SUMMARY

Evaluation Of Vector Control Program Of *Aedes aegypti* In Buol District Health Office Central Sulawesi

Buol district, Central Sulawesi is a new developed area which offers occupation more than other areas, thus, it may cause the mobility of the citizen high enough. Therefore, this case may cause the density of people's house and several non-permanent rental terraced house which its resident often changes, hence, the cleanliness is poor and the environment is dirty. In addition, the mobility of the citizen and the poor cleanliness of the environment will have potency to become the breeding of *Aedes aegypti* vector which may cause high number of dengue fever case and the number of free larvae is less than 95% at Buol district, Central Sulawesi. According to the data of dengue fever case from 2013 to 2014, it was occurred drastic increase of the dengue fever case that was 25 cases to be 194 cases with trend of 676%. Therefore, we needed to conduct evaluation of the program of *Aedes aegypti* vector control as an input source (policies, manpower, funds, material, facilities, and methods), process (epidemiological investigation, surveying larvae, larvasiding, *fogging*, illumination, jumantik cadre power, and the evaluation of the activity), output (the number of free larvae, the completeness of report in a year, the accuracy of monthly report), and impact (the number of the occurrence of dengue fever) that had been conducted at Buol District Helath Office, Central Sulawesi, Indonesia.

This study was a descriptive observational study. The evaluation design was chosen because it may be known the implementation of the program of *Aedes aegypti* vector control at Department of Health, Buol, Central Sulawesi. A descriptive study aimed to describe a condition objectively and systematically of the final result from the implementation of the program of *Aedes aegypti* vector control. The subject of this study was taken in purposive sampling which was 45 respondents who consisted of 15 respondents of health workers at Buol District Health Office, 14 respondents of 7 Public Health Centers (each Public Health Center was taken 2 respondents), 14 respondents of the citizen, and 2 respondents of jumantik cadre. The primary and secondary data were obtained as a source to identify and analysis the input (policies, manpower, funds, material, facilities, jumantik cadre, and methods), process (epidemiological investigation, surveying larvae, larvasiding, *fogging*, illumination, and the evaluation of the activity), output (the number of free larvae, the completeness of report in a year, the accuracy of monthly report), and impact (the number of the occurrence of dengue fever). The measurement way was conducted by in-depth interview, observation, and data analysis. The instruments which were utilized were interview guideline and checklist sheet. Afterwards, the writer conducted *Focus Group Discussion*.

The result of this study showed that the Buol District Health Office, had 12 variables of 19 variables studied that qualified, thus, it was categorized in scale of good value (63%). For the Public Health Center of Biau, Bunobogu, Karamat had 9 variables of 20 variables studied that qualified, thus, it was categorized in scale of enough value (45%). Bokat had 8 variables of 20 variables studied that

qualified and it was categorized in scale of less value (40%). Lakea only had 6 variables of 20 variables studied that qualified and it was categorized in scale of less value (30%). Modo and Paleleh only had 7 variables of 20 variables studied that qualified and it was categorized in scale of less value (35%).

Among 21 variables of the implementation of the program of *Aedes aegypti* vector control that was studied, overall location either at the Buol District Health Office or at the seven Public Health Centers for the fund estimate still had not been sufficient, the facility for surveying larvae still had not been complete, the implementation of surveying larvae, larvasiding, *fogging* which were conducted in one cycle, the number of free larvae was still under the standard, and the number of the occurrence of the disease still increased. Besides, some Public Health Centers still did not qualify, such the facility for *fogging*, jumantik cadre power, methods, policies, illumination and the accuracy monthly report. However, some Public Health Centers qualified, such as the quantity and quality of the power, the material for *fogging*, the material for larvasiding, plan, the evaluation of the activity, and the complete data in a year.

Although in general the accurancy of monthly reports already eligible but there are still some who are late because it is still constrained by the location of Helath Centers far from the Buol District Health Office. Furthermore, in the program of *Aedes aegypti* vector control at Buol district was needed to propose the additional tool needs for implementing the activity, such as *fogging* machine, Ultra Low Volume (ULV) machine, the facility for surveying larvae, the facility for IT, and written book for *fogging* guidelines. In addition, it was also needed to increase the effort of the activity continuously, optimally, and innovatively by involving either the people or the related agencies.