# *OVERVIEW OF EVALUATION OF THE IMPLEMENTATION OF DENGUE HEMORRHAGIC FEVER PREVENTION AND CONTROL PROGRAM IN THE WORK AREA PUSKESMAS TANAH BARU, DEPOK CITY, IN 2021*

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***ABSTRACT***

*DHF is a vector-borne disease. This disease is one of the public health problems that invites attention. Based on the results of the study, it was found that the Tanah Baru Health Center area has the highest cases of dengue fever in Depok City, where there are cases every year, but it is still suspected that it has yet to succeed in reducing dengue cases. This study aims to determine an overview of the evaluation of the implementation of dengue disease prevention and control programs in the Tanah Baru Health Center area of Depok City in 2021. This research is qualitative research with a phenomenological approach. This study's informants were seven Depok City regional government health workers and the community. Data collection is sourced from in-depth interviews, observations, and document reviews using source triangulation and triangulation methods for data validation. In the input system, there is still a lack of need for more resources and funds, a no internalized policy SOP. The processing system has carried out activities such as counseling, PSN, and community involvement, but it still needs improvement. The achievements of the output system still need to be achieved, the morbidity rate is still high, and the ABJ figure is 94%. The description of the input system, process system on activities, and output system in implementing dengue prevention and control programs could be better, but there are still technical obstacles. This program needs good supervision and cooperation across programs and related sectors, especially the common, the community, households (families), and dengue disease in the environment.*

***Keywords:*** *Evaluation, Prevention, Control Program, DHF*

## INTRODUCTION

According to world-historical records, Dengue hemorrhagic fever (DHF) first occurred in Australia in 1897; in 1953, an extraordinary event (KLB) or outbreak was first confirmed in the Philippines. According to the World Health Organization (WHO), Asia contributes to dengue with the highest cases.(1) According to the Ministry of the Republic of Indonesia (2005), in the history of Indonesia in 1968, Surabaya was the first city to find cases of dengue fever.(2) This disease is still one of the significant public health problems and is still endemic worldwide, including in Indonesia.(3)

Dengue hemorrhagic fever is a disease transmitted by vectors through bites. The primary vector that causes this is the Aedes aegypti mosquito; this mosquito transmits the Dengue virus. Dengue disease can send to all age groups (children, adolescents, adults, and the elderly) and appears throughout the year. If infected in severe cases, dengue disease can cause death.(4)

According to data from the Indonesian Ministry of Health (2020), currently, in Indonesia, dengue infection cases are spread in several provinces with an area coverage of 472 districts/cities, while the number of deaths due to dengue occurs in 219 districts/cities. In 2020, there were 108,303

cases and 747 deaths. The following islands detected dengue cases in Java, Sumatra, and East Nusa Tenggara Islands. [5] Found in one of the news pages quoted based on dengue disease data from the Directorate of Prevention and Control of Vector-Borne and Zoonotic Diseases (P2PTVZ) of the Ministry of Health in 2021, although cases of dengue fever in 2021 decreased compared to 2020, which was 37.646 cases recorded until October of the 43rd week, however, adding cases in other areas that previously there were no cases and now detected the presence of dengue in Kalimantan and Sulawesi.[6]

According to the Indonesian Health Profile (2020), in 2019-2020, The West Java province was the highest case area for dengue disease, with an incidence rate (IR) of 47.62%, and several cases died as many as 97 people.[7] West Java province, cited based on data from the Directorate of Prevention and Control of Vector-Borne and Zoonotic Diseases (P2PTVZ) of the Ministry of Health (2021), contributed five districts and cities to the highest national level cases, one of the districts/cities with the highest cases that ranked first was occupied by the city of Depok as many as 2.235 cases. The discovery of the problem in connection with the city of Depok is one of the five districts and cities in the number of cases of dengue patients who were still endemic areas of dengue. And based on the results of the study, the Tanah Baru Health Centre area is the area with the highest dengue disease cases in Depok city.

The spread of dengue disease cases must be inhibited so that it does not spread and the community does not worry. The mortality rate must be kept as low as possible so that nothing happens. Therefore, the Depok City Health Office and its working area, namely the public health center, are in charge of organizing authority within the scope of Level II, namely the region, by having a dengue disease prevention and control program for decision-making in the health sector. Based on the description of the background above, in this case, the author proposes the formulation of the problem as follows: "How is Overview of Evaluation of The Implementation Dengue Hemorrhagic Fever Prevention and Control Program in The Work Area Puskesmas Tanah Baru, Depok City in 2021."

This study aims to determine an overview of the evaluation of the implementation of the dengue hemorrhagic fever disease prevention and control program in the work area Puskesmas Tanah Baru of Depok City in 2021.

## METHOD

This research is qualitative research with a phenomenological approach. The informants from this study were seven informants, both primary informants, namely PJ Depok Health Office Program, Environmental Health Officer PKM Tanah Baru, and the community, and key informants, namely Head of P2P, P3M Division Coordinator, and Head of PKM Tanah Baru, and supporting informants, namely Kesjaor Division Coordinator of Depok city government health employees and the community who know the dengue prevention and control program. Informants in the study were taken using purposive sampling techniques. This research data were obtained through primary and secondary data through in-

depth interviews, observations, and document studies using source triangulation and triangulation methods for data validation.

## RESULTS AND DISCUSSION

### Input

#### a. Human Resources

Based on the results of in-depth interviews, it can be concluded that there is one person in charge of the program at each public health center held by environmental health workers/sanitarians assisted by surveillance personnel. One person is in order of the program at the Health Office contained in the P3M division and collaboration with the health promotion division of the environmental health work and sports division. And there is cooperation with the hospital in case reporting.

This can be seen from the adequacy of human resources and educational background in implementing the program. Here are the results of the in-depth interviews:

*"For the health office, in my opinion, is not sufficient, because it is not possible for the program should not be one person at least one program that we create a team of 5 people. It is appropriate at the public health center for environmental health workers and epidemiologists. If in my service, the base is a dental nurse, but yesterday I had entomology training." (IU1)*

*"Yes... as I said, the number of public health center health workers has not been by their needs. So finally, yes... one health worker can hold two or three hmm... yes programs in the health field, so it is still insufficient."(IK1)*

The results of the in-depth interviews were supported by observations and document studies obtained in pocketbooks owned by the health office. The public health center profiles in 2020, and the number of health workers still needs to be achieved. Sufficient was still far from the target ratio of the number of employees of health workers, which only reached 3.50/100,000 population, the number of public health workers with a target ratio of 15.5%, and 1.83/100,000 population of environmental health workers with a target ratio of 18.33%. Corroborated is also based on the statement of key informants who are more of the opinion that the availability of human resources in Tanah Baru health centers and the number of program holders in all health centers are still insufficient, and there is still a lack of nurses—supported by some employees who have backgrounds that are still not appropriate in carrying out their performance and assisted with other health workers such as medical personnel, namely nurses or midwives and other SKM health workers but do not adjust to the field occupied. Not only in quantity but the responsibility of delegating double job duties can be seen in environmental health workers' sanitarian Tanah Baru health center with many program tasks and dual positions.

In implementing the program, soft skill development support is needed by looking at whether to conduct training on health workers.

*"I haven't been in the clinic for a year. So it's more to the socialization of seminars conducted by the ministry like DHF day there is a workshop anyway." (IU2)*

*"There is only Entomological training for service personnel in vector control." (IU1)*

*For the latter, it is not training ... if the activity is there, the module is.. and usually, it must be in a place where accreditation is recognized in the training body. If we language workshop or for example refreshing yes or OJT (on the Job Training), we come directly bimtek. So the language is like that." (IK)*

*"Every year there are training related to environmental health training."(IP)*

Based on the results of in-depth interviews of key informants, there was no direct training at the city level. The training is conducted only for holders of city-level programs or the health office, namely entomology training. The statement delivered by the key informant is the training conducted by the Department of Health, but different perspectives in the mention of the name by other informants, namely by calling it OJT or Refreshing. In contrast to the statements of supporting informants who stated the implementation of training for environmental health workers only.

**b. Fund**

The following are in-depth interviews conducted with informants regarding the availability of funds used for the implementation of dengue disease prevention and control programs:

*"In the health center there. From the central government Bok fund. The words enough and not enough is relative ... if for example it is said that it is not enough but if it is... there is indeed that." (IU2)*

*"Yes, there is for the purchase of larvicides and insecticides. But specifically for the program is not available. Not enough, because only transport when down the field." (IU1)*

*"There is, for down-field activities by conducting PE (epidemiological investigation) by the health centers. Funds are sufficient, from the budget for the purchase of abate and channeled to all health centers."(IK2)*

*"For funding, there is a program, but if for keslingjaor division does not exist specifically. Still lacking in funding. Because the funding itself is divided, there is entry into the village fund for DHF."(IP)*

Based on the results of in-depth interviews obtained from informants, it is known that the Central Government provides funds through the BOK Fund. At the Department of Health, there is no particular budget issued for DHF programs. The BOK funds given to the Tanah Baru Health Centre are used for the prevention, control of dengue, and incentives or honorarium to support the program's implementation for officers and cadres going to the field. It can be seen that the funds

that have been allocated still need to be sufficient. The results of in-depth interviews by key informants and the existence of funds for implementing dengue disease prevention and control programs. The allocation of funds is used for epidemiological investigation activities with the purchase of abate powder distributed to the public health center. Funds are also sourced from the provincial budget. From information obtained from supporting informants, the conclusion can be drawn that in the prevention and control of dengue, there is a division of funds into village funds issued by the regional budget.

**c. Methods**

The following are in-depth interviews conducted with informants regarding the availability of methods used for the implementation of dengue disease prevention and control programs:

*"There are SOP PE and PJB. We usually go around to villages with cadres to monitor larvae to houses. There are at least 20 houses we see. SOP still refers to the Ministry of Health only." (IU2)*

*"There SOPnya, guidelines from the Ministry of Health and Permenkes No. 50 of 2017. If SOP governance in the health office does not exist. For health centers there because it is accredited." (IU1)*

*"For the guidelines internalized by the puskesmas, there is nothing but the PJ program holds guidelines from the Ministry of Health. And the guidelines are sufficient."(IK3)*

Based on the results of in-depth interviews, the conclusions that can be drawn about the method obtained are that there are no particular policies and sops for dengue disease issued by the Tanah Baru Health Center by the triangulation of sources from informants. The SOP only refers to the guidelines of the Ministry of Health.

*"We have a group called DBD group. So that's where every new case is automatically reported to that group. And from the DBDpun program holders to record because there is a special reporting link, through the form link so the hospital input there." (IU2)*

*"Yes, the number of cases reported. Cumankan if dengue cases that we get from the hospital alone. There are obstacles; some hospitals do not report any cases, or no person in charge of the program. And we do a reprimand or a warning." (IU1)*

There is a technical implementation of recording and observation in dengue cases, such as the existence of groups and links. In addition, there are still obstacles in reporting the recording of issues, one of which is a discipline in providing case information by the hospital and the existence of border areas known that the Tanah Baru Urban Village Depok is very adjacent to the Jagakarsa urban village of South Jakarta, looking at the condition of geography.

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**Process**

**a. Counseling**

The following are the results of in-depth interviews conducted with related informants about the availability of the extension process.

*"If I am first counseling, secondly there is such a thing as counseling in the health center that there are counseling activities, counseling for environmental-based diseases." (IU2)*

*"The department only gives an appeal and cooperates across programs. I only did a brief insertion of the extension when investigating individually in the field. Not doing it formally." (IU1)*

*"...public health center officers can enter into routine activities in the community such as mini workshops or every moment and meeting. Can use tools such as flip sheets in doing a two-way extension."(IK2)*

*"We have a health office website, then we are assisted by the health promotion division and the P3M division on Instagram uploading information about DHF, and we hold webinars to ordinary people related to the prevention of disease control that we do."(IK1)*

*"If there is an increase in cases intensified. For this, it cooperates with the health promotion section in its facilities. And usually they just ask for a resource from us."(IP)*

Based on the results of in-depth interviews with all informants, it can be concluded that there is an implementation of health counseling or socialization about DHF by the public health center officers. During dengue cases, environmental health workers conduct counseling with counseling activities at the public health center, carried out when going to the field. The counseling is also done through social media such as Instagram and websites and by using tools such as flip sheets and flayers related to things or directions on what to do for prevention. PJ health department program does not conduct formal counseling, only inserts when down the field because of legal activities. It is done in cooperation with other cross-section programs. Then these activities were carried out during the implementation of a mini workshop by the health center at the time three months and slipped information about dengue disease. In addition, health webinar activities were carried out by the Depok City Health Office. Webinar speakers were obtained from the health office, cross-section-related programs such as collaborating with the health promotion division regarding facilities.

**b. PSN**

The PSN activity process is available in terms of prevention and control of dengue hemorrhagic fever.

*"Yes implemented. Held Friday clean up, we look from house to house mosquito larvae that nest like looking at gallon place." (IU3)*

*"PSN is an act of minimal funds, as long as the community is aware." (IU2)*

*"Regarding PSN, there are no special activities because it has been submitted to the village. Only thorough evaluation to the public health center."(IP)*

Based on in-depth interviews with all informants, conclusions about PSN (eradication of mosquito nests) can be drawn. The community has implemented PSN, such as doing clean Friday activities or community service to eliminate mosquito larvae. However, seeing the high number of cases, this activity still needs to be running effectively, and it is still visible that people do not participate. Health workers at PJ Puskesmas can only accompany and provide direction, and special PJ programs cannot monitor because no delegated duties are transferred to cross-program cooperation in other fields and village levels related to PSN.

**c. Increased Community Participation**

When implementing the program can be seen in community involvement. The in-depth interviews concluded that the agencies involved include Health Centres, Health Offices, Education Offices, Schools, village and sub-district bureaucracies such as RT, RW, Headman and Sub-district, and external institutions such as PKK. And construction organizations such as cadres. Additional information, namely, all elements in the activities of UKBM (Community Resource Health Efforts), Depok Healthy City Forum, and cooperation with official agencies and community leaders.

By knowing the participation of the community involved as for the response to the process.

*"Welcome is meant by the direction that we do Jumsi (Jum'at Bersih), cooperation of community service every once a week or at least two times a month." (IU3)*

*"We see the characteristics of the population... the population of Depok is heterogeneous. There are those in elite housing and villages, and usually, the response is different if there is direct counseling, so we take the parties to educate and adjust their characters and needs."(IK1)*

Conclusions can be drawn from the statements submitted by informants through in-depth interviews with happy people and get direction by conducting clean Friday activities and cooperation to maintain environmental cleanliness. But on the one hand, still found some people who still need to participate consider it essential. Increasing community participation, there is an assessment of classification in terms of regional characteristics so that adjustments are made to the right target in education.

**Output**

**a. ABJ Figures**

Based on the results of in-depth interviews, responses from critical informants, key informants, and supporting informants to output DBD flick-free numbers and document studies:

*"In my area, there is. My ABJ's low." (IU2)*

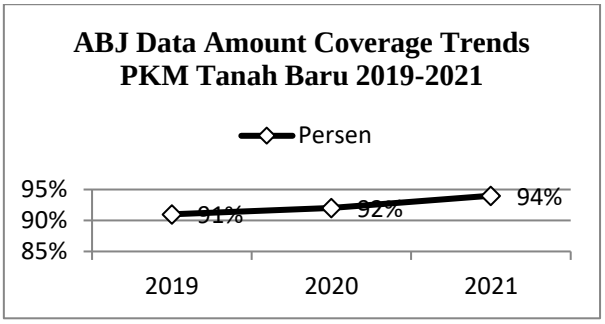
*"Can be asked to the person in charge of the program."(IK3)*

*"... For the ABJ data to increase."(IP)*

Based on the results of in-depth interview statements from critical informants, key informants, and supporting informants, it can be concluded that the number of free larvae in the Tanah Baru health center is still low. However, overall, ABJ data in Depok city increased. Research informants need to be reminded of what percentage of free number flicks.

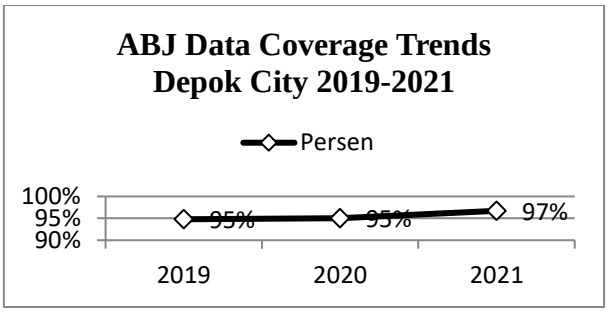
The following are the study results of the percent coverage data of the PKM Tanah Baru free flick rate (ABJ) document in the last three years. ABJ data is known in 2019, namely (91%), 2020 (92%) and 2021 (94%). Look at figure 1. in percent of PKM Tanah Baru larvae-free numbers, there has been an increase in the ABJ data for the last three years. Although the increase in the number of percentages can be concluded still has yet to reach the national target of >95%. The same results

with the trend of coverage of the number of data numbers free flick in the city of Depok can be seen in figure 2. there has been an increase for three years, but in 2021 the number of ABJ in Depok city exceeded the national target.




*Source: Secondary data processing PKM Tanah Baru & Keslingjaor Division Depok City Health Office 2019-2021*

**Figure 1. ABJ data amount coverage trend PKM Tanah Baru**




*Source: Secondary data processing PKM Tanah Baru & Keslingjaor Division Depok City Health Office 2019-2021*

**Figure 2. ABJ Data Coverage Trends Depok City 2019-2021**

**b. Pain Figures**

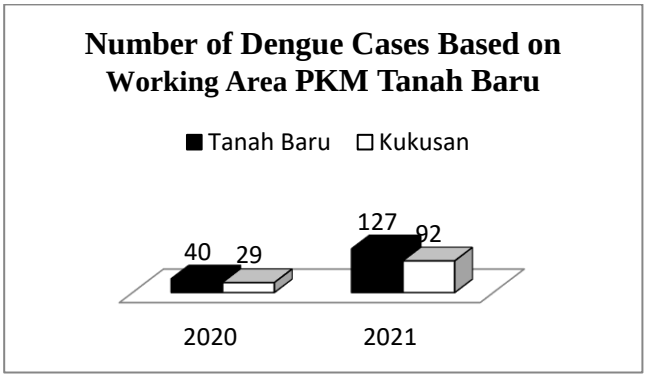
Based on the results of in-depth interviews and the study of the following documents are responses from informants to the output of DHF pain figures:

*"The pain rate is high." (IU2)*

Based on the results of in-depth interviews, it can be concluded that at the Tanah Baru Health Centre, the pain rate is still high. And it is the same with the number of free larvae responsible for the program, and research informants need to know exactly how the number of pain.

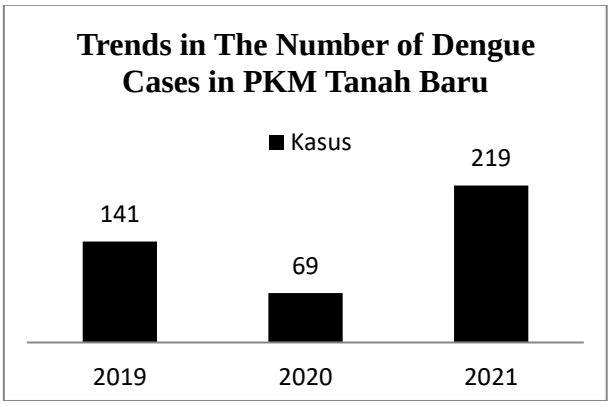
This is by the results of the study of documents obtained from secondary data based on several sources in the field in the last three years. It is known that the number of dengue cases based on the public health center working area, the Tanah Baru village area is the highest area with 40 points in 2020 and 127 points in 2021 than the Kukusan village area with 29 cases in 2020 and 92 issues in 2021 for the last two years 2020-2021. Unfortunately, the author only got valid data information, and details for points per region in 2019 based on UPTD can be seen in figure 3. Seeing this, it can be seen that the trend in the number of cases that occurred in the UPTD of the Tanah Baru Health Centre was 141 cases in 2019, 69 points in 2020, and 219 topics in 2021, there was a decrease and increase in the graph on issues, and it is known that there was a 3-fold increase in the number of

morbidity rates from 2020 to 2021 can be seen in figure 4. The results are the same as the results of the trend in the number of dengue cases in Depok city which can be seen that the number of cases has fluctuated down and up in the last three years, namely in 2019, there were 2,200 cases, in 2020 there were 1.276 cases, and in 2021 there were 3.315 cases can be seen in figure 5. And in Depok city data, there is still one death rate.



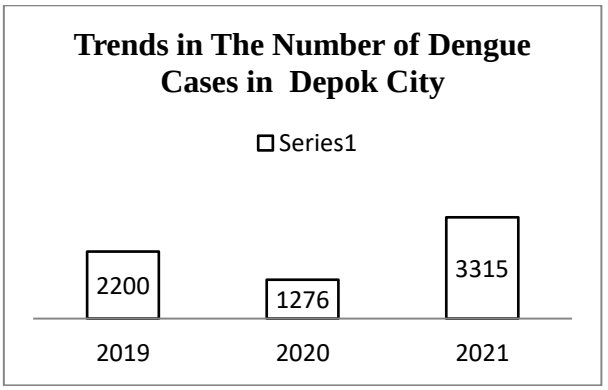

*Source: Secondary data processing P3M Division Depok City Health Office 2020-2021*

**Figure 3. Number of Dengue Cases Based on Working Area PKM Tanah Baru**




*Source: Secondary data processing Profile Book Puskesmas Tanah Baru, profile Book Health Office 2019-2020 & P3M Division Depok City Health Office 2021*

**Figure 4. Trends in The Number of Dengue Cases in PKM Tanah Baru**




*Source: Secondary data processing Profile Health Book Health Office Depok City 2019- 2020 & P3M Division Depok City Health Office 2021*

**Figure 5. Trends in The Number of Dengue Cases in Depok City**

**Input**

**a. Human Resources**

Research conducted by Anita (2016) that in the human resources needed, there are four indicators of the decree of the minister of health of the Republic of Indonesia number 581/ Menkes/SK/VII/1992, which includes, among others, general practitioners, nurses, and cadres so that only three indicators or in the percentage of 75% have been achieved.[8] In contrast to the provisions of Indonesian Government Regulation No. 32 of 1996, health workers in the implementation of the program ideally have a background in public health workers, which includes health epidemiology, entomology, microbiology, health counseling, sanitarians, and health administrators.

The results align with Faizah et al. l (2018) research. The number of health workers in the program at the public health center is sufficient, but the human resources have yet to receive special training regarding DHF, only administrative, not technical, to the public health center officers.[9]

The assumption of the researcher's opinion from the results of human resources research on the number of health workers is essential because it is a driving force in achieving organizational goals. By looking at the need for health workers in implementing the program, the existence of a double position or double job program in charge of the program, the absence of special training, and educational background that is still not appropriate can affect performance. PJ runs its program without a unique team by the informant's statement and is only limited to cooperation. However, there is assistance and support at the cross-program level and among other health workers, especially in focusing programs on dengue disease. One factor that significantly influences and becomes essential is the bureaucracy in the availability of acceptance, determination, and appointment of available positions for employees who only sometimes open every year in practice. The researcher recommends that if there is an opportunity in planning additional human resources needs of health workers, the department or the public health center make planning in mapping that later there are not only PJ DBD Puskesmas holders by sanitarian workers or environmental health officers but at least a minimum of S1-Public Health with the creation of a team in the scope of additional organizational structures.

**b. Fund**

The study's results align with the research by Massi (2016). Funds or financing of these activities are sourced from the BOK and APBD funds given to Health Centres for larvae survey activities, counseling, PSN mobilization, and fogging, so allocating funds is still lacking, especially specifically in the survey activities larvae and fogging.[10] In line with Zaputri's (2017) research, the need for funds for activities is still impressive.[11] In contrast to the study by Faizah et al. l (2018), funds already available have met the program's needs at the public health center.[9]

The assumption of the researcher with the limitation of costs in the budget can affect the planning of activities in the program, including the development of innovations in the program, one of which is from the triangulation of the source of the absence of budget funds for the replacement of fogging equipment that has been damaged for the entire the public health center. Recommendations that can be given are expected by both the department and the public health center to propose additional costs to reduce the incidence of dengue disease.

**c. Methods**

According to Massi (2016), SOP is a part of the standard mechanism that directs the implementation of the organization's scope to achieve results.[10] The results of the study are different from the research conducted by Faizah et al. (2018) conducted at the Mojongsari Puskesmas stated that the public health center internalized a SOP. [9]

The researcher analysis sees that this allows for more than two-way communication between the public and health workers. Not only does it enable double case recording. Recommendations that can be given are expected with the existing technology for reporting but still need close supervision, especially in the discipline of reporting on cases and the need for specific policies or guidelines issued by the public health center.

**Process**

**a. Counseling**

Based on the Directorate of Disease and Environmental Health theory of the Ministry of Health (2011), dengue counseling is an effort in the communication process to provide material on dengue disease as an activity for empowerment and increased community participation. The results of this study align with Zaputri's research (2017) which states that co-counseling is programmed or not programmed in its nature.[11] Similar to the study by Susmaneli et al. (2021). There is no specific targeted counseling; it is only carried out nine times a year by the public health center.[12]

Based on the results of the study, the researchers gave a view that the counseling done by health personnel of the public health center has been good by using various social media to be right on target. Recommendations that can be given are expected when there is still an increase in cases; health education must continue to be intensified.

**b. PSN**

The research is in line with Tahir (2021) holding PSN with community service activities carried out jointly and continuously with all supporting elements in the government, both those responsible for the public health center program and stakeholders and all levels of society by cleaning up such as drains, house yards, and seeing water reservoirs, one of which is the presence of water plants, hoarding garbage and recycling plastic bottles, carrying out 3M Plus activities (closing, draining and burying).[13] Similarly, the theory of dengue disease back to the control of

preventive measures against the breeding of mosquito vectors. One effective way is to carry out PSN activities in eradicating larvae/mosquitoes.[14]

Based on the results of the study, the researcher gives the view that the lack of awareness in the implementation of PSN is due to many internal factors and external factors, especially the environment, such as constrained in the implementation time with the busyness of each community and habits in carrying out PSN activities that are still not done regularly. Also, according to the triangulation of informants and researchers' experiences, when cadres took to the field, they were still accompanied by health workers, so the PSN monitoring system is still inefficient, especially in the movement program one house one the jumantik.

**c. Increased Community Participation**

The results following the findings of research by Lindawati et al. (2021) by carrying out several activities such as community service, a post-test and pre-test are given after the provision of material is known that the public already understands in efforts to prevent and control dengue. [15] And according to WHO, there are two principles of the global strategy in health promotion, among others, the empowerment and participation of the community, which are interrelated and complement each other. Because the community needs to be empowered to play an active role based on knowledge and given enough skills to participate in the health sector.[16]

Based on the study results, the researchers believe increasing community participation in the program's implementation has been good. The recommendation is more monitoring, especially in areas still high in case Discovery and intensive communication.

**Output**

**a. ABJ Figures**

The results align with research conducted by Faizah et al. (2018), which was found to be still low and has yet to reach the number of free larvae, which only got 67% by looking at the activities in the programs that have been implemented.[9]

The assumption of researchers based on the research results on the implementation of activities, especially in related activities such as PSN and PJB, still needs to be improved in monitoring the number of free larvae. The recommendation that can be given is that other efforts are still required in activities on the program that will have an impact on ABJ's results to achieve national targets.

**b. Pain Figures**

The results of this study are in line with Ismail's research (2019), which is still increasing the number of cases in the Karanganyar Puskesmas area by looking at the causative factors related to dengue disease. [17]

The assumption of researchers based on the results of the stud is y although there have been treated in the case, they still need to be able to control the number of issues. The researcher's recommendation is still the need for coordination and synergy in the entire scope of stakeholders and the need for close supervision in case reporting.

## CONCLUSIONS AND SUGGESTIONS

Overview in the input system on the implementation of dengue prevention and control programs in the area of Tanah Baru Health Centre Depok city can be seen that the human resources of health workers are still inadequate, the funds are still insufficient, and in the method, there is still no SOP that is internalized or new policies are made. Overview of the processing system in implementing dengue prevention and control programs in the Tanah Baru Health Centre area of Depok City can be known to have been running quite well with the extension activities, the implementation of mosquito nest eradication, and increased community participation in involvement. An overview of the output system in implementing dengue prevention and control programs in the Tanah Baru Health Centre and Depok City can be seen in three years, with the number of cases still fluctuating and still an endemic area in dengue disease. This can be seen from the low number of free larvae affected by one of them by geographical location.

Based on the conclusions and results of research that researchers have done, suggestions can be given as follows there is still a lack of public awareness in carrying out dengue prevention and control programs; both carrying out PSN activities must always be intensified, especially on PHBS (clean and healthy living behavior) officers approach the community such as making innovations in holding hygiene competition activities with prizes to make it more attractive. It is expected that the program needs intensive communication and coordination of good cooperation in all circles across programs and related sectors from Health Centres, Health Offices, organizational institutions, and bureaucracy to especially the community, namely among households (families), to remain vigilant with Dengue hemorrhagic fever in the environment. Subsequent Researchers, that is, for the next researcher, can load more of the variables studied, other variables such as input variables, namely mean and time, subsequent research can be developed quantitatively, and the next researcher can be a reference.

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