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Capacity Building of the Sukabumi City Health Department in Efforts to Prevent Dengue Hemorrhagic Fever (DHF)

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ABSTRACT

Dengue Hemorrhagic Fever (DHF) cases in Sukabumi City remain fluctuating and tend to increase. The highest number of cases was recorded in 2024, reaching 1,631 cases with 6 deaths, while in 2025 there were 1,013 cases with 1 death, this figure far exceeds the national target. This study aims to analyze the capacity building of the Sukabumi City Health Department in DHF prevention efforts. Using a qualitative descriptive method with data collection techniques of observation, in-depth interviews, and documentation, this study analyzes data through condensation, presentation, and verification. Grindle's (1997) capacity building theory was used as the analytical framework through three dimensions: human resource development, organizational strengthening, and institutional reform. The results show that the capacity building of the Sukabumi City Health Department has not been optimal. In the HR dimension, each health center has only one DHF P2 officer and one larva monitoring cadre per RW, with entomology training limited to 2-3 people. The organizational strengthening dimension faces dependency on provincial RDT Dengue logistics and limited examination facilities. The institutional reform dimension shows that cross-sector coordination remains internal and informal, while community participation in mosquito nest eradication is reactive. In conclusion, the capacity building of the Sukabumi City Health Department is still limited and requires simultaneous strengthening across all three dimensions, especially HR addition, logistical independence, and strengthening cross-sector coordination.

ABSTRAK

Kasus Demam Berdarah Dengue (DBD) di Kota Sukabumi masih fluktuatif dan cenderung meningkat. Jumlah kasus tertinggi tercatat pada tahun 2024 mencapai 1.631 kasus dengan 6 kematian, sementara pada tahun 2025 tercatat 1.013 kasus dengan 1 kematian, angka ini jauh melampaui target nasional. Penelitian ini bertujuan menganalisis peningkatan kapasitas Dinas Kesehatan Kota Sukabumi dalam upaya pencegahan DBD. Menggunakan metode kualitatif deskriptif dengan teknik pengumpulan data observasi, wawancara mendalam, dan dokumentasi, penelitian ini menganalisis data melalui kondensasi, penyajian, dan verifikasi. Teori peningkatan kapasitas (capacity building) Grindle (1997) digunakan sebagai kerangka analisis melalui tiga dimensi: pengembangan sumber daya manusia, penguatan organisasi, dan reformasi kelembagaan. Hasil penelitian menunjukkan bahwa peningkatan kapasitas Dinas Kesehatan Kota Sukabumi belum optimal. Pada dimensi SDM, setiap puskesmas rata-rata hanya memiliki satu petugas P2 DBD dan satu kader jumantik per RW, dengan pelatihan entomologi terbatas pada 2-3 orang. Dimensi penguatan organisasi menghadapi ketergantungan logistik RDT Dengue pada provinsi dan terbatasnya sarana pemeriksaan. Dimensi reformasi kelembagaan menunjukkan koordinasi lintas sektor masih bersifat internal dan informal, sementara partisipasi masyarakat dalam PSN bersifat reaktif. Kesimpulannya, peningkatan kapasitas Dinas Kesehatan Kota Sukabumi masih terbatas dan memerlukan penguatan simultan pada ketiga dimensi, terutama penambahan SDM, kemandirian logistik, dan penguatan koordinasi lintas sektor.



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INTRODUCTION

Dengue Hemorrhagic Fever (DHF) is a vector-borne infectious disease that remains a public health problem in Indonesia, including in urban areas. The disease is transmitted through the bite of the *Aedes aegypti* mosquito, which breeds in residential areas with inadequate sanitation. The Ministry of Health of the Republic of Indonesia notes that DHF remains a serious concern because it can lead to public health emergencies with significant mortality rates if not addressed promptly and appropriately. Prevention efforts are the primary strategy for controlling DHF, given the lack of specific antiviral drugs and effective vaccines for all age groups (Indonesian Ministry of Health, 2021).

The government has established various regulations to support dengue control, one of which is Minister of Health Regulation No. 82 of 2014 on the Control of Infectious Diseases, which designates dengue as an infectious disease whose control is the responsibility of the government. The 2021–2025 National Strategy for Dengue Fever Control sets a target incidence rate of less than 49 cases per 100,000 people and a fatality rate of less than 0.5% as indicators of successful dengue control at the local level. However, many regions still face challenges in achieving these targets, including the city of Sukabumi in West Java.

The city of Sukabumi is one of the areas in West Java Province that has experienced fluctuating dengue fever cases, which have shown an upward trend over the past five years. According to data from Sukabumi City's Open Data platform (2024), the number of dengue fever cases has been on the rise from 2020 to 2024, with the highest number recorded in 2024 at 1,631 cases and 6 deaths. As of 2025, there have been 1,013 reported dengue fever cases, including 1 death, spread across various community health center (puskesmas) service areas. This figure still far exceeds the national target, which sets a maximum incidence of approximately 181 cases per year for Sukabumi City's population of around 370,096 people. The gap between on-the-ground results and the national target indicates that the dengue fever prevention efforts carried out by the Sukabumi City Health Department have not been fully effective.

The Sukabumi City Health Department, as the local government agency responsible for health affairs, has implemented various dengue fever prevention measures, including health promotion, campaigns for Clean and Healthy Living Behaviors (PHBS), the 3M Plus Mosquito Breeding Site Eradication (PSN) program, epidemiological surveillance, case tracking through community health centers (puskesmas), targeted fogging, and the distribution of abate (larvicide). However, the continued occurrence of dengue fever cases exceeding the national target indicates that the results achieved have not been fully effective. This indicates that the dengue fever problem in Sukabumi City is not only related to environmental factors and community behavior, but is also linked to the institutional capacity of the Health Department as the organization that plays a key role in planning and implementing dengue fever prevention programs.

The capacity of public organizations plays a crucial role in determining the effectiveness of program implementation, particularly in terms of the availability and competence of human resources, the strengthening of organizational structures, and institutional reforms that support policy implementation (Grindle, 1997). Based on preliminary observations, dengue prevention and control efforts at the Sukabumi City Health Office are managed by a single dengue coordinator under the Disease Prevention and Control Division (P2P), with each community health center (puskesmas) having, on average, only one P2P dengue officer. Furthermore, staff involved in dengue prevention activities have not received adequate specialized training, such

as entomology training, which is only available with limited slots. Limitations in human resources, facilities and infrastructure, as well as suboptimal cross-sectoral coordination, pose challenges to enhancing the Health Office's capacity in dengue prevention efforts.

Several previous studies have examined dengue fever prevention efforts at the community health center and health department levels. A study by Dwi et al. (2025) evaluated the implementation of the P2DBD program at the Cikole Community Health Center and found that the program was functioning reasonably well but was not yet effective due to limitations in human resources and community participation. A study by Faridah et al. (2023) analyzed the implementation of the dengue prevention program by the Samarinda City Health Department and identified challenges in communication, resource constraints, and weak cross-sectoral support. A study by Putri & Hasanuddin (2023) also identified budget constraints and low community participation as the main barriers to dengue prevention strategies in Pekanbaru City. A study by Herawati et al. (2022) analyzed dengue fever prevention efforts in the service area of the Sukmajaya Community Health Center and found that prevention was not yet optimal due to low adherence to the 3M preventive measures and the suboptimal role of environmental health workers. However, these studies still focus on evaluating program implementation and have not specifically examined capacity building within the Health Department as a public organization to support the effectiveness of dengue fever prevention efforts.

This study aims to fill a research gap by analyzing the capacity building of the Sukabumi City Health Office in its efforts to prevent dengue fever, using Grindle's (1997) theory of capacity building, which encompasses three dimensions: human resource development, organizational strengthening, and institutional reform. Thus, this study aims to analyze the capacity building of the Sukabumi City Health Office and identify the factors influencing it, thereby providing strategic recommendations for institutional strengthening in future dengue fever prevention efforts.

RESEARCH METHODS

The research method used in this study is a descriptive qualitative approach aimed at analyzing the capacity building of the Sukabumi City Health Office in its efforts to prevent Dengue Hemorrhagic Fever (DHF). This approach was chosen because it provides an in-depth understanding of the social and institutional phenomena related to the implementation of health policies at the local level. The unit of analysis for this study is the Sukabumi City Health Office, specifically the Disease Prevention and Control Division (P2P), with informants selected through purposive sampling, including structural officials, Jumantik cadres, environmental health workers at community health centers (Puskesmas), Jumantik volunteers, and community members involved in the mosquito breeding site eradication program. Data were collected through field observations of dengue prevention activities, in-depth interviews with key informants, and documentation in the form of archives, official reports, and data from the Health Office. To ensure data validity, triangulation of sources, methods, and time was employed so that the consistency of the information obtained could be verified. Data analysis was conducted using the Miles and Huberman interactive model, which includes the processes of data condensation, data presentation in the form of narratives, tables, and figures, as well as repeated drawing of conclusions or verification to identify patterns and meanings from the data obtained. This study was conducted in the city of Sukabumi, focusing on the Health Department and community health centers that handle dengue fever cases, and the research activities took place in 2026 according to the schedule set by the researchers.

RESEARCH FINDINGS

This study aims to analyze the capacity building efforts of the Sukabumi City Health Department in preventing dengue fever (DF). The results of the study show that the Sukabumi City Health Office has implemented various efforts to prevent DF through strengthening human resources, providing program support facilities, and fostering cross-sectoral coordination with community health centers, Jumantik cadres, and the environmental health division. Nevertheless, the effectiveness of the program still faces several challenges, particularly a shortage of personnel, certain logistical constraints, and a lack of incentive support for Jumantik cadres.

Table 1. Trends in Dengue Fever Cases and Deaths in Sukabumi City

Year	Number of Cases	Number of Deaths	Death Male	Death Female
2020	651	3	2	1
2021	449	3	2	1
2022	1,028	13	6	7
2023	412	2	1	1
2024	1,631	6	2	4

(Source : Open Data Kota Sukabumi, 2024)

This study found that cases of Dengue Hemorrhagic Fever (DHF) in Sukabumi City remain a serious public health issue. Based on data from Sukabumi City's Open Data platform, the number of DHF cases has fluctuated but has generally trended upward from 2020 to 2024. The peak in cases occurred in 2024, with 1,631 cases and 6 deaths. As of 2025, 1,013 cases with 1 death were recorded in the service area of the Tipar Community Health Center (Puskesmas). These figures indicate that the incidence of DF in Sukabumi City remains well above the national target (<49 cases per 100,000 population with a fatality rate <0.5%).

a. Human Resource Development

According to data from the Sukabumi City Health Department, each community health center has a staff member responsible for the dengue fever prevention and control program. The distribution of these staff members is relatively even across all community health centers in Sukabumi City. However, having only one staff member per community health center means that prevention activities cannot yet be carried out optimally, as they must handle various program activities simultaneously. Informant 3 explained:

"The number of officers is very limited for DHF prevention and control. We are currently requesting additional staff so that prevention efforts can be carried out more optimally." - Informant 3

This indicates that the number of officers available for DHF prevention and control remains very limited, so activities cannot yet run at full capacity. This condition underscores an urgent need for additional personnel to expand the program's reach and effectiveness. The request for additional staff reflects an awareness that successful DHF control depends not only on regulations and technical strategy, but also on adequate human resources.

In addition to dengue program staff, prevention efforts are also supported by environmental health workers (Kesling), who play a role in environmental monitoring and mosquito breeding site eradication. However, most community health centers (Puskesmas) have only one environmental health worker, so environmental monitoring cannot yet be carried

out to its full potential. This situation underscores the importance of collaboration with Jumantik cadres and community participation in supporting the dengue prevention program.

b. Organizational Strengthening

The implementation of the dengue prevention program is also supported by various operational resources and logistics available at the Sukabumi City Health Office and community health centers, coordinated through the SIARVI case-reporting system and routine supervision visits to each community health center. The supply of abate powder and fogging materials is relatively sufficient to support mosquito breeding site eradication and vector control activities. However, the availability of Dengue Rapid Diagnostic Tests (RDTs) remains limited and largely depends on supplies from the West Java Provincial Health Office. When RDTs are not in stock, community health centers use routine blood tests as an alternative diagnostic method. Informant 1 stated:

"We provide reagents for examination, including RDT Dengue, but the quantity is limited according to the budget. Most of our RDT supply relies on the West Java Provincial Health Office. When stock runs low, we submit a request to the province. If RDTs are unavailable, the alternative is for the community health center to use routine blood laboratory tests, especially platelet and hematocrit counts. RDT does detect faster, while routine blood tests take at least 3 days." - Informant 1

This shows that although most operational supplies are relatively adequate, the Health Office's diagnostic capacity for dengue detection still depends on external supply from the provincial government, reflecting a gap in the organization's self-sufficiency. The speed gap between the two diagnostic methods is also significant, RDT enables rapid confirmation of dengue infection, whereas the routine blood test used as a fallback takes a minimum of three days to produce results, a delay that can slow early detection and case management when RDT stock runs out. Combined with the reporting and supervision mechanisms already in place, this suggests that the organization's internal systems are reasonably well established, but its logistical resilience remains dependent on higher levels of government a dependency that in turn shapes how effectively cross-sectoral coordination and institutional arrangements can respond to fluctuations in dengue cases.

c. Institutional Reform

As part of the institutional reform efforts underlying Sukabumi City's dengue fever prevention program, strengthening cross-sectoral coordination has become a crucial component of these efforts. The Health Department collaborates with community health centers, environmental health workers, Jumantik cadres, and local governments to carry out mosquito breeding site eradication, public education, and targeted fogging activities. However, the Jumantik cadres still face challenges in the form of limited numbers and a lack of adequate incentives. These conditions have the potential to affect the cadres' motivation and the sustainability of their involvement in community-based mosquito larvae monitoring activities.

In terms of institutional reform, the Sukabumi City Health Office's dengue prevention program operates under a structured coordination and reporting mechanism linking the P2PM Team, community health centers, and Jumantik cadres. In line with the central government's directive, every community health center is required to carry out mosquito breeding site eradication (PSN) activities on a weekly basis, with Jumantik cadres reporting their household-level findings back through this chain so that problems can be escalated to the P2PM Team or Health Office leadership when they arise. Informant 2 stated:

"It has run effectively for PSN and Jumentik now it is just monitoring the implementation at the Puskesmas level. There is no strengthening of cross-sector coordination, just communication." - Informant 2

This confirms that although PSN activities themselves are required weekly under central government regulation, cross-sectoral collaboration beyond the health sector itself remains limited to informal communication rather than a formally strengthened institutional arrangement. Although the city's relatively small scale allows this informal coordination to work fairly effectively, it also means that the sustainability of the program continues to rely more on consistent field-level cooperation than on structural policy reform.

Overall, the study results indicate that the capacity of the Sukabumi City Health Department in dengue fever prevention efforts has been strengthened through the equitable distribution of program staff, the provision of operational resources, and the development of cross-sectoral coordination. However, there are still several challenges that require further attention, namely limited human resources, dependence on logistical supplies from the provincial government, and suboptimal support for community health workers who serve as the frontline in dengue control at the community level.

DISCUSSION

The prevention of dengue hemorrhagic fever (DHF) remains one of the public health challenges facing the city of Sukabumi. The high number of DHF cases that continue to occur indicates that control efforts require adequate organizational capacity to develop effective and sustainable prevention programs. In this study, the capacity building of the Sukabumi City Health Department was analyzed using the Capacity Building theory proposed by Grindle (1997), which emphasizes that the success of public organizations in achieving development goals is influenced by the organization's ability to develop human resources, strengthen the organization, and implement institutional reforms. The results of the study indicate that the Sukabumi City Health Office has made efforts in all three of these aspects, although various limitations still exist that affect the effectiveness of dengue fever prevention programs.

through the deployment of dengue program officers at all community health centers in Sukabumi City. The presence of these officers demonstrates the organization's commitment to ensuring that the dengue prevention program is implemented evenly across every community health center's service area. However, the fact that there is, on average, only one officer per community health center indicates that human resource capacity remains limited compared to the complexity of the tasks that must be carried out. These officers are not only responsible for implementing dengue prevention activities but must also conduct epidemiological surveillance, provide health education, coordinate with community health volunteers, report cases, and carry out epidemiological investigations when dengue cases are identified in the community. These conditions result in a fairly heavy workload and have the potential to affect the effectiveness of program implementation. The Disease Prevention and Control (P2P) Division assigns staff members to each community health center. However, most of these staff members have not received specialized technical training in entomology or vector control. This situation is exacerbated by the limited number of training slots provided by the government, meaning that not all staff members or community health volunteers can participate in training every year. Data indicate that only 2–3 people per community health center can attend entomology training each year, resulting in unequal access to professional development opportunities.

Based on the research findings, human resource development has been carried out. These findings show that enhancing human resource capacity cannot be achieved solely through the equitable distribution of personnel; it must also be balanced with an adequate number of personnel and continuous competency development. Grindle (1997) explains that human resources are a key element in capacity building because an organization's success is largely determined by the capabilities of the individuals carrying out its functions. Therefore, the need to increase the number of personnel implementing the dengue fever program is crucial for expanding the scope of prevention activities, strengthening field surveillance, and accelerating the response to potential dengue fever outbreaks.

In addition to dengue program staff, researchers also found that environmental health workers play a crucial role in supporting the success of prevention programs. Environmental surveillance, mosquito breeding site elimination, and education on clean and healthy living practices require the active involvement of environmental health workers as part of disease vector control strategies. However, the limited number of environmental health workers means that environmental surveillance activities cannot yet be carried out optimally. This situation highlights that capacity building is needed not only for dengue program staff but also for other support personnel who contribute to controlling the environmental risk factors that cause the spread of the disease.

In terms of organizational strengthening, the research findings indicate that the Sukabumi City Health Department already has a work system that supports the implementation of the dengue fever prevention program. This support is evident in the clear organizational structure, the division of tasks between the Disease Prevention and Control Division (P2P) and community health centers, and the use of an integrated case reporting system. The existence of this structure and these operational mechanisms indicates that the organization has made efforts to establish governance that supports the coordinated implementation of the program. This study also found that the dengue fever case reporting system is a key component of the Sukabumi City Health Office's capacity. Case reporting is conducted through the Ministry of Health's web-based application, SIARVI, which is integrated with the national surveillance system. Community health centers, as technical implementing units, are required to report every dengue fever case identified within their service areas in a tiered manner to the City Health Office.

Organizational strengthening is also evident through the provision of resources and logistics used in the implementation of the dengue prevention program. The Sukabumi City Health Department provides various operational supplies, such as abate powder, fogging materials, laboratory reagents, and health screening equipment to support disease control activities. The availability of these resources is a critical factor because the success of the dengue prevention program depends not only on human resources but also on the organization's ability to provide the facilities needed to implement the program.

Nevertheless, the research findings indicate that there are still logistical limitations, particularly regarding the availability of dengue rapid diagnostic tests (RDTs). The limited number of RDTs means that the Health Office still relies on supplies from the West Java Provincial Health Office. This dependence on external resources indicates that the organization's capacity is not yet fully self-sufficient in meeting program needs. From a capacity-building perspective, this situation indicates that organizational strengthening has not been optimal, as the organization still faces limitations in managing and providing the resources needed to carry out its duties effectively. In the event of a large-scale increase in dengue cases, these logistical limitations could hinder early detection and rapid case management.

In terms of institutional reform, the study's findings indicate that the success of dengue prevention programs is heavily influenced by an organization's ability to foster cross-sectoral collaboration. Dengue prevention cannot be carried out by the Health Department alone but requires support from various stakeholders, including community health centers, environmental health workers, sub-district governments, schools, Jumantik cadres, and the community. This collaboration is realized through the implementation of the Mosquito Breeding Site Eradication (PSN) program, the "One House, One Jumantik" (G1R1J) movement, public health education, and targeted fogging in areas identified as having a high risk of disease transmission.

These findings demonstrate that the Sukabumi City Health Department has adopted a collaborative approach in implementing its dengue fever prevention program. This approach aligns with Grindle's (1997) perspective, which states that organizational strengthening is not only related to internal organizational aspects but also to the ability to build effective working relationships with various stakeholders who have an interest in achieving the organization's goals. The stronger the coordination and synergy among actors, the greater the likelihood of success for the programs implemented.

Although this collaboration has been running, the research findings indicate that the cross-sectoral coordination established remains limited to the internal scope of the health sector, namely among the Health Department, the Public Health Division, community health centers, jumantik cadres, and hospitals. Formal collaboration with agencies outside the health sector, such as sub-district and district governments, the provincial government, and the central government, has not yet been carried out in a structured manner. Formal strengthening of cross-sectoral coordination does not yet exist, and what has taken place so far has been limited to inter-unit communication when obstacles arise in the field. This condition indicates that the apparent effectiveness of the coordination observed is sustained more by the relatively small scale of the city, which facilitates informal communication, rather than by the presence of formal and structured cross-sectoral institutional strengthening.

Furthermore, the research findings indicate that the implementation of dengue fever prevention programs has been supported by various regulations that serve as the legal basis for local governments to carry out infectious disease control. The existence of these regulations provides legitimacy for the Health Department to implement various prevention programs and coordinate with various stakeholders. The regulations also serve as guidelines for determining policy direction, the division of tasks, and mechanisms for program implementation in the field.

However, the research findings indicate that institutional reform still faces several challenges. One of the main challenges is the limited support for community mosquito control volunteers (jumantik cadres), who play a direct role in monitoring mosquito larvae at the community level. Although these volunteers make a significant contribution to dengue prevention efforts, their numbers remain limited, and most have not received adequate incentives. This situation has the potential to affect the volunteers' motivation and the sustainability of their involvement in dengue control programs.

From the perspective of institutional reform, the success of public health programs is greatly influenced by the ability of institutions to foster sustainable community participation. Community health volunteers serve as a form of community participation that acts as a bridge between the government and residents in the implementation of disease prevention programs. Therefore, institutional strengthening must be directed toward efforts to enhance the capacity of these volunteers, provide adequate rewards or incentives, and develop a more structured system of community participation so that the dengue fever prevention program can operate sustainably.

Overall, the research findings indicate that the Sukabumi City Health Office has undertaken various capacity-building efforts to support dengue fever prevention through human resource development, organizational strengthening, and institutional reform. Nevertheless, the effectiveness of the program remains affected by a shortage of field staff, certain logistical constraints, dependence on supplies from the provincial government, cross-sectoral coordination that has not yet been carried out in a formal and structured manner, and suboptimal support for community health workers. These findings indicate that organizational capacity building needs to be carried out continuously through the addition of human resources, strengthening the organization's autonomy in providing health logistics, formal strengthening of cross-sectoral coordination mechanisms, and increasing community participation as an integral part of the dengue fever prevention system. With more comprehensive capacity building, it is hoped that dengue fever prevention efforts in Sukabumi City can be carried out more effectively, thereby reducing the incidence of the disease on a sustainable basis.

CONCLUSION

Based on the results of a study on capacity building at the Sukabumi City Health Office in efforts to prevent dengue fever (DBD), it can be concluded that the organization's capacity has been strengthened through human resource development, organizational strengthening, and institutional reform. The Sukabumi City Health Office has assigned DHF program officers to all community health centers (puskesmas), provided facilities and logistics to support the program, and established coordination with various parties such as puskesmas, environmental health workers, community health volunteers, and the public in the implementation of DHF prevention activities.

Nevertheless, the study's findings indicate that existing capacity is not yet fully optimized to support dengue prevention efforts to the fullest extent. In terms of human resources, there is still a shortage of personnel, leading to a heavy workload and suboptimal implementation of surveillance, health education, and field monitoring activities. From an organizational perspective, the availability of facilities and logistics has generally supported program implementation; however, there remains a reliance on certain supplies from the provincial government, particularly Dengue Rapid Diagnostic Tests (RDTs). Meanwhile, in terms of institutional aspects, cross-sectoral coordination within the health sector among the Health Department, community health centers (puskesmas), jumantik cadres and hospitals has been quite effective, although formal coordination with agencies outside the health sector has not yet been structured, and the participation of jumantik cadres still faces challenges due to a limited number of workers and suboptimal support in the form of incentives and ongoing training.

Based on these findings, the Sukabumi City Health Department needs to continuously strengthen its capacity by expanding and enhancing the competencies of human resources specifically tasked with managing the dengue fever prevention program at the community health center (puskesmas) level. Additionally, efforts are needed to increase the organization's autonomy in providing health facilities and logistics so that program implementation does not rely too heavily on supplies from the provincial government. Strengthening the role of community health workers through training, mentoring, recognition, and appropriate incentives should also be a priority to increase community participation in dengue prevention efforts. Furthermore, cross-sectoral collaboration with local governments, educational institutions, community organizations, and other stakeholders must be continuously strengthened to create more effective, participatory, and sustainable dengue prevention

efforts. Further research is recommended to examine the effectiveness of organizational capacity, community participation, or models of collaboration among actors in dengue prevention, thereby contributing more broadly to the development of public health policies.

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