

ABSTRAK

Latar belakang: Penyakit demam berdarah dengue masih menjadi masalah kesehatan dan ancaman serius di Indonesia dan dapat menimbulkan dampak sosial maupun ekonomi. Pada Tahun 2022 jumlah kasus DBD di Indonesia sebanyak 131.265 kasus, sementara jumlah kematian akibat demam berdarah mencapai 1.135 kasus. Kabupaten Mamuju merupakan daerah endemis dengan kasus DBD pada tahun 2021 sebanyak 95 kasus dengan 2 kematian, sementara pada tahun 2022 tercatat 210 kasus DBD dengan 3 kematian, dan tahun 2023 sebanyak 354 kasus dengan 1 kematian. Berbagai upaya penanggulangan vektor DBD telah dilakukan seperti *fogging focus*, penyelidikan epidemiologi, pemberantasan sarang nyamuk (PSN), “abatesasi” dan penyuluhan kesehatan tentang 3M di masyarakat.

Tujuan: Penelitian ini dilakukan untuk mengevaluasi *input*, *process*, dan *output* implementasi Program Pengendalian Vektor DBD di Dinas Kesehatan Kabupaten Mamuju.

Metode: Kualitatif deskriptif secara eksploratif dengan pendekatan studi kasus. Penelitian melibatkan dinas kesehatan dan 2 puskesmas dengan kasus DBD tertinggi tahun 2022. Responden berjumlah 31 orang terdiri dari 13 orang masyarakat, 12 orang kader jumantik, staf dinas kesehatan dan puskesmas sebanyak 6 orang dipilih secara *purposive sampling*. Pengumpulan data melalui FGD, wawancara mendalam, studi dokumen dan observasi.

Hasil: Program Pengendalian Vektor DBD di Dinas Kesehatan Kabupaten Mamuju memiliki cukup perencanaan program. Namun kurang dalam komponen SDM, sarana-prasarana, pembiayaan, dan metode. Kegiatan pemberdayaan masyarakat dalam PSN 3M plus, surveilans dengue, survei jentik, “larvasidasi”, *fogging*, serta monev tidak terlaksana optimal, tetapi baik dalam kegiatan penyuluhan. PSN belum berjalan baik ditandai dengan ABJ masih 75%. Koordinasi dan pelibatan masyarakat serta terbatasnya data DBD adalah hambatan utama. Terdapat beberapa hambatan lain seperti faktor geografis, perubahan lingkungan dan iklim, serta keterbatasan peralatan.

Kesimpulan dan Saran: Komponen *input*, *process*, dan *output* belum optimal. Disarankan penetapan regulasi yang mendukung pengendalian vektor, penguatan organisasi melalui kerjasama lintas sektor, penguatan sumber daya, monitoring, dan evaluasi diperlukan untuk edukasi berkelanjutan sehingga dapat memperkuat peran serta masyarakat.

Kata kunci: evaluasi, program pengendalian vektor, demam berdarah dengue.

ABSTRACT

Background: Dengue fever remains a health problem and a serious threat in Indonesia, potentially causing social and economic impacts. In 2022, there were 131,265 cases of dengue fever in Indonesia, with 1,135 deaths. Mamuju Regency is an endemic area with 95 cases of dengue fever and 2 deaths in 2021, 210 cases with 3 deaths in 2022, and 354 cases with 1 death in 2023. Various vector control efforts have been carried out, such as focused fogging, epidemiological investigations, mosquito nest eradication (PSN), "abatesization," and health education about the 3M method within the community.

Objective: This study was conducted to evaluate the input, process, and output of the implementation of the Dengue Vector Control Program at the Mamuju Regency Health Office.

Methods: This is a descriptive qualitative exploratory study with a case study approach. The study involved the health office and two community health centers (Puskesmas) with the highest dengue cases in 2022. The respondents numbered 31 people, consisting of 13 community members, 12 mosquito larvae monitoring cadres, and 6 staff members from the health office and Puskesmas, selected through purposive sampling. Data were collected through FGDs, in-depth interviews, document studies, and observations.

Results: The Dengue Vector Control Program at the Mamuju Regency Health Office has sufficient program planning. However, it lacks in the components of human resources, infrastructure, funding, and methods. Community empowerment activities in the 3M Plus mosquito nest eradication (PSN), dengue surveillance, larvae surveys, "larvasidation," fogging, and monitoring and evaluation were not optimally implemented but were well-conducted in the education activities. The PSN has not been well-implemented, indicated by the ABJ (House Index) still being 75%. Coordination and community involvement, as well as limited dengue data, are the main obstacles. Other obstacles include geographical factors, environmental and climate changes, and equipment limitations.

Conclusion and recommendation: The input, process, and output components are not yet optimal. It is recommended to establish regulations that support vector control, strengthen the organization through cross-sector cooperation, enhance resources, and require continuous monitoring and evaluation for ongoing education to strengthen community participation.

Keywords: evaluation, vector control program, dengue fever.