pengurusan</th> <th style="width: 10%;">Sangat Tidak Baik</th> <th style="width: 10%;">Tidak Baik</th> <th style="width: 10%;">Sederhana</th> <th style="width: 10%;">Baik</th> <th style="width: 10%;">Sangat Baik</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 10%;">Enggan jawab</th> </tr> </thead> <tbody> <tr> <td>i. Kesesuaian Bahan Pendidikan</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ii. Komitmen Pasukan iNCD</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Komponen Saringan</th> <th style="width: 10%;">Sangat Tidak Baik</th> <th style="width: 10%;">Tidak Baik</th> <th style="width: 10%;">Sederhana</th> <th style="width: 10%;">Baik</th> <th style="width: 10%;">Sangat Baik</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 10%;">Enggan jawab</th> </tr> </thead> <tbody> <tr> <td>i. Modul Latihan kepada Pasukan iNCD/ KEMAS</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ii. Modul Latihan kepada Sukarelawan</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>iii. Kualiti Peralatan Saringan</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Komponen Intervensi Faktor Risiko Peringkat Komuniti</th> <th style="width: 10%;">Sangat Tidak Baik</th> <th style="width: 10%;">Tidak Baik</th> <th style="width: 10%;">Sederhana</th> <th style="width: 10%;">Baik</th> <th style="width: 10%;">Sangat Baik</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 10%;">Enggan jawab</th> </tr> </thead> <tbody> <tr> <td>i. Pengurusan berat badan (Contoh: sudut pemeriksaan sendiri)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ii. Amalan tidak Merokok (Contoh:</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>								Komponen Pengurusan	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan jawab	i. Kesesuaian Bahan Pendidikan								ii. Komitmen Pasukan iNCD								Komponen Saringan	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan jawab	i. Modul Latihan kepada Pasukan iNCD/ KEMAS								ii. Modul Latihan kepada Sukarelawan								iii. Kualiti Peralatan Saringan								Komponen Intervensi Faktor Risiko Peringkat Komuniti	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan jawab	i. Pengurusan berat badan (Contoh: sudut pemeriksaan sendiri)								ii. Amalan tidak Merokok (Contoh:							
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	iii. Amalan pemakanan sihat (Contoh: Penyediaan menu sihat)							
	iv. Hidup Yang Aktif (Contoh: Trek 10 000 Langkah, Aktiviti fizikal berjadual dan berkala							
	v. Saringan Kesihatan (Contoh: Aktiviti saringan kesihatan, Pendidikan kesihatan)							
4.	Apakah pandangan anda mengenai kesan KOSPEN? Tandakan (✓) di ruangan yang disediakan.							
	Kesan KOSPEN	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju	Tidak Tahu	Enggan jawab
	i. KOSPEN menambah nilai program / aktiviti di tempat saya.							
	ii. KOSPEN membantu saya mendekati masyarakat di sekitar saya.							
	iii. KOSPEN mewujudkan persekitaran sihat di kawasan saya.							

MODUL E: LATIHAN KOSPEN

1.	Adakah anda telah diberikan taklimat mengenai KOSPEN? ☐ Ya ☐ Tidak (Terus Ke Modul F: Masalah/Isu Berkaitan KOSPEN)										
1a.	Jika Ya, anjuran siapa? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu.										
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i. Ibu Pejabat Kementerian Kesihatan Malaysia											
ii. Jabatan Kesihatan Negeri											
iii. KEMAS											
iv. Pasukan iNCD											
1b.	Jika Ya, nyatakan bila taklimat terkini tentang KOSPEN yang anda terima? ☐ < 3 bulan lepas ☐ 3– 6 bulan lepas ☐ > 6 bulan lepas										

MODUL F: MASALAH / ISU BERKAITAN KOSPEN

1.	Pada pandangan anda, adakah terdapat sebarang masalah mengenai komponen dalam KOSPEN. Tandakan (✓) di ruangan yang disediakan.																																																																										
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PEGAWAI KEMAS DAERAH

No Id Individu													
Kumpulan		Negeri		Daerah		Parlimen		Dun		Kampung		Individu	
O	1												

(Kosongkan Untuk Kegunaan Pejabat)

Program Komuniti Sihat Perkasa Negara (KOSPEN)

BORANG MAKLUMAT
(PEGAWAI KEMAS DAERAH)

Tuan/Puan yang dihormati,

Kementerian Kesihatan Malaysia sedang menjalankan Penyelidikan ke atas pelaksanaan Program Komuniti Sihat Perkasa Negara (KOSPEN) untuk memperoleh **maklumat mengenai keberkesanan pelaksanaan program ini**. Maklumat ini akan digunakan bagi menambahkan program yang sedang dilaksanakan..

Tuan/Puan telah terpilih untuk mengambil bahagian dalam penyelidikan ini dan dijemput menjawab borang soal selidik yang memakan masa daripada 15 hingga 30 minit.Semua maklumat akan dirahsiakan dan **akan hanya digunakan untuk tujuan penyelidikan sahaja**. Penglibatan Tuan/Puan adalah secara sukarela. dan tuan/puan boleh menarik diri pada bila-bila masa atau tidak menjawab mana-mana soalan dalam borang soal-selidik ini.

Jika ada sebarang pertanyaan tentang penyelidikan ini, Tuan/Puan boleh menghubungi En Lim Kuang Hock, Ketua Penyelidik Projek ini di Institut Kesihatan Umum, Jalan Bangsar, 50590, Kuala Lumpur, di talian 03-22979400 atau mana-mana pegawai di bilik operasi kami di alamat yang sama, atau di talian 03-22979540.

MODUL A: SOSIO -DEMOGRAFI

1.	Jantina ☐ Lelaki ☐ Tidak tahu ☐ Perempuan ☐ Enggan jawab		
2.	Berapakah umur anda? Bundarkan kepada bentuk integer. Tahun ☐ Tidak tahu ☐ Enggan jawab	3.	Apakah bangsa anda? ☐ Melayu ☐ Tidak Tahu ☐ India ☐ Lain-lain ☐ Cina ☐ Enggan jawab
4.	Nyatakan tempoh perkhidmatan anda sekarang. tahun bulan	5.	Nyatakan tempoh perkhidmatan anda di tempat sekarang. tahun bulan

MODUL B: KESEDARAN TENTANG PERANAN DALAM KOSPEN

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x. Memantau dan menyelia pelaksanaan KOSPEN di peringkat daerah.																								
xi. Memohon peruntukan kewangan dari pihak tertentu.																								
xii. Bertanggungjawab memberi penerangan tentang KOSPEN dalam mesyuarat Jawatankuasa Tindakan Daerah																								

MODUL C: PENGETAHUAN TENTANG KOSPEN

1.	Berikut adalah kenyataan benar mengenai KOSPEN? Tandakan (✓) di ruangan yang disediakan.				
	Kenyataan	Ya	Tidak	Tidak Tahu	Enggan Jawab
	vi. Objektif KOSPEN adalah untuk membentuk komuniti sihat dan produktif melalui pembudayaan gaya hidup sihat.				
	vii. Pegawai Kesihatan Daerah bertanggungjawab menjalankan aktiviti intervensi di lapangan secara langsung.				
	viii. Menambah nilai program dan aktiviti di bawah KEMAS.				
	ix. Mewujudkan sukarelawan kesihatan terlatih di kalangan komuniti.				
	x. Pasukan iNCD bertindak menjalankan saringan kesihatan kepada komuniti KOSPEN.				

2.	Berikut merupakan antara aktiviti utama yang dijalankan di dalam KOSPEN? Tandakan (✓) di ruangan yang disediakan.				
	Aktiviti	Ya	Tidak	Tidak Tahu	Enggan Jawab
	vi. Saringan kesihatan				
	vii. Kawasan bebas asap rokok				
	viii. Karnival sukan				
	ix. Demonstrasi masakan				
	x. Aktiviti fizikal berkala dan berjadual				

MODUL D: PENERIMAAN PROGRAM KOSPEN

				
Sangat Tidak Baik <i>Very Poor</i>	Tidak Baik <i>Poor</i>	Sederhana <i>Fair</i>	Baik <i>Good</i>	Sangat Baik <i>Excellent</i>
1	2	3	4	5

1.	Apakah pandangan umum anda tentang Program KOSPEN?	
	☐ Sangat tidak baik ☐ Tidak baik ☐ Sederhana ☐ Baik	☐ Sangat baik ☐ Tidak Tahu ☐ Enggan Jawab
2.	Apakah pandangan anda tentang keberkesanan Program KOSPEN dalam menangani masalah NCD di negara ini?	
	☐ Sangat tidak baik ☐ Tidak baik ☐ Sederhana ☐ Baik	☐ Sangat baik ☐ Tidak Tahu ☐ Enggan Jawab

3. Apakah pandangan anda mengenai **komponen KOSPEN** (seperti di bawah) dalam menjayakan objektif KOSPEN? Tandakan (✓) di ruangan yang disediakan.

Komponen Pengurusan	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan jawab
iii. Kesesuaian Bahan Pendidikan							
iv. Komitmen Pasukan iNCD							

Komponen Saringan	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan jawab
iv. Modul Latihan kepada Pasukan iNCD/ KEMAS							
v. Modul Latihan kepada Sukarelawan							
vi. Kualiti Peralatan Saringan							

Komponen Intervensi Faktor Risiko Peringkat Komuniti	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan jawab
vi. Pengurusan berat badan (Contoh: sudut pemeriksaan sendiri)							
vii. Amalan tidak Merokok (Contoh: Kawasan bebas asap rokok, papan tanda larangan merokok)							
viii. Amalan pemakanan sihat (Contoh: Penyediaan menu sihat)							
ix. Hidup Yang Aktif (Contoh: Trek 10 000 Langkah, Aktiviti fizikal berjadual dan berkala)							
x. Saringan Kesihatan (Contoh: Aktiviti saringan kesihatan, Pendidikan kesihatan)							

4.	Apakah pandangan anda mengenai kesan KOSPEN? Tandakan (✓) di ruangan yang disediakan.							
	Kesan KOSPEN	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju	Tidak Tahu	Enggan jawab
	iv. KOSPEN menambah nilai program / aktiviti di tempat saya.							
	v. KOSPEN membantu saya mendekati masyarakat di sekitar saya.							
	vi. KOSPEN mewujudkan persekitaran sihat di kawasan saya.							

MODUL E: LATIHAN KOSPEN

1.	Adakah anda telah diberikan taklimat mengenai KOSPEN? ☐ Ya ☐ Tidak (Terus Ke Modul F: Masalah/Isu Berkaitan KOSPEN)										
1a.	Jika Ya, anjuran siapa? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu. <table border="1"> <thead> <tr> <th>Anjuran</th> <th>Tandakan (✓)</th> </tr> </thead> <tbody> <tr> <td>v. Ibu Pejabat Kementerian Kesihatan Malaysia</td> <td></td> </tr> <tr> <td>vi. Jabatan Kesihatan Negeri</td> <td></td> </tr> <tr> <td>vii. KEMAS</td> <td></td> </tr> <tr> <td>viii. Pasukan iNCD</td> <td></td> </tr> </tbody> </table>	Anjuran	Tandakan (✓)	v. Ibu Pejabat Kementerian Kesihatan Malaysia		vi. Jabatan Kesihatan Negeri		vii. KEMAS		viii. Pasukan iNCD	
Anjuran	Tandakan (✓)										
v. Ibu Pejabat Kementerian Kesihatan Malaysia											
vi. Jabatan Kesihatan Negeri											
vii. KEMAS											
viii. Pasukan iNCD											
1b.	Jika Ya, nyatakan bila taklimat terkini tentang KOSPEN yang anda terima? ☐ < 3 bulan lepas ☐ 3– 6 bulan lepas ☐ > 6 bulan lepas										

1. Pada pandangan anda, adakah terdapat sebarang masalah mengenai komponen dalam KOSPEN. Tandakan (✓) di ruangan yang disediakan.

Komponen Latihan							
iii. Kandungan modul latihan	Memuaskan		Tidak Memuaskan		Tidak Tahu	Enggan Jawab	Tidak Berkaitan
iv. Peruntukan Kewangan	Mencukupi		Tidak Mencukupi		Tidak Tahu	Enggan Jawab	Tidak Berkaitan

Komponen Pelaksanaan							
vi. Kandungan modul latihan	Memuaskan		Tidak Memuaskan		Tidak Tahu	Enggan Jawab	
vii. Bilangan bahan pendidikan	Mencukupi		Tidak Mencukupi		Tidak Tahu	Enggan Jawab	
iii. Kesesuaian bahan pendidikan	Sesuai		Tidak Sesuai		Tidak Tahu	Enggan Jawab	
ix. Peruntukan kewangan	Mencukupi		Tidak Mencukupi		Tidak Tahu	Enggan Jawab	
x. Peralatan saringan	Mencukupi		Tidak Mencukupi		Tidak Tahu	Enggan Jawab	

Komponen pemantauan							
ii. Reten	Mesra Pelanggan		Tidak mesra Pelanggan		Tidak Tahu	Enggan Jawab	

PASUKAN iNCD

No Id Individu													
Kumpulan		Negeri		Daerah		Parlimen		Dun		Kampung		Individu	
O	1												

(Kosongkan Untuk Kegunaan Pejabat)

Program Komuniti Sihat Perkasa Negara (KOSPEN)

BORANG MAKLUMAT
(PASUKAN iNCD)

Tuan/Puan yang dihormati,

Kementerian Kesihatan Malaysia sedang menjalankan Penyelidikan ke atas pelaksanaan Program Komuniti Sihat Perkasa Negara (KOSPEN) untuk memperolehi **maklumat mengenai keberkesanan perlaksanaan program ini**. Maklumat ini akan digunakan bagi menambahbaikkan program yang sedang dilaksanakan..

Tuan/Puan telah terpilih untuk mengambil bahagian dalam penyelidikan ini dan dijemput menjawab borang soal selidik yang memakan masa daripada 15 hingga 30 minit.Semua maklumat akan dirahsiakan dan **akan hanya digunakan untuk tujuan penyelidikan sahaja**. Penglibatan Tuan/Puan adalah secara sukarela. dan tuan/puan boleh menarik diri pada bila-bila masa atau tidak menjawab mana-mana soalan dalam borang soal-selidik ini.

Jika ada sebarang pertanyaan tentang penyelidikan ini, Tuan/Puan boleh menghubungi En Lim Kuang Hock, Ketua Penyelidik Projek ini di Institut Kesihatan Umum, Jalan Bangsar, 50590, Kuala Lumpur, di talian 03-22979400 atau mana-mana pegawai di bilik operasi kami di alamat yang sama, atau di talian 03-22979540.

MODUL A: SOSIO – DEMOGRAFI

1.	Jantina ☐ Lelaki ☐ Perempuan ☐ Tidak tahu ☐ Enggan jawab
2.	Berapakah umur anda? Bundarkan kepada bentuk integer. Tahun ☐ Tidak tahu ☐ Enggan jawab
3.	Apakah bangsa anda? ☐ Melayu ☐ India ☐ Cina ☐ Tidak Tahu ☐ Lain-lain ☐ Enggan jawab
4.	Nyatakan tempoh perkhidmatan anda sekarang. _____ tahun _____ bulan
5.	Nyatakan tempoh perkhidmatan anda di tempat sekarang. _____ tahun _____ bulan
6.	Tempat bertugas terkini. Nyatakan: _____ _____
7.	Nyatakan jawatan anda ☐ Pegawai Sains Pemakanan ☐ Pegawai Pendidikan Kesihatan ☐ Penolong Pegawai Perubatan ☐ Penolong Pegawai Kesihatan Persekitaran ☐ Jururawat Kesihatan ☐ Lain –lain. Nyatakan: _____

MODUL B: KESEDARAN TENTANG PERANAN DALAM KOSPEN

1.	Adakah anda maklum anda telah dilantik sebagai Pasukan iNCD Daerah? ☐ Ya ☐ Tidak	2.	Adakah anda mengetahui fungsi Pasukan iNCD Daerah? ☐ Ya ☐ Tidak (Terus ke Modul C: Pengetahuan Tentang KOSPEN)																		
3.	Jika Ya, berikut adalah peranan dan fungsi Pasukan iNCD Daerah. Tandakan (✓) di ruangan yang disediakan. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Peranan dan Fungsi</th> <th style="width: 20%;">Ya</th> <th style="width: 20%;">Tidak</th> </tr> </thead> <tbody> <tr> <td>i. Menjalankan saringan kesihatan di lokaliti KOSPEN yang terpilih.</td> <td></td> <td></td> </tr> <tr> <td>ii. Menyelaraskan pelaksanaan aktiviti KOSPEN di peringkat daerah di komuniti terpilih.</td> <td></td> <td></td> </tr> <tr> <td>iii. Memberi input teknikal dalam pelaksanaan KOSPEN daerah.</td> <td></td> <td></td> </tr> <tr> <td>iv. Menjalankan program intervensi di lokaliti KOSPEN.</td> <td></td> <td></td> </tr> <tr> <td>v. Memberi latihan kepada Sukarelawan KOSPEN.</td> <td></td> <td></td> </tr> </tbody> </table>			Peranan dan Fungsi	Ya	Tidak	i. Menjalankan saringan kesihatan di lokaliti KOSPEN yang terpilih.			ii. Menyelaraskan pelaksanaan aktiviti KOSPEN di peringkat daerah di komuniti terpilih.			iii. Memberi input teknikal dalam pelaksanaan KOSPEN daerah.			iv. Menjalankan program intervensi di lokaliti KOSPEN.			v. Memberi latihan kepada Sukarelawan KOSPEN.		
Peranan dan Fungsi	Ya	Tidak																			
i. Menjalankan saringan kesihatan di lokaliti KOSPEN yang terpilih.																					
ii. Menyelaraskan pelaksanaan aktiviti KOSPEN di peringkat daerah di komuniti terpilih.																					
iii. Memberi input teknikal dalam pelaksanaan KOSPEN daerah.																					
iv. Menjalankan program intervensi di lokaliti KOSPEN.																					
v. Memberi latihan kepada Sukarelawan KOSPEN.																					

MODUL C: PENGETAHUAN TENTANG KOSPEN

1.	Berikut adalah kenyataan benar mengenai KOSPEN. Tandakan (✓) di ruangan yang disediakan.				
	Kenyataan	Ya	Tidak	Tidak tahu	Enggan jawab
i.	Objektif KOSPEN adalah untuk membentuk komuniti sihat dan produktif melalui pembudayaan amalan gaya hidup sihat.				
ii.	Pejabat Kesihatan Daerah bertanggungjawab menjalankan aktiviti intervensi di lapangan secara langsung.				
iii.	Menambah nilai program dan aktiviti di bawah KEMAS.				
iv.	Mewujudkan sukarelawan kesihatan terlatih di kalangan komuniti.				
v.	Pasukan iNCD bertindak menjalankan saringan kesihatan kepada komuniti KOSPEN.				
2.	Berikut merupakan antara aktiviti utama yang dijalankan di dalam KOSPEN. Tandakan (✓) di ruangan yang disediakan.				
	Aktiviti	Ya	Tidak	Tidak Tahu	Enggan Jawab
i.	Saringan kesihatan				
ii.	Kawasan bebas asap rokok				
iii.	Karnival sukan				
iv.	Demonstrasi masakan				
v.	Aktiviti fizikal				
3.	Berikut adalah modul asas di dalam KOSPEN. Tandakan (✓) di ruangan yang disediakan.				
	Modul Asas	Ya	Tidak	Tidak Tahu	Enggan Jawab
i.	Amalan Pemakanan sihat				
ii.	Hidup yang aktif				
iii.	Menangani tekanan				
iv.	Pengurusan berat badan				
v.	Pengurusan penyakit kronik				
vi.	Amalan Tidak merokok				
vii.	Saringan kesihatan				
viii.	Pencegahan kecederaan				

MODUL D: AMALAN DALAM KOSPEN

1. Adakah anda terlibat bersama Pasukan iNCD Daerah menjalankan latihan kepada sukarelawan? ☐ Ya ☐ Tidak	2. Adakah anda terlibat dalam pengumpulan dan analisa retan KOSPEN peringkat daerah? ☐ Ya ☐ Tidak												
3. Adakah anda terlibat di lapangan seperti berikut. Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu.													
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;">Aktiviti</th> <th style="width: 20%;">Ya</th> <th style="width: 20%;">Tidak</th> </tr> </thead> <tbody> <tr> <td>i. Taklimat kepada komuniti.</td> <td></td> <td></td> </tr> <tr> <td>ii. Mesyuarat Jawatankuasa KOSPEN komuniti.</td> <td></td> <td></td> </tr> <tr> <td>iii. Memberi bimbingan teknikal di lapangan semasa majlis / acara tertentu.</td> <td></td> <td></td> </tr> </tbody> </table>		Aktiviti	Ya	Tidak	i. Taklimat kepada komuniti.			ii. Mesyuarat Jawatankuasa KOSPEN komuniti.			iii. Memberi bimbingan teknikal di lapangan semasa majlis / acara tertentu.		
Aktiviti	Ya	Tidak											
i. Taklimat kepada komuniti.													
ii. Mesyuarat Jawatankuasa KOSPEN komuniti.													
iii. Memberi bimbingan teknikal di lapangan semasa majlis / acara tertentu.													
4. Adakah anda pernah menghadiri mesyuarat jawatankuasa KOSPEN peringkat daerah? ☐ Ya ☐ Tidak													
5. Adakah anda pernah menghadiri mesyuarat jawatankuasa KOSPEN peringkat komuniti? ☐ Ya ☐ Tidak													

MODUL E: PENERIMAAN PROGRAM KOSPEN

				
Sangat tidak baik <i>Very Poor</i>	Tidak baik <i>Poor</i>	Sederhana <i>Fair</i>	Baik <i>Good</i>	Sangat Baik <i>Excellent</i>
1	2	3	4	5

1.	Apakah pandangan umum anda tentang Program KOSPEN? ☐ Sangat tidak baik ☐ Tidak baik ☐ Sederhana ☐ Baik ☐ Sangat baik ☐ Tidak Tahu ☐ Enggan Jawab
2.	Apakah pandangan anda tentang keberkesanan Program KOSPEN dalam menangani masalah NCD di negara ini? ☐ Sangat tidak baik ☐ Tidak baik ☐ Sederhana ☐ Baik ☐ Sangat baik ☐ Tidak Tahu ☐ Enggan Jawab

5. Apakah pandangan anda mengenai kesan KOSPEN terhadap aktiviti rutin anda? Tandakan (✓) di ruangan yang disediakan.

Kesan KOSPEN	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju	Tidak Tahu	Enggan Jawab
i. KOSPEN menambah nilai program / aktiviti di tempat saya.							
ii. KOSPEN membantu saya mendekati masyarakat di sekitar saya.							
iii. KOSPEN mewujudkan persekitaran sihat di kawasan saya.							

MODUL F: LATIHAN KOSPEN

1. Adakah anda telah menghadiri latihan KOSPEN?

☐ Ya ☐ Tidak (Terus Ke Modul G : Masalah /Isu Berkaitan KOSPEN)

1a. Jika Ya, anjuran siapa? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari 1.

Anjuran	Tandakan (✓)
ix. Ibu Pejabat Kementerian Kesihatan Malaysia	
x. Jabatan Kesihatan Negeri	
xi. Pejabat Kesihatan Daerah	
xii. KEMAS	

1b. Jika Ya, nyatakan bila taklimat terkini tentang KOSPEN yang anda terima?

☐ < 3 bulan lepas

☐ 3– 6 bulan lepas

☐ > 6 bulan lepas

1c. Semasa latihan adakah anda menerima latihan **komponen modul** seperti berikut. Tandakan (✓) di ruangan yang disediakan.

Komponen Modul	Ya	Tidak	Tidak Tahu	Enggan Jawab
i. Amalan Pemakanan sihat				
ii. Pengurusan berat badan				
iii. Hidup yang aktif				
iv. Amalan Tidak merokok				
v. Saringan kesihatan				

1d.	Pernahkah pasukan iNCD daerah anda menganjurkan latihan pada sukarelawan di peringkat lokaliti? ☐ Ya ☐ Tidak (Terus ke Modul G Masalah / Isu Berkaitan KOSPEN)	1e.	Jika Ya, nyatakan bilangan latihan dijalankan? Bilangan latihan: _____ kali
-----	--	-----	--

MODUL G: MASALAH / ISU BERKAITAN KOSPEN

1.	Adakah terdapat sebarang masalah mengenai komponen dalam KOSPEN. Tandakan (✓) di ruangan yang disediakan. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="10" style="text-align: center;">Komponen Latihan</th></tr> <tr> <td>i. Kandungan modul latihan</td><td>Memuaskan</td><td></td><td>Tidak Memuaskan</td><td></td><td>Tidak Tahu</td><td></td><td>Enggan Jawab</td><td></td><td>Tidak Berkaitan</td></tr> <tr> <td>ii. Peruntukan Kewangan</td><td>Mencukupi</td><td></td><td>Tidak Mencukupi</td><td></td><td>Tidak Tahu</td><td></td><td>Enggan Jawab</td><td></td><td>Tidak Berkaitan</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="10" style="text-align: center;">Komponen Pelaksanaan</th></tr> <tr> <td>i. Kandungan bahan pendidikan</td><td>Memuaskan</td><td></td><td>Tidak Memuaskan</td><td></td><td>Tidak Tahu</td><td></td><td>Enggan Jawab</td><td></td><td></td></tr> <tr> <td>ii. Bilangan bahan pendidikan</td><td>Mencukupi</td><td></td><td>Tidak Mencukupi</td><td></td><td>Tidak Tahu</td><td></td><td>Enggan Jawab</td><td></td><td></td></tr> <tr> <td>iii. Kesesuaian bahan pendidikan</td><td>Sesuai</td><td></td><td>Tidak Sesuai</td><td></td><td>Tidak Tahu</td><td></td><td>Enggan Jawab</td><td></td><td></td></tr> <tr> <td>iv. Peruntukan kewangan</td><td>Mencukupi</td><td></td><td>Tidak Mencukupi</td><td></td><td>Tidak Tahu</td><td></td><td>Enggan Jawab</td><td></td><td></td></tr> <tr> <td>v. Peralatan saringan</td><td>Mencukupi</td><td></td><td>Tidak Mencukupi</td><td></td><td>Tidak Tahu</td><td></td><td>Enggan Jawab</td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="10" style="text-align: center;">Komponen pemantauan</th></tr> <tr> <td>i. Reten</td><td>Mesra Pelanggan</td><td></td><td>Tidak mesra Pelanggan</td><td></td><td>Tidak Tahu</td><td></td><td>Enggan Jawab</td><td></td><td></td></tr> </table>	Komponen Latihan										i. Kandungan modul latihan	Memuaskan		Tidak Memuaskan		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	ii. Peruntukan Kewangan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	Komponen Pelaksanaan										i. Kandungan bahan pendidikan	Memuaskan		Tidak Memuaskan		Tidak Tahu		Enggan Jawab			ii. Bilangan bahan pendidikan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab			iii. Kesesuaian bahan pendidikan	Sesuai		Tidak Sesuai		Tidak Tahu		Enggan Jawab			iv. Peruntukan kewangan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab			v. Peralatan saringan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab			Komponen pemantauan										i. Reten	Mesra Pelanggan		Tidak mesra Pelanggan		Tidak Tahu		Enggan Jawab		
Komponen Latihan																																																																																																															
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ii. Peruntukan Kewangan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab		Tidak Berkaitan																																																																																																						
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2.	Apakah pandangan anda mengenai KOSPEN? Nyatakan: _____ _____ _____ _____ _____ Langkah penambahbaikan: _____ _____ _____ _____ _____																																																																																																														

PENYELIA KEMAS/PEMAJU MASYARAKAT

No Id Individu													
Kumpulan		Negeri		Daerah		Parlimen		Dun		Kampung		Individu	
O	1												

(Kosongkan Untuk Kegunaan Pejabat)

Program Komuniti Sihat Perkasa Negara (KOSPEN)

BORANG MAKLUMAT
(PENYELIA KEMAS/PEMAJU MASYARAKAT)

Tuan/Puan yang dihormati,

Kementerian Kesihatan Malaysia sedang menjalankan Penyelidikan ke atas pelaksanaan Program Komuniti Sihat Perkasa Negara (KOSPEN) untuk memperolehi **maklumat mengenai keberkesanan pelaksanaan program ini**. Maklumat ini akan digunakan bagi menambahkan program yang sedang dilaksanakan..

Tuan/Puan telah terpilih untuk mengambil bahagian dalam penyelidikan ini dan dijemput menjawab borang soal selidik yang memakan masa daripada 15 hingga 30 minit. Semua maklumat akan dirahsiakan dan **akan hanya digunakan untuk tujuan penyelidikan sahaja**. Penglibatan Tuan/Puan adalah secara sukarela, dan tuan/puan boleh menarik diri pada bila-bila masa atau tidak menjawab mana-mana soalan dalam borang soal-selidik ini.

Jika ada sebarang pertanyaan tentang penyelidikan ini, Tuan/Puan boleh menghubungi En Lim Kuang Hock, Ketua Penyelidik Projek ini di Institut Kesihatan Umum, Jalan Bangsar, 50590, Kuala Lumpur, di talian 03-22979400 atau mana-mana pegawai di bilik operasi kami di alamat yang sama, atau di talian 03-22979540.

MODUL A: SOSIO - DEMOGRAFI

1.	Jantina ☐ Lelaki ☐ Tidak tahu ☐ Perempuan ☐ Enggan jawab		
2.	Berapakah umur anda? Bundarkan kepada bentuk integer. Tahun ☐ Tidak tahu ☐ Enggan jawab	3.	Apakah bangsa anda? ☐ Melayu ☐ Tidak Tahu ☐ India ☐ Lain-lain ☐ Cina ☐ Enggan jawab
4.	Apakah tahap pendidikan tertinggi anda? ☐ Sekolah Menengah ☐ Diploma ☐ Sijil ☐ Ijazah/Ijazah Lanjutan		
5.	Nyatakan tempoh perkhidmatan anda sekarang. _____ tahun _____ bulan	6.	Nyatakan tempoh perkhidmatan anda di tempat sekarang. _____ tahun _____ bulan
7.	Tempat bertugas terkini. Nyatakan _____	8.	Jawatan anda sekarang ☐ Penyelia ☐ Pemaju Masyarakat

MODUL B: KESEDARAN TENTANG PERANAN DALAM KOSPEN

1.	Adakah anda merupakan salah seorang ahli jawatankuasa KOSPEN? ☐ Ya ☐ Tidak	2.	Adakah anda mengetahui fungsi anggota KEMAS dalam KOSPEN? ☐ Ya ☐ Tidak (Ke Modul C :Pengetahuan Tentang KOSPEN)																		
2a.	Jika Ya, berikut adalah peranan dan fungsi KEMAS. Tandakan (✓) di ruangan yang disediakan.																				
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iv. Menjalankan saringan kesihatan di lokaliti KOSPEN yang terpilih.																					
v. Mengenalpasti sukarelawan.																					

MODUL C: PENGETAHUAN TENTANG KOSPEN

1.	Berikut merupakan kenyataan benar mengenai KOSPEN. Tandakan (✓) di ruangan yang disediakan.				
	Kenyataan	Ya	Tidak	Tidak Tahu	Enggan Jawab
i.	Objektif KOSPEN adalah untuk membentuk komuniti sihat dan produktif melalui pembudayaan amalan gaya hidup sihat				
ii.	Pejabat KEMAS Daerah bertanggungjawab menjalankan aktiviti intervensi di lapangan secara langsung.				
iii.	Menambah nilai program dan aktiviti di bawah KEMAS.				
iv.	Mewujudkan sukarelawan kesihatan terlatih dikalangan komuniti.				
v.	Pasukan iNCD bertindak menjalankan saringan kesihatan kepada komuniti KOSPEN.				
2.	Berikut merupakan antara aktiviti utama yang dilaksanakan di dalam KOSPEN. Tandakan (✓) di ruangan yang disediakan.				
	Aktiviti	Ya	Tidak	Tidak tahu	Enggan jawab
i.	Saringan kesihatan				
ii.	Kawasan bebas asap rokok				
iii.	Karnival sukan				
iv.	Demonstrasi masakan				
v.	Aktiviti fizikal berkala dan berjadual				
3.	Berikut adalah komponen asas didalam KOSPEN. Tandakan (✓) di ruangan yang disediakan.				
	Komponen Asas	Ya	Tidak	Tidak Tahu	Enggan Jawab
i.	Amalan Pemakanan sihat				
ii.	Hidup yang aktif				
iii.	Menangani tekanan				
iv.	Pengurusan berat badan				
v.	Pengurusan penyakit kronik				
vi.	Amalan tidak merokok				
vii.	Saringan kesihatan				
viii.	Pencegahan kecederaan				

MODUL D: AMALAN DALAM KOSPEN

1. Adakah anda terlibat bersama pasukan kesihatan menjalankan latihan kepada sukarelawan? ☐ Ya ☐ Tidak	2. Adakah anda terlibat dalam pengumpulan retan KOSPEN peringkat Daerah? ☐ Ya ☐ Tidak																				
3. Adakah anda terlibat di lapangan seperti berikut. Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 45%;">Aktiviti</th> <th style="width: 10%;">Ya</th> <th style="width: 10%;">Tidak</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 10%;">Enggan Jawab</th> </tr> </thead> <tbody> <tr> <td>i. Taklimat kepada komuniti.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ii. Mesyuarat jawatankuasa KOSPEN komuniti.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>iii. Memberi bimbingan teknikal di lapangan semasa majlis / acara tertentu.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Aktiviti	Ya	Tidak	Tidak Tahu	Enggan Jawab	i. Taklimat kepada komuniti.					ii. Mesyuarat jawatankuasa KOSPEN komuniti.					iii. Memberi bimbingan teknikal di lapangan semasa majlis / acara tertentu.				
Aktiviti	Ya	Tidak	Tidak Tahu	Enggan Jawab																	
i. Taklimat kepada komuniti.																					
ii. Mesyuarat jawatankuasa KOSPEN komuniti.																					
iii. Memberi bimbingan teknikal di lapangan semasa majlis / acara tertentu.																					
4. Adakah anda pernah menghadiri mesyuarat jawatankuasa KOSPEN peringkat daerah? ☐ Ya ☐ Tidak																					
5. Adakah anda pernah menghadiri mesyuarat jawatankuasa KOSPEN peringkat komuniti? ☐ Ya ☐ Tidak																					

MODUL E: PENERIMAAN PROGRAM KOSPEN

				
Sangat tidak baik <i>Very Poor</i>	Tidak baik <i>Poor</i>	Sederhana <i>Fair</i>	Baik <i>Good</i>	Sangat Baik <i>Excellent</i>
1	2	3	4	5

1.	Apakah pandangan umum anda tentang Program KOSPEN? ☐ Sangat tidak baik ☐ Tidak baik ☐ Sederhana ☐ Baik ☐ Sangat baik ☐ Tidak Tahu ☐ Enggan Jawab
2.	Apakah pandangan anda tentang keberkesanan Program KOSPEN dalam menangani masalah penyakit tidak berjangkit di Malaysia? Contoh: Kencing manis, Tekanan darah tinggi ☐ Sangat tidak baik ☐ Tidak baik ☐ Sederhana ☐ Baik ☐ Sangat baik ☐ Tidak Tahu ☐ Enggan Jawab

3. Apakah pandangan anda mengenai kesan KOSPEN terhadap aktiviti rutin anda? Tandakan (✓) di ruangan yang disediakan.

Kesan KOSPEN	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju	Tidak Tahu	Enggan Jawab
iv. KOSPEN menambah beban tugas saya.							
v. KOSPEN mengurangkan masa saya bersama keluarga.							
vi. KOSPEN menambah nilai program / aktiviti di tempat saya.							
vii. KOSPEN membantu saya mendekati masyarakat di sekitar saya.							
viii. KOSPEN mewujudkan persekitaran sihat di kawasan saya.							
ix. Saya dipandang sinis oleh masyarakat semasa melaksanakan KOSPEN.							
x. Saya tidak mendapat sebarang faedah dari penglibatan dalam KOSPEN.							

MODUL F: LATIHAN KOSPEN

1. Adakah anda telah menghadiri latihan KOSPEN?

☐ Ya ☐ Tidak (Terus ke Modul G: (Masalah /Isu Berkaitan KOSPEN)

1a. Jika Ya, anjuran siapa? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu.

Anjuran	Tandakan (✓)
i. Ibu Pejabat Kementerian Kesihatan Malaysia	
ii. Jabatan Kesihatan Negeri	
iii. Pejabat Kesihatan Daerah	
iv. KEMAS	

1b. Jika Ya, nyatakan bila latihan **terkini** yang anda terima ?

☐ < 3 bulan lepas

☐ 3– 6 bulan lepas

☐ > 6 bulan lepas

1c. Semasa latihan adakah anda menerima latihan **komponen** modul seperti berikut. Tandakan (✓)

Komponen	Ya	Tidak	Tidak Tahu	Enggan Jawab
i. Amalan Pemakanan sihat				
ii. Pengurusan berat badan				
iii. Aktiviti fizikal				
iv. Amalan tidak merokok				
v. Saringan kesihatan				

1d.	Pernahkah pasukan KEMAS daerah anda menjalankan latihan bersama pasukan iNCD kepada sukarelawan di peringkat lokaliti? ☐ Ya ☐ Tidak (Terus ke Modul G: (Masalah /Isu Berkaitan KOSPEN)	1e.	Jika Ya, nyatakan bilangan latihan dijalankan? Bilangan Latihan: _____
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MODUL G: MASALAH / ISU BERKAITAN KOSPEN

1.	Adakah terdapat sebarang masalah / isu mengenai komponen dalam KOSPEN. Tandakan (✓) di ruangan yang disediakan.									
Komponen Latihan										
	i. Kandungan modul latihan	Memuaskan		Tidak Memuaskan		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
Komponen Pelaksanaan										
	i. Kandungan bahan pendidikan	Memuaskan		Tidak Memuaskan		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	ii. Bilangan bahan pendidikan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	iii. Peruntukan kewangan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	iv. Peralatan saringan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	v. Mengenal pasti lokaliti	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	vi. Mengenal pasti sukarelawan	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	vii. Meyakinkan sukarelawan menjalankan aktiviti program	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	viii. Menyelaras program KOSPEN di antara pihak KEMAS dan Pejabat Kesihatan Daerah	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	ix. Memahami garis panduan perlaksanaan KOSPEN	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	x. Menyediakan tempat yang selamat untuk penyimpanan inventori	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
Komponen Pemantauan										
	Reten	Mesra Pelanggan		Tidak Mesra Pelanggan		Tidak Tahu		Enggan Jawab		Tidak Berkaitan
	i. Memasukkan data saringan ke dalam sistem KOSPEN	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan

2.	Apakah pandangan anda mengenai KOSPEN? Nyatakan: Langkah penambahbaikan:
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Appendix E

Program Komuniti Sihat Perkasa Negara (KOSPEN)

BORANG MAKLUMAT
(SUKARELAWAN GSiM)

Tuan/Puan yang dihormati,

Kementerian Kesihatan Malaysia sedang menjalankan Penyelidikan ke atas pelaksanaan Program Komuniti Sihat Perkasa Negara (KOSPEN) untuk memperolehi **maklumat mengenai keberkesanan pelaksanaan program ini**. Maklumat ini akan digunakan bagi menambahbaikkan program yang sedang dilaksanakan..

Tuan/Puan telah terpilih untuk mengambil bahagian dalam penyelidikan ini dan dijemput menjawab borang soal selidik yang memakan masa daripada 15 hingga 30 minit. Semua maklumat akan dirahsiakan dan **akan hanya digunakan untuk tujuan penyelidikan sahaja**. Penglibatan Tuan/Puan adalah secara sukarela. dan tuan/puan boleh menarik diri pada bila-bila masa atau tidak menjawab mana-mana soalan dalam borang soal-selidik ini.

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MODUL A: SOSIO - DEMOGRAFI

1.	Jantina ☐ Lelaki ☐ Tidak tahu ☐ Perempuan ☐ Enggan jawab		
2.	Berapakah umur anda? Bundarkan kepada bentuk integer. Tahun ☐ Tidak tahu ☐ Enggan jawab	3.	Apakah bangsa anda? ☐ Melayu ☐ Tidak Tahu ☐ India ☐ Lain-lain ☐ Cina ☐ Enggan jawab
4.	Apakah tahap pendidikan tertinggi anda? ☐ Sekolah Rendah ☐ Sekolah Menengah ☐ Sijil/ Diploma ☐ Ijazah/Ijazah Lanjutan ☐ Tidak tahu ☐ Enggan jawab	5.	Apakah taraf perkahwinan anda? ☐ Tidak Pernah Berkahwin/Bujang ☐ Berkahwin ☐ Berpisah ☐ Janda / Duda ☐ Balu ☐ Lain-lain ☐ Tidak tahu ☐ Enggan jawab
6.	Apakah pekerjaan anda? ☐ Pekerja Kerajaan ☐ Suri Rumah ☐ Pekerja Badan Berkanun ☐ Pelajar ☐ Pekerja Swasta ☐ Tidak Bekerja ☐ Bekerja Sendiri ☐ Tidak tahu ☐ Pekerja Tidak Dibayar Upah ☐ Enggan jawab		
7.	Tempat tinggal anda Nama Kampung _____		

MODUL B: KESEDARAN TENTANG PERANAN DALAM KOSPEN

1. Adakah anda maklum bahawa anda telah dilantik sebagai Sukarelawan KOSPEN? ☐ Ya ☐ Tidak tahu ☐ Tidak ☐ Enggan jawab	2. Adakah anda mengetahui fungsi dan peranan anda sebagai Sukarelawan KOSPEN? ☐ Ya ☐ Tidak (Ke Modul C: Pengetahuan Tentang KOSPEN)																														
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MODUL C: PENGETAHUAN TENTANG KOSPEN

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iii. Karnival sukan																															
iv. Demonstrasi masakan																															
v. Aktiviti fizikal berkala dan berjadual																															

3.	Berikut adalah kenyataan benar mengenai penyakit tidak berjangkit (NCD). Tandakan (✓) di ruangan yang sediakan.				
	Kenyataan	Ya	Tidak	Tidak Tahu	Enggan Jawab
	i. Merokok mengakibatkan penyakit diabetes (kencing manis)				
	ii. Klasifikasi indeks jisim tubuh (BMI) yang ideal adalah 18.5 -24.9.				
	iii. Tahap aktiviti fizikal yang aktif berdasarkan langkah bagi individu dewasa adalah 5000-7499.				
	iv. Pusat asuhan kanak-kanak merupakan tempat larangan merokok di bawah peruntukan undang –undang.				
	v. Makanan tinggi lemak merupakan faktor risiko penyakit tidak berjangkit (NCD)				
4.	Adakah anda mengetahui sistem rujukan KOSPEN ke klinik kesihatan untuk penduduk yang berisiko penyakit tidak berjangkit (NCD) seperti Kencing Manis dan Tekanan Darah Tinggi semasa saringan kesihatan dijalankan?				
	☐ Ya		☐ Tidak tahu		
	☐ Tidak		☐ Enggan jawab		
4a.	Jika Ya, berikut merupakan indikasi rujukan kes ke klinik kesihatan. Tandakan (✓) di ruangan yang disediakan.				
	Sistem Rujukan	Ya	Tidak	Tidak Tahu	Enggan Jawab
	i. Indeks jisim tubuh(BMI) $\geq 25\text{kg/m}^2$				
	ii. Paras gula dalam $\geq$ darah 5.6 mmol/L				
	iii. Paras tekanan darah ≥ 140 dan/ atau $\geq 90\text{mmHg}$				
	iv. Perokok yang ingin mendapatkan perkhidmatan berhenti merokok.				

MODUL D: AMALAN DALAM KOSPEN

1.	Adakah anda memberi diari kesihatan semasa menjalankan saringan kesihatan penduduk	2.	Adakah anda mencatatkan hasil pemeriksaan saringan kesihatan penduduk didalam diari kesihatan.
	☐ Ya ☐ Tidak		☐ Ya ☐ Tidak
3.	Adakah anda mencatatkan hasil pemeriksaan saringan kesihatan penduduk didalam buku daftar.	4.	Adakah anda pernah membuat rujukan kes ke klinik kesihatan bagi penduduk yang berisiko penyakit tidak berjangkit seperti Kencing Manis /Tekanan Darah Tinggi
	☐ Ya ☐ Tidak		☐ Ya ☐ Tidak (Ke Modul E: Penerimaan Program KOSPEN)

4a.	Jika Ya, kes apakah yang telah anda rujuk. Tandakan (✓) ruangan yang disediakan. Jawapan boleh lebih dari 1. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;">Kes</th> <th style="width: 10%;">Ya</th> <th style="width: 10%;">Tidak</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 10%;">Enggan Jawab</th> </tr> </thead> <tbody> <tr> <td>i. Obesiti</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ii. Paras gula tinggi</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>iii. Paras tekanan darah tinggi</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>iv. Perokok yang bersedia berhenti dan mahu dirujuk</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Kes	Ya	Tidak	Tidak Tahu	Enggan Jawab	i. Obesiti					ii. Paras gula tinggi					iii. Paras tekanan darah tinggi					iv. Perokok yang bersedia berhenti dan mahu dirujuk				
Kes	Ya	Tidak	Tidak Tahu	Enggan Jawab																						
i. Obesiti																										
ii. Paras gula tinggi																										
iii. Paras tekanan darah tinggi																										
iv. Perokok yang bersedia berhenti dan mahu dirujuk																										
4b.	Adakah anda menggunakan slip rujukan yang disediakan semasa merujuk penduduk berisiko? ☐ Ya ☐ Tidak																									

MODUL E: PENERIMAAN PROGRAM KOSPEN

				
Sangat tidak baik	Tidak baik	Sederhana	Baik	Sangat Baik
Very Poor	Poor	Fair	Good	Excellent
1	2	3	4	5

1.	Apakah pandangan umum anda tentang Program KOSPEN? <table style="width: 100%;"> <tr> <td>☐ Sangat tidak baik</td> <td>☐ Sangat baik</td> </tr> <tr> <td>☐ Tidak baik</td> <td>☐ Tidak Tahu</td> </tr> <tr> <td>☐ Sederhana</td> <td>☐ Enggan Jawab</td> </tr> <tr> <td>☐ Baik</td> <td></td> </tr> </table>	☐ Sangat tidak baik	☐ Sangat baik	☐ Tidak baik	☐ Tidak Tahu	☐ Sederhana	☐ Enggan Jawab	☐ Baik	
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☐ Tidak baik	☐ Tidak Tahu								
☐ Sederhana	☐ Enggan Jawab								
☐ Baik									
2.	Apakah pandangan anda tentang keberkesanan Program KOSPEN dalam menangani masalah penyakit tidak berjangkit di Malaysia? Contoh: Kencing manis, Tekanan darah tinggi <table style="width: 100%;"> <tr> <td>☐ Sangat tidak baik</td> <td>☐ Sangat baik</td> </tr> <tr> <td>☐ Tidak baik</td> <td>☐ Tidak Tahu</td> </tr> <tr> <td>☐ Sederhana</td> <td>☐ Enggan Jawab</td> </tr> <tr> <td>☐ Baik</td> <td></td> </tr> </table>	☐ Sangat tidak baik	☐ Sangat baik	☐ Tidak baik	☐ Tidak Tahu	☐ Sederhana	☐ Enggan Jawab	☐ Baik	
☐ Sangat tidak baik	☐ Sangat baik								
☐ Tidak baik	☐ Tidak Tahu								
☐ Sederhana	☐ Enggan Jawab								
☐ Baik									

3. Apakah pandangan anda mengenai **komponen** KOSPEN (seperti dibawah) dalam menjayakan objektif KOSPEN? Tandakan (✓) di ruangan yang disediakan.

Komponen Pengurusan	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan Jawab
i. Kesesuaian Bahan Pendidikan							
ii. Komitmen Pasukan iNCD							
Komponen Saringan	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan Jawab
i. Modul Latihan kepada Pasukan iNCD/ KEMAS							
ii. Modul Latihan kepada Sukarelawan							
iii. Kualiti Peralatan Saringan							
Komponen Intervensi Faktor Risiko Peringkat Komuniti	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan Jawab
i. Pengurusan berat badan (Contoh: sudut pemeriksaan sendiri)							
ii. Amalan tidak merokok (Contoh: Kawasan bebas asap rokok, papan tanda larangan merokok)							
iii. Amalan pemakanan sihat Contoh: Penyediaan menu sihat)							
iv. Hidup Yang Aktif (Contoh: Trek 10 000 Langkah, Aktiviti fizikal berjadual dan berkala)							
v. Saringan Kesihatan (Contoh; Aktiviti saringan kesihatan, Pendidikan kesihatan)							

4. Apakah pandangan anda mengenai **amalan** yang disyorkan di dalam Program KOSPEN? Tandakan (✓) di ruangan yang disediakan.

Amalan	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan Jawab
i. Pengasingan gula dalam minuman panas.							
ii. Penyediaan air kosong semasa majlis.							
iii. Penyediaan buah – buahan dan sayur – sayuran dalam menu utama.							
iv. Pengisytiharan majlis rasmi sebagai kawasan bebas asap rokok.							
v. Penyediaan sudut pemeriksaan berat badan sendiri.							
vi. Menjalankan aktiviti fizikal/sukan/riadah yang berkala dan berjadual							
vii. Meletakkan papan tanda larangan merokok di kawasan yang diwartakan sebagai tempat larangan merokok.							

5.	Apakah pandangan anda mengenai kesan KOSPEN terhadap aktiviti rutin anda? Tandakan (✓) di ruangan yang disediakan. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Kesan KOSPEN</th> <th style="width: 10%;">Sangat Tidak Setuju</th> <th style="width: 10%;">Tidak Setuju</th> <th style="width: 10%;">Neutral</th> <th style="width: 10%;">Setuju</th> <th style="width: 10%;">Sangat Setuju</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 10%;">Enggan Jawab</th> </tr> </thead> <tbody> <tr> <td>xi. KOSPEN menambah beban tugas saya.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>xii. KOSPEN mengurangkan masa saya bersama keluarga.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>xiii. KOSPEN menambah nilai program / aktiviti di tempat saya.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>xiv. KOSPEN membantu saya mendekati masyarakat di sekitar saya.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>xv. KOSPEN mewujudkan persekitaran sihat di kawasan saya.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>xvi. Saya dipandang sinis oleh masyarakat semasa melaksanakan KOSPEN.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>xvii. Saya tidak mendapat sebarang faedah dari penglibatan dalam KOSPEN.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	Kesan KOSPEN	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju	Tidak Tahu	Enggan Jawab	xi. KOSPEN menambah beban tugas saya.								xii. KOSPEN mengurangkan masa saya bersama keluarga.								xiii. KOSPEN menambah nilai program / aktiviti di tempat saya.								xiv. KOSPEN membantu saya mendekati masyarakat di sekitar saya.								xv. KOSPEN mewujudkan persekitaran sihat di kawasan saya.								xvi. Saya dipandang sinis oleh masyarakat semasa melaksanakan KOSPEN.								xvii. Saya tidak mendapat sebarang faedah dari penglibatan dalam KOSPEN.							
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MODUL F: LATIHAN KOSPEN

1.	Adakah anda telah menghadiri latihan KOSPEN ☐ Ya ☐ Tidak (Terus ke Modul G: (Masalah /Isu Berkaitan KOSPEN))																														
1a.	Jika Ya, anjuran siapa? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Anjuran</th> <th style="width: 50%;">Tandakan (✓)</th> </tr> </thead> <tbody> <tr> <td>i. Ibu Pejabat Kementerian Kesihatan Malaysia</td> <td></td> </tr> <tr> <td>ii. Jabatan Kesihatan Negeri</td> <td></td> </tr> <tr> <td>iii. KEMAS</td> <td></td> </tr> <tr> <td>iv. Pejabat Kesihatan Daerah</td> <td></td> </tr> </tbody> </table>	Anjuran	Tandakan (✓)	i. Ibu Pejabat Kementerian Kesihatan Malaysia		ii. Jabatan Kesihatan Negeri		iii. KEMAS		iv. Pejabat Kesihatan Daerah																					
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iii. KEMAS																															
iv. Pejabat Kesihatan Daerah																															
1b.	Jika Ya, nyatakan bila latihan/taklimat KOSPEN terkini yang anda terima ? ☐ < 3 bulan lepas ☐ 3– 6 bulan lepas ☐ > 6 bulan lepas																														
1c.	Semasa latihan adakah anda menerima latihan komponen modul seperti berikut. Tandakan (✓) di ruangan yang disediakan. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Komponen</th> <th style="width: 15%;">Ya</th> <th style="width: 15%;">Tidak</th> <th style="width: 15%;">Tidak Tahu</th> <th style="width: 15%;">Enggan Jawab</th> </tr> </thead> <tbody> <tr> <td>i. Amalan Pemakanan sihat</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>ii. Pengurusan berat badan</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>iii. Aktiviti fizikal</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>iv. Amalan tidak merokok</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>v. Saringan kesihatan</td> <td></td><td></td><td></td><td></td> </tr> </tbody> </table>	Komponen	Ya	Tidak	Tidak Tahu	Enggan Jawab	i. Amalan Pemakanan sihat					ii. Pengurusan berat badan					iii. Aktiviti fizikal					iv. Amalan tidak merokok					v. Saringan kesihatan				
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iii. Aktiviti fizikal																															
iv. Amalan tidak merokok																															
v. Saringan kesihatan																															

MODUL G: MASALAH/ISU BERKAITAN KOSPEN

1.	Adakah terdapat sebarang masalah /isu mengenai komponen berikut di dalam KOSPEN? Tandakan (✓) diruangan yang disediakan.											
	Komponen Latihan											
	i.	Kandungan modul latihan	Memuaskan		Tidak Memuaskan		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	
	ii.	Mamahami manual latihan KOSPEN	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	
	Komponen Pelaksanaan											
	iii.	Kandungan bahan pendidikan	Memuaskan		Tidak Memuaskan		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	
	iv.	Bilangan bahan pendidikan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	
	v.	Peralatan saringan	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	
	vi.	Tenaga Kerja	Mencukupi		Tidak Mencukupi		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	
	vii.	Memahami garis panduan pelaksanaan KOSPEN	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	
	viii.	Menyediakan tempat yang selamat untuk penyimpanan inventori	Mudah		Susah		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	
	Komponen Pemantauan											
	i.	Reten	Mesra Pelanggan		Tidak Mesra Pelanggan		Tidak Tahu		Enggan Jawab		Tidak Berkaitan	

KOMUNITI											
ID:											
	NEGERI	DP	DB	BP	STRATA	TK	ISIRUMAH	INDIVIDU			

Program Komuniti Sihat Perkasa Negara (KOSPEN)

BORANG MAKLUMAT
(KOMUNITI)

Borang soal selidik ini hanya perlu dijawab oleh responden berumur 18 tahun dan keatas.

Tuan/Puan yang dihormati,

Kementerian Kesihatan Malaysia sedang menjalankan Program Komuniti Sihat Perkasa Negara (KOSPEN) untuk memperoleh **maklumat mengenai pelaksanaan program KOSPEN**. Maklumat ini akan digunakan bagi meningkatkan taraf perkhidmatan kesihatan.

Tuan/Puan telah terpilih secara rawak untuk mengambil bahagian dalam program ini. Borang soal selidik ini boleh diisi dalam masa 15 hingga 30 minit.

Semua maklumat akan dirahsiakan dan **akan hanya digunakan untuk tujuan penyelidikan sahaja**.

Penglibatan Tuan/Puan adalah secara sukarela. Tuan/Puan boleh menarik diri pada bila-bila masa sepanjang sesi temuramah ini atau tidak menjawab mana-mana soalan.

Jika ada sebarang pertanyaan tentang tinjauan ini, Tuan/Puan boleh menghubungi En Lim Kuang Hock, Ketua Penyelidik tinjauan ini di Institut Kesihatan Umum, Jalan Bangsar, 50590, Kuala Lumpur, di talian 03-22979400 atau mana-mana pegawai di bilik operasi kami di alamat yang sama, atau di talian 03-22979540

ID PENEMURAMAH :

KEPUTUSAN : 1) LENGKAP 2) TIDAK LENGKAP 3) ENGGAN JAWAB* 4) LAIN-LAIN*

* NYATAKAN: _____

MODUL A: MAKLUMAT ISI RUMAH

1.	Berapakah bilangan ahli isirumah anda ? (Yang Tinggal Bersama) 18 tahun dan ke atas Bawah 18 tahun	2.	Nama ketua isirumah ini. _____
3.	Saya perlukan maklumat mengenai hubungan setiap ahli isirumah dengan ... [bacakan nama ketua isirumah].		

Jadual Isi Rumah (Hanya perlu dijawab oleh ketua isirumah)				
Maklumat sosio-demografi				
No	Nama ahli isi rumah	Jantina	Umur (Tahun genap pada hari lahir terakhir)	Hubungan dengan ketua isi rumah
			Tahun	

Pemberi maklumat

Hubungan dengan ahli isi rumah	
1. Ketua Isi rumah	8. Mertua
2. Suami atau isteri	9. Menantu
3. Ibu bapa	10. Ipar duai
4. Anak	11. Saudara-mara lain
5. Datuk/nenek atau moyang	12. Kawan
6. Cucu atau cicit	13. Pekerja seperti pembantu rumah, pemandu ,pekebun dll.
7. Adik-beradik	14. Lain-lain

MODUL B: SOSIO - DEMOGRAFI

1.	Jantina ☐ Lelaki ☐ Perempuan ☐ Tidak tahu ☐ Enggan jawab		
2.	Berapakah umur anda? Bundarkan kepada bentuk integer. Tahun ☐ Tidak tatu ☐ Enggan jawab	3.	Apakah bangsa anda? ☐ Melayu ☐ India ☐ Cina ☐ Tidak Tahu ☐ Lain-lain ☐ Enggan jawab
4.	Apakah tahap pendidikan tertinggi anda? ☐ Tidak Bersekolah ☐ Sekolah Rendah ☐ Sekolah Menengah ☐ Sijil/Diploma ☐ Ijazah/Ijazah Lanjutan ☐ Tidak tahu ☐ Enggan jawab	5.	Apakah taraf perkahwinan anda? ☐ Tidak Pernah Berkahwin/Bujang ☐ Berkahwin ☐ Berpisah ☐ Janda /Duda ☐ Balu ☐ Lain-lain ☐ Tidak tahu ☐ Enggan jawab
6.	Apakah pekerjaan anda? ☐ Pekerja Kerajaan ☐ Pekerja Badan Berkanun ☐ Pekerja Swasta ☐ Bekerja Sendiri ☐ Pekerja Tidak Dibayar Upah ☐ Suri Rumah ☐ Pelajar ☐ Tidak Bekerja ☐ Tidak tahu ☐ Enggan jawab		
7.	Berapakah purata pendapatan kasar anda sebulan, dari segi		
7a.	...pendapatan dari bekerja / gaji / upah / pencen RM ☐ Tidak tahu ☐ Enggan jawab		
7b.	...wang yang diterima daripada ahli isirumah lain yang tinggal bersama RM ☐ Tidak tahu ☐ Enggan jawab		

7c.	...wang dari sumber lain, cth daripada kutipan sewa aset, wang daripada ahli keluarga yang tidak tinggal bersama, biasiswa, kebajikan masyarakat, Baitulmal dll RM <table border="1" style="display: inline-table; width: 150px;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> ☐ Tidak tahu ☐ Enggan jawab																								
8.	Adakah anda menghidap penyakit berikut? <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 45%;">Jenis penyakit</th> <th style="width: 10%;">Ya</th> <th style="width: 10%;">Tidak</th> <th style="width: 10%;">Tidak tahu</th> <th style="width: 15%;">Enggan jawab</th> </tr> </thead> <tbody> <tr> <td>i. Sakit Jantung</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ii. Darah Tinggi/Hypertension</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>iii. Kencing Manis/Diabetis</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Jenis penyakit	Ya	Tidak	Tidak tahu	Enggan jawab	i. Sakit Jantung					ii. Darah Tinggi/Hypertension					iii. Kencing Manis/Diabetis				
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ii. Darah Tinggi/Hypertension																									
iii. Kencing Manis/Diabetis																									

MODUL C: KESEDARAN TENTANG PERANAN DALAM KOSPEN

1.	Adakah anda pernah mendengar tentang program KOSPEN? ☐ Ya ☐ Tidak (Tamatkan sesi temubual)																					
2.	Dari sumber manakah anda mendapatkan maklumat berkenaan KOSPEN? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu. Bacakan pilihan jawapan kepada responden. <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 70%;">Sumber Maklumat</th> <th style="width: 30%;">Tandakan (✓)</th> </tr> </thead> <tbody> <tr><td>i. Rakan</td><td></td></tr> <tr><td>ii. Agensi kesihatan</td><td></td></tr> <tr><td>iii. Agensi KEMAS</td><td></td></tr> <tr><td>iv. Papan tanda</td><td></td></tr> <tr><td>v. Media massa (TV, Radio, surat khabar dll)</td><td></td></tr> <tr><td>vi. Media Sosial (Facebook, Twitter, Instagram, WeChat, Whatapps)</td><td></td></tr> <tr><td>vii. Jawatan Kuasa Keselamatan dan Kemajuan Kampung (JKKK)</td><td></td></tr> <tr><td>viii. Sukarelawan</td><td></td></tr> <tr><td>Lain-lain nyatakan : _____</td><td></td></tr> </tbody> </table> ☐ Tidak tahu ☐ Enggan jawab		Sumber Maklumat	Tandakan (✓)	i. Rakan		ii. Agensi kesihatan		iii. Agensi KEMAS		iv. Papan tanda		v. Media massa (TV, Radio, surat khabar dll)		vi. Media Sosial (Facebook, Twitter, Instagram, WeChat, Whatapps)		vii. Jawatan Kuasa Keselamatan dan Kemajuan Kampung (JKKK)		viii. Sukarelawan		Lain-lain nyatakan : _____	
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Lain-lain nyatakan : _____																						

MODUL D: PENGETAHUAN TENTANG KOSPEN

1.	Daripada senarai berikut, agensi manakah yang terlibat secara langsung dalam melaksanakan program KOSPEN? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu. Bacakan pilihan jawapan kepada responden. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Aktiviti</th> <th style="width: 40%;">Tandakan (✓)</th> </tr> </thead> <tbody> <tr><td>i. Jabatan Kebajikan Masyarakat</td><td></td></tr> <tr><td>ii. Pejabat Daerah</td><td></td></tr> <tr><td>iii. RELA</td><td></td></tr> <tr><td>iv. Agensi KEMAS</td><td></td></tr> <tr><td>v. Pejabat Kesihatan Daerah</td><td></td></tr> <tr><td>vi. Klinik Kesihatan</td><td></td></tr> <tr><td>vii. Jabatan Perikanan</td><td></td></tr> <tr><td>viii. Institusi Kewangan spt Bank Simpanan Nasional</td><td></td></tr> </tbody> </table>	Aktiviti	Tandakan (✓)	i. Jabatan Kebajikan Masyarakat		ii. Pejabat Daerah		iii. RELA		iv. Agensi KEMAS		v. Pejabat Kesihatan Daerah		vi. Klinik Kesihatan		vii. Jabatan Perikanan		viii. Institusi Kewangan spt Bank Simpanan Nasional													
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2.	Berikut merupakan antara aktiviti utama yang dilaksanakan dalam KOSPEN? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu. Bacakan pilihan jawapan kepada responden. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Aktiviti</th> <th style="width: 10%;">Ya</th> <th style="width: 10%;">Tidak</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 20%;">Enggan Jawab</th> </tr> </thead> <tbody> <tr><td>i. Saringan kesihatan</td><td></td><td></td><td></td><td></td></tr> <tr><td>ii. Kawasan bebas asap rokok</td><td></td><td></td><td></td><td></td></tr> <tr><td>iii. Karnival sukan</td><td></td><td></td><td></td><td></td></tr> <tr><td>iv. Demonstrasi masakan</td><td></td><td></td><td></td><td></td></tr> <tr><td>v. Aktiviti fizikal</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Aktiviti	Ya	Tidak	Tidak Tahu	Enggan Jawab	i. Saringan kesihatan					ii. Kawasan bebas asap rokok					iii. Karnival sukan					iv. Demonstrasi masakan					v. Aktiviti fizikal				
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MODUL E: AMALAN DALAM KOSPEN

1.	Adakah anda terlibat di dalam aktiviti-aktiviti KOSPEN? ☐ Ya ☐ Tidak (Ke Modul G: Masalah/Isu Berkaitan KOSPEN)																																																		
2.	Jika Ya, tandakan aktiviti yang anda telah sertai. Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Aktiviti</th> <th style="width: 10%;">Ya</th> <th style="width: 10%;">Tidak</th> <th style="width: 10%;">Tidak tahu</th> <th style="width: 20%;">Enggan Jawab</th> </tr> </thead> <tbody> <tr><td>i. Saringan kesihatan</td><td></td><td></td><td></td><td></td></tr> <tr><td>ii. Ceramah kesihatan</td><td></td><td></td><td></td><td></td></tr> <tr><td>iii. Demonstrasi masakan</td><td></td><td></td><td></td><td></td></tr> <tr><td>iv. Program rumah bebas asap rokok</td><td></td><td></td><td></td><td></td></tr> <tr><td>v. Menghadiri majlis rasmi yang mengasingkan gula dari minuman panas (Contoh: Majlis yang dianjurkan oleh jabatan kerajaan / Jawatan kuasa kemajuan dan keselamatan kampung (JKKK)</td><td></td><td></td><td></td><td></td></tr> <tr><td>vi. Menghadiri majlis rasmi yang menyediakan air kosong</td><td></td><td></td><td></td><td></td></tr> <tr><td>vii. Menghadiri majlis rasmi yang menyediakan buah-buahan atau sayur - sayuran dalam menu utama</td><td></td><td></td><td></td><td></td></tr> <tr><td>viii. Aktiviti fizikal / sukan / riadah / rekreasi yang dianjurkan</td><td></td><td></td><td></td><td></td></tr> <tr><td>ix. Program berjalan 10,000 langkah</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Aktiviti	Ya	Tidak	Tidak tahu	Enggan Jawab	i. Saringan kesihatan					ii. Ceramah kesihatan					iii. Demonstrasi masakan					iv. Program rumah bebas asap rokok					v. Menghadiri majlis rasmi yang mengasingkan gula dari minuman panas (Contoh: Majlis yang dianjurkan oleh jabatan kerajaan / Jawatan kuasa kemajuan dan keselamatan kampung (JKKK)					vi. Menghadiri majlis rasmi yang menyediakan air kosong					vii. Menghadiri majlis rasmi yang menyediakan buah-buahan atau sayur - sayuran dalam menu utama					viii. Aktiviti fizikal / sukan / riadah / rekreasi yang dianjurkan					ix. Program berjalan 10,000 langkah				
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3.	Setelah mengikuti program KOSPEN adakah anda mengamalkan amalan berikut. Tandakan (✓) di ruangan yang disediakan.				
	Amalan	Ya	Tidak	Tidak tahu	Enggan jawab
i.	Menggunakan diari/buku catatan kesihatan untuk memantau tahap kesihatan diri.				
ii.	Mengurangkan gula dalam minuman dan makanan				
iii.	Mengurangkan lemak dalam makanan				
iv.	Makan lebih buah-buahan dan sayur-sayuran				
v.	Mengamalkan budaya minum air kosong				
vi.	Tidak merokok di kawasan-kawasan yang diisytiharkan kawasan bebas asap rokok.				
vii.	Memilih makanan secara sihat dan seimbang				
viii.	Menggunakan trek 10,000 langkah sekurang-kurangnya sekali dalam seminggu				
ix.	Menggunakan kemudahan mesin penimbang sendiri yang disediakan.				
x.	Meningkatkan aktiviti fizikal (contoh : berjalan laju, berbasikal, bermain badminton)				
4a	Adakah anda pernah menjalani pemeriksaan kesihatan di bawah program KOSPEN? ☐ Ya (ke Soalan 4b) ☐ Tidak (Ke Modul F: Penerimaan Program KOSPEN)				
4b	Setelah mengikuti program KOSPEN adakah anda mengetahui keputusan pemeriksaan kesihatan anda ? ☐ Ya (ke Soalan 4c) ☐ Tidak (Ke Modul F: Penerimaan Program KOSPEN)				
4c	Jika Ya, adakah keputusan tersebut normal? Tandakan (✓) di ruangan yang disediakan.				
	Pengetahuan	Ya	Tidak	Tidak Tahu	Enggan Jawab
i.	Paras tekanan darah				
ii.	Paras gula dalam darah				
iii.	Indeks jisim badan (BMI)				

MODUL F: PENERIMAAN PROGRAM KOSPEN

				
Sangat tidak baik <i>Very Poor</i>	Tidak baik <i>Poor</i>	Sederhana <i>Fair</i>	Baik <i>Good</i>	Sangat Baik <i>Excellent</i>
1	2	3	4	5

1.	Apakah pandangan umum anda tentang Program KOSPEN?	
	☐ Sangat tidak baik ☐ Tidak baik ☐ Sederhana ☐ Baik	☐ Sangat baik ☐ Tidak Tahu ☐ Enggan Jawab
2.	Apakah pandangan anda tentang keberkesanan Program KOSPEN dalam menangani masalah penyakit tidak berjangkit di Malaysia? Contoh: Kencing manis, Tekanan darah tinggi	
	☐ Sangat tidak baik ☐ Tidak baik ☐ Sederhana ☐ Baik	☐ Sangat baik ☐ Tidak Tahu ☐ Enggan Jawab

3.	Apakah pandangan anda mengenai amalan yang disyorkan di dalam program KOSPEN? Tandakan (✓) diruangan yang disediakan. Bacakan pilihan jawapan kepada responden. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Amalan</th> <th style="width: 10%;">Sangat Tidak Baik</th> <th style="width: 10%;">Tidak Baik</th> <th style="width: 10%;">Sederhana</th> <th style="width: 10%;">Baik</th> <th style="width: 10%;">Sangat Baik</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 10%;">Enggan Jawab</th> </tr> </thead> <tbody> <tr> <td>i. Pengasingan gula dalam minuman panas (kopi, teh, milo, horlick)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ii. Penyediaan air kosong semasa majlis</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>iii. Penyediaan buah – buahan dan sayur – sayuran dalam menu utama</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>iv. Pengistiharan majlis rasmi sebagai kawasan bebas asap rokok.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>v. Penyediaan sudut pemeriksaan berat badan sendiri.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>vi. Menjalankan aktiviti fizikal/sukan/ riadah</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	Amalan	Sangat Tidak Baik	Tidak Baik	Sederhana	Baik	Sangat Baik	Tidak Tahu	Enggan Jawab	i. Pengasingan gula dalam minuman panas (kopi, teh, milo, horlick)								ii. Penyediaan air kosong semasa majlis								iii. Penyediaan buah – buahan dan sayur – sayuran dalam menu utama								iv. Pengistiharan majlis rasmi sebagai kawasan bebas asap rokok.								v. Penyediaan sudut pemeriksaan berat badan sendiri.								vi. Menjalankan aktiviti fizikal/sukan/ riadah							
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4.	Adakah maklumat yang disampaikan semasa aktiviti-aktiviti KOSPEN yang dijalankan mudah difahami ? ☐ Ya ☐ Tidak																																																								
5.	Adakah aktiviti-aktiviti KOSPEN yang dilaksanakan mudah diikuti? ☐ Ya ☐ Tidak																																																								

MODUL G: MASALAH / ISU BERKAITAN KOSPEN

1.	Adakah anda menghadapi sebarang halangan untuk mengikuti program KOSPEN? ☐ Ya ☐ Tidak (Tamatkan Sesi Temubual)																																								
2.	Jika Ya, apakah halangan/cabaran yang anda hadapi? Tandakan (✓) di ruangan yang disediakan. Jawapan boleh lebih dari satu. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;">Halangan / Cabaran</th> <th style="width: 10%;">Ya</th> <th style="width: 10%;">Tidak</th> <th style="width: 10%;">Tidak Tahu</th> <th style="width: 10%;">Enggan Jawab</th> </tr> </thead> <tbody> <tr> <td>i. Tiada masa</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>ii. Tiada kawan</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>iii. Tiada kemudahan sesuai (Contoh: padang bola, padang futsal, gym, taman permainan)</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>iv. Malu</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>v. Aktiviti tidak menarik</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>vi. Tidak berminat</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>vii. Tiada pengangkutan</td> <td></td><td></td><td></td><td></td> </tr> </tbody> </table> Lain-lain. Nyatakan: _____	Halangan / Cabaran	Ya	Tidak	Tidak Tahu	Enggan Jawab	i. Tiada masa					ii. Tiada kawan					iii. Tiada kemudahan sesuai (Contoh: padang bola, padang futsal, gym, taman permainan)					iv. Malu					v. Aktiviti tidak menarik					vi. Tidak berminat					vii. Tiada pengangkutan				
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RISALAH MAKLUMAT (18 TAHUN DAN KE ATAS)

1. Tajuk:

Penilaian keberkesanan Implementasi Program "Komuniti Sihat, Perkasa Negara" (KOSPEN) di Malaysia (Fasa 1)

2. Nama Penyelidik Utama dan Institusi:

Lim Kuang Hock, Institut Kesihatan Umum, Jalan Bangsar, Kuala Lumpur.

3. NamaPenaja:

Institut Kesihatan Umum, Kementerian Kesihatan Malaysia

4. Pengenalan:

Kementerian Kesihatan Malaysia sedang menjalankan Tinjauan untuk menilai keberkesanan implementasi Program "Komuniti Sihat, Perkasa Negara"(KOSPEN) di Malaysia (Fasa 1) pada tahun ini. Maklumat di bawah akan menjelaskan hal-hal berkenaan tinjauan tersebut dengan lebih mendalam.

Adalah penting untuk anda memahami mengapa tinjauan ini dilakukan dan apa yang perlu anda lakukan. Sila ambil masa yang secukupnya untuk membaca dengan teliti penerangan yang diberi sebelum anda bersetuju untuk menyertai tinjauan ini. Jika ada mempunyai sebarang kemusykilan ataupun memerlukan maklumat lanjut, anda boleh bertanya dengan mana-mana ahli kumpulan tinjauan ini.

Setelah anda memahami maklumat tinjauan ini dan berhasrat untuk mengambil bahagian, anda perlu menandatangani Borang Persetujuan Responden yang disertakan pada muka surat terakhir risalah ini. Penyertaan anda dalam tinjauan ini adalah secara sukarela dan anda boleh menarik diri pada bila-bila masa. Tuan/Puan boleh tidak menjawab mana-mana soalan. Keengganan anda untuk mengambil bahagian, atau penarikan diri anda tidak akan menjejaskan sebarang manfaat perubatan atau kesihatan yang sememangnya hak anda. Anda boleh menarik diri sekiranya enggan mengambil bahagian.

Tinjauan ini ditaja sepenuhnya oleh Kementerian Kesihatan Malaysia dan telah mendapat kelulusan Jawatankuasa Etika dan Penyelidikan Perubatan, Kementerian Kesihatan Malaysia.

5. Apakah tujuan tinjauan ini dilakukan?

Tujuan tinjauan ini dijalankan adalah untuk menilai keberkesanan implementasi program "Komuniti Sihat, Perkasa Negara" (KOSPEN) di kalangan masyarakat di Malaysia. Maklumat yang diperolehi ini akan dikaji dan dinilai bagi menambahbaikkan program yang sedang dilaksanakan . Tinjauan ini akan berlangsung kira-kira 2 bulan dan seramai 4,000 responden akan terlibat di dalam tinjauan ini.

6. Apakah yang perlu saya lalui/lakukan sekiranya bersetuju untuk menyertai tinjauan ini?

Tinjauan ini akan meliputi:

- Sesi temuramah setiap ahli isirumah oleh ahli pengumpulan data. Soalan yang akan ditanya adalah berkaitan dengan implementasi program KOSPEN.
- Memberi respon terhadap soalan-soalan kaji selidik yang ditanya oleh ahli pasukan penyelidik.

7. Apakah tanggungjawab saya sewaktu menyertai tinjauan ini?

Adalah penting untuk anda menjawab kesemua soalan yang ditanya oleh ahli penyelidik dengan lengkap. Menyertai tinjauan ini tidak memerlukan anda mengeluarkan sebarang perbelanjaan.

8. Apakah risiko dan kesan-kesan sampingan menyertai tinjauan ini?

Tiada Risiko dan kesan-kesan sampingan yang dijangka timbul dengan menyertai kajian ini.

9. Apakah manfaatnya saya menyertai tinjauan ini?

Anda tidak mempunyai sebarang manfaat kesihatan apabila menyertai tinjauan ini. Walaubagaimanapun, segala maklumat yang diperolehi daripada tinjauan ini akan dapat membantu dalam meningkatkan dan menambatkan pelaksanaan program KOSPEN di negara ini.

10. Adakah maklumat peribadi saya akan dirahsiakan?

Segala maklumat anda yang diperolehi dalam tinjauan ini akan disimpan dan dikendalikan secara sulit, bersesuaian dengan peraturan-peraturan dan/ atau undang-undang yang berkenaan. Sekiranya hasil tinjauan ini diterbitkan atau dibentangkan kepada orang ramai, identiti anda tidak akan didedahkan tanpa kebenaran anda terlebih dahulu.

11. Siapakah yang perlu saya hubungi sekiranya saya mempunyai sebarang pertanyaan?

Sekiranya anda mempunyai sebarang soalan mengenai tinjauan ini atau memerlukan keterangan lanjut, Tuan/ Puan boleh hubungi ketua penyelidik, En. Lim Kuang Hock, Institut Kesihatan Umum, di alamat Jalan Bangsar, Kuala Lumpur di talian 03-22979400 atau mana-mana pegawai di bilik operasi di alamat yang sama atau menghubungi di talian 03-22979595.

Jika anda mempunyai sebarang pertanyaan berkaitan dengan hak-hak anda sebagai responden dalam tinjauan ini, sila hubungi Setiausaha, Jawatankuasa Etika & Penyelidikan Perubatan (MREC), Kementerian Kesihatan Malaysia di talian 03-22874032

BORANG PERSETUJUAN RESPONDEN (18 TAHUN KE ATAS)

Tajuk kajian : Tinjauan keberkesanan implementasi Program "Komuniti Sihat, Perkasa Negara" (KOSPEN) di Malaysia (Fasa 1).

Dengan menandatangani di bawah, saya mengesahkan bahawa:

	Sila tandakan ✓ di dalam kotak
1. Saya telah diberi maklumat tentang tinjauan di atas secara lisan dan bertulis dan saya telah membaca dan memahami segala maklumat yang diberikan di dalam risalah ini.	☐
2. Saya mempunyai masa yang secukupnya untuk mempertimbangkan penyertaan saya dalam tinjauan ini dan telah diberi peluang untuk bertanyakan soalan dan semua soalan saya telah dijawab dengan memuaskan.	☐
3. Saya faham bahawa penyertaan saya adalah secara sukarela dan boleh menarik diri daripada tinjauan ini pada bila-bila masa tanpa memberi sebarang sebab.	☐
4. Saya memahami risiko dan manfaat dari tinjauan ini dan saya memberi keizinan secara sukarela untuk mengambil bahagian dalam tinjauan. Saya faham bahawa saya mesti mengikuti arahan yang berkaitan dengan penyertaan saya dalam tinjauan ini.	☐
5. Saya faham bahawa penyelidik dan pihak yang berkenaan mempunyai akses kepada maklumat yang saya berikan dalam melaksanakan tinjauan ini. Semua maklumat peribadi saya akan disimpan dan dikendalikan secara sulit.	☐
6. Saya akan menerima satu salinan maklumat tinjauan/borang persetujuan termaklum ini yang telah ditandatangani dan bertarikh.	☐

Responden :

Tandatangan/ Cop Ibu Jari kiri : Nombor K/P:.....
Nama: Tarikh:.....

Penyelidik yang mengendalikan proses menandatangani borang keizinan:

Tandatangan : Nombor K/P:.....
Nama: Tarikh:.....

Saksi tidak berpihak/adil : (Diperlukan ; jika subjek adalah buta huruf dan kandungan risalah maklumat pesakit disampaikan secara lisan kepada responden)

Tandatangan : Nombor K/P:.....
Nama : Tarikh :.....

INFORMATION SHEET (18 YEAR-OLD AND ABOVE)

1. Research Title:

An Evaluation of the Effectiveness of the Implementation of "Komuniti Sihat, Perkasa Negara" (KOSPEN) Programme in Malaysia (Phase I)

2. Name of Principal Investigator and Institution:

Lim Kuang Hock, Institute for Public Health, Jalan Bangsar, Kuala Lumpur.

3. Sponsor:

Institute for Public Health, Ministry of Health, Malaysia

4. Introduction:

Ministry of Health is conducting a survey to evaluate the effectiveness of the implementation of a health programme, "Komuniti Sihat, Perkasa Negara" (KOSPEN) (Phase I) this year.

It is important for you to understand the purpose of this survey and what your roles are. Please spare some time to read this information sheet before you consented your participation in this survey. Should you have any doubts or inquiries, kindly seek assistance from any of the members of this survey.

If you have fully understood the details about the survey and decided to participate, kindly sign the attached "Respondent Consent Form". Your participation in this survey is of voluntary basis and you may withdraw from the survey at any time. You may also refuse to answer any of the questions. Your refusal to not to participate or your withdrawal from participation will not affect your right of obtaining any health care and medical benefits.

This survey is fully sponsored by the Ministry of Health, Malaysia and approved by the Medical Research Ethics Committee (MREC), Ministry of Health, Malaysia.

5. What is the purpose of this survey?

This survey aims to evaluate the effectiveness of the implementation of a health programme, "Komuniti Sihat, Perkasa Negara" (KOSPEN) among the communities in Malaysia. The information obtained will be used to improve the current on-going programme. This will be a 2-month survey which involves 4,000 randomly selected respondents.

6. What should I do/ what are my roles/ if I have consented to participate?

Every member of the selected household will be interviewed by our data collectors/interviewers on the implementation of the KOSPEN programme. Your role will be to respond to all survey questions. Your participation in this survey will not cost you any expenses.

7. What are the risk/ side effects of participating in this survey?

There is no risk/side effect of participating in this survey.

8. What are the benefits of participating in this survey?

You will not obtain any health care or medical benefits for your participation in this survey. However, your responses to the survey questions will be used to help to improve the implementation of the KOSPEN

All your personal details and also information obtained from this survey will be kept confidential and safeguarded against unauthorized disclosure as per the appropriate rules and/or laws. In the event that the results or outcomes of this survey are published or presented to the public, your identity will not be disclosed to others without your permission.

10. Who should I contact if I have any queries?

Should you have further inquiries pertaining to this survey, you may contact our Principal Investigator, Mr Lim Kuang Hock at the Institute for Public Health, Jalan Bangsar, Kuala Lumpur, at 03-22979400 or any officers at our operational room at the same address, or by telephone at 03-22979595.

Should you have any queries regarding your right as a respondent in this survey, you may contact the Secretariat, Medical Research Ethics Committee (MREC), Ministry of Health, Malaysia.

RESPONDENT CONSENT FORM (18 YEAR-OLD AND ABOVE)

Research Title: An Evaluation of the Effectiveness of the Implementation of "Komuniti Sihat, Perkasa Negara" (KOSPEN) Programme in Malaysia (Phase I)

By signing this form, I agree that:

	Please tick (✓) in the box
1. I had been briefed on the details of this survey verbally and on paper and I have read and understood all details on the Information Sheet.	☐
2. I had enough time to consider my participation in this survey and had been given the opportunity to ask questions and all my questions had been answered satisfactorily.	☐
3. I understood that my participation is of voluntary basis and I can withdraw from this survey at any time without giving any reason.	☐
4. I understood the risks and benefits of participating in this survey and I voluntarily consented to participate in this survey. I understood that I have to follow instructions pertaining to my participation in this survey.	☐
5. I understood that the researchers and relevant parties have the access to my information during the implementation of this survey and such data will be kept safe and confidential from unauthorized disclosure.	☐
6. I received one copy of the Information Sheet and one signed and dated Respondent Consent Form.	☐

Respondent:

Signature/ Left thumb print:..... I/C Number
Name: Date:

Research who executed the consent form-signing process:

Signature:..... I/C Number
Name: Date:

Referee: (Note: A referee is needed if the respondent is illiterate and the content in the Information Sheet was delivered verbally to the respondent)

Signature:..... I/C Number
Name: Date:



KOMUNITI SIHAT PERKASA NEGARA



Institute for Public Health, Ministry of Health, Malaysia