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ANALYSIS OF THE IMPLEMENTATION OF THE DIGITALIZATION OF NON-COMMUNICABLE DISEASE SCREENING REPORTING POLICY THROUGH THE ASIK APLICATION

Hadid Al Hafidz[1]*, Kodrat Pramudho[1], Maya Natalia Manan[2]
[1]Public Health Magister, Faculty of Health Sciences, Universitaas Indonesia Maju, Jl. Harapan No.50, Lenteng Agung, Jagakarsa, Jakarta Selatan, Jakarta 12610, Indonesia
[2]Dinas Kesehatan Kab. Lampung Utara, Jl. Ganesha, Kota Alam, Kotabumi Selatan, Lampung Utara, Lampung 34516, Indonesia
*hadid.hafidz@umko.ac.id

ABSTRACT
Aplikasi Sehat IndonesiaKu (ASIK) is a digital-based healthcare service recording and reporting application aimed at replacing manual recording and simplifying the reporting process for various health programs. Field experience shows that there is still a gap between the reporting results in the application and manual recording, resulting in serious consequences for the validity of health data. This study aims to evaluate the implementation of the digitalization policy for reporting non-communicable disease screening through the ASIK application in North Lampung Regency in 2025. The evaluation was conducted by examining four main factors, namely the technical aspects of the application, human resources, organizational support, and health accessibility. This research uses a qualitative approach with a case study design using triangulation methods in the form of in-depth interviews, observation, and documentation. Data were collected through in-depth interviews, document review, and field observations at primary health facilities, and analyzed thematically using triangulation of sources and methods. Barriers to ASIK reporting are a multidimensional problem that causes a gap between policy design and field readiness. The research results show four main factors causing low reporting, namely technical application factors, limited human resources, weak organizational support, and regional accessibility constraints. This study recommends integration and strengthening of the ASIK system, improved infrastructure support and reporting management in the regions, and further quantitative studies to assess its impact on the quality of NCD screening data.

Keywords: aplikasi sehat indonesiaku (ASIK); health digitalization; non-communicable disease

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INTRODUCTION

Digital transformation in the healthcare sector is a national priority aligned with the Industrial Revolution 4.0 and the Ministry of Health's One Health Data vision, aiming to strengthen data recording and support evidence-based decision-making, particularly in primary care settings. As part of this policy, the Ministry of Health developed the My Indonesia Sehat (ASIK) application as an electronic recording and reporting system for Primary Health Facilities (FKTP), integrating services such as immunization, maternal and child health, and early detection of Non-Communicable Diseases (NCDs) to replace manual reporting and support a real-time national health information system.

However, ASIK implementation still faces technical and non-technical challenges that hinder optimal functionality across regions. In the context of NCD programs, accurate and consistent reporting from primary care facilities is essential for intervention planning, budget allocation, and monitoring national achievements, yet suboptimal ASIK reporting limits the development of targeted, data-driven policies. Despite national implementation, many health facilities continue dual reporting using digital and manual systems. Previous research (Yulyati et al., 2025) attributes this to system slowness during data input, discrepancies between inputted data and dashboard outputs,

limited interoperability with existing information systems, and restricted access to technical support.

Based on pre-survey data obtained from the North Lampung District Health Office in 2024 which has been recorded and reported, the results of the comparison between manual reporting and reporting in ASIK show a fairly large data gap. Of all the 27 health centers recorded in North Lampung, 23 of them have a gap of more than 50% between manual reporting and reporting in ASIK. Some health centers with the lowest achievements and have quite large gaps such as Tulang Bawang Baru Health Center, of the total target achieved in manual reporting of 9,659 people, the data reported in ASIK was only 131 people or 1.4% of the manual reporting. Tata Karya Health Center of the total target achieved in manual reporting of 13,937 people, the data reported in ASIK was only 492 people or 3.5% of the manual reporting. Abung Kunang Health Center of the total target achieved in manual reporting of 4,660 people, the data reported in ASIK was only 286 people or 6.1% of the manual reporting. Although the percentage figures are influenced by differences in the target number recorded in manual reporting, the actual number of reported cases in ASIK is indeed relatively low.

This gap has serious implications for health data validity, as discrepancies between digital records and field conditions may lead policymakers to misinterpret trends and design inappropriate interventions. Therefore, this study analyzes technical, human resource, organizational, and accessibility factors influencing the low reporting of NCD screening through ASIK to support evidence-based policymaking and prevent digitalization from functioning merely as an administrative requirement or creating new inequalities in areas with limited technological access. Accordingly, the general objective of this study is to analyze factors contributing to low NCD reporting through ASIK, with specific objectives focusing on technical constraints, human resource capacity, and digitalization policy implementation. This study offers novel insights, as limited research has specifically examined factors constraining NCD screening reporting through ASIK. The general objective is to analyze the factors causing the low reporting of NCDs in ASIK. The specific objectives are to identify technical factors, assess the role of human resources, and evaluate digitalization policies. The main advantage of this study is that there has been no specific research on the factors constraining the low reporting of NCD screening in ASIK.

METHOD

This research employed a qualitative approach with a case study design. This approach was used to in-depth describe the implementation process of the health digitalization policy through ASIK application, specifically in the context of reporting Non-Communicable Diseases (NCDs) at the North Lampung Regency Health Office. The case study was chosen to comprehensively understand the actual conditions, obstacles, and perceptions of program implementers regarding the low achievement of NCD reporting through ASIK. This research was conducted at the North Lampung Regency Health Office and several Community Health Centers (Puskesmas) under its coordination. Informants in this study were parties involved in the implementation and management of NCD program reporting through the ASIK application in North Lampung Regency who possessed competencies related to the NCD program. Informants were selected using purposive sampling, based on the criteria of NCD program managers at the Health Office and five Community Health Centers representing the lowest achievement in 2024.

Data was collected through several methods: in-depth interviews with key informants, primary informants, and supplementary informants using an interview guide. Field observations of the ASIK recording and reporting process at the Community Health Center were conducted, and documentation studies were conducted on NCD reporting achievement data (manual and ASIK), reporting guidelines, and applicable technical policies. The primary instrument in this study was the researcher, assisted by interview guidelines, observation guidelines, and documentation formats.

Analysis was conducted using the Miles & Huberman (2014) approach, which encompasses three main stages: data reduction, data presentation, and conclusion drawing and verification.

RESULT

Based on the interviews conducted, several important findings emerged regarding the factors influencing the low reporting of Non-Communicable Disease (NCD) screening through the Sehat Indonesiaku (My Indonesia Health) application. This process revealed four major themes representing the main factors contributing to the low reporting of ASIK: technical factors, human resources (HR) factors, organizational factors, and healthcare accessibility. These four factors are interconnected and form a cycle of obstacles that directly impact the effectiveness of ASIK application implementation in North Lampung Regency.

Technical Factors

Technical factors are the most dominant obstacle, directly hindering reporting continuity. Based on the findings, most informants stated that ASIK implementation felt like a "forced" policy without considering the readiness of the system or users in the field. The application frequently experiences errors, crashes, or undergoes repeated maintenance without notification, disrupting the daily reporting process.

"*Yes, sir, but the dashboard is often under maintenance, so it's sometimes difficult to access." – IU1*
"Furthermore, the Office also frequently provides information when the application is undergoing maintenance. It was down several times yesterday." – IP5

This situation prevents staff from continuously inputting data, leading to a backlog of data that has not yet been uploaded to the central server. Furthermore, each system update often changes the application's appearance and workflow, resulting in user confusion and a need for readjustment. Several staff stated that the data input burden has increased due to the large amount of screening data that patients should be able to input independently. Furthermore, much patient data requires in-depth examinations, while field activities and community health center facilities are primarily basic examinations. Consequently, time that should be used for direct community service is now consumed by digital administrative activities. A crucial issue is the large number of Population Identification Numbers (NIK) that are not recognized by the system. When the NIK is not recognized, the input process fails, and data cannot be sent to the national dashboard. Staff are forced to re-enter or use manual formats as backups, resulting in duplication of work. The excessive number of problematic NIKs has led to the assumption that the NIK is not solely the problem, but also that the system is not yet integrated with population data.

"*There are too many frequently problematic NIKs, so I suspect the application isn't integrated with population data*." – IK3

Human Resources (HR) Factors

Limited human resources are a key factor contributing to the low ASIK reporting rate. Interviews revealed that the number of reporting officers at each Community Health Center (Puskesmas) is very limited, as current regulations only allow civil servants with ASN status to be program managers. Furthermore, almost all informants are overloaded, without additional incentives or rewards, managing two or three or more applications, such as ASIK, P-Care, Satu Sehat, and others. This situation significantly increases the workload and leads to fatigue and decreased work motivation.

"*... Additional personnel are certainly the main support for increasing achievement toward the given target. Furthermore, there may be no specific allocation for honorariums or quotas..."* – IK6
"*There are no special funds. Only incentives for screening activities, and even that depends on the policy of the Puskesmas head. There is also no internet quota assistance*." – IU1

Besides quantity, competency is also a constraint. Not all officers have an information technology background or adequate digital skills. Most operators are functional health workers, such as nurses or sanitarians, who have additional duties as data managers. Some program managers stated that they lack technological skills and are also constrained by health factors, preventing them from participating in the data entry process. This results in suboptimal performance due to the reduced number of workers with access to applications for data entry. Another contributing factor is low community participation in NCD screening activities in villages. According to informants, people tend to be reluctant to come to screening locations, citing busy work, not feeling sick, or considering the screening activity unurgent. Consequently, the number of participants screened is small, directly impacting the volume of data that can be reported through the application. This low public interest indicates that even effective and widespread screening with health communication and promotion strategies cannot run smoothly without community support.

Organizational Factors

Organizational factors indicate that the effectiveness of policy implementation is greatly influenced by a clear structure and division of roles, leadership commitment, and internal coordination mechanisms that are not yet optimally supporting the use of the ASIK application. Interviews revealed that budgetary support and facilities from the local government are still very limited. Reporting officers generally use personal devices (laptops or mobile phones) and standalone internet connections to run the application. This situation significantly reduces efficiency and increases the personal burden on officers. Furthermore, the input targets set by the local government are considered too high and disproportionate to field conditions. Several informants stated that these targets were often not aligned with the number of personnel, equipment availability, and target population in their respective work areas. As a result, ASIK reporting performance often appeared low, not due to poor officer performance, but rather because the success indicators were unrealistic given the available resources.

"…*We even cover the internet quota ourselves, usually using activity funds from our respective programs. Community health centers (Puskesmas) don't have large funds, so it's difficult to increase operational costs*…" – IP9

"…*The input target is very high, for example, for face-to-face learning (PTM), the target is 20,000, whereas if we conduct community visits through community health posts (Pos Bindu) or mobile community health centers (Puskesmas), that number doesn't reach that number…"* – IK6

Another problem is the lack of direct training from the Ministry of Health. Most officers only receive guidance through online meetings or internal sharing sessions that are not in-depth enough to understand the technical aspects of the application. When specific glitches or obstacles occur, communication with the central development team is also difficult due to limited formal communication channels.

"…*We are only told to watch tutorials on YouTube and given little direction or guidance*." – IP5

Cross-sectoral barriers were also a significant concern. The Civil Registration Department (Dukcapil) and the Communication and Information Technology Agency (Kominfo), which are supposed to support data validity and network stability, have not been optimally involved. Issues such as unreadable National Identity Numbers (NIK) or unstable internet connections often require cross-sector coordination, but the process is slow. This lack of coordination results in problem-solving in the field tending to rely on the initiative of individual Community Health Centers (Puskesmas). Overall, these findings indicate that the lack of specific policies and a strong institutional support system at the district and central levels has created a gap between digitalization policy design and implementation capabilities in the field.

"... In our area, the signal is not always good. Sometimes when officers try to input data, the connection suddenly drops, so the data cannot be saved." – IK7

Health Accessibility Factors

Health accessibility factors indicate that limited internet connection, device availability, and user access to the ASIK application remain major obstacles to ensuring timely and equitable screening reporting. Health workers working in remote areas face challenges such as high mobility, poor road conditions, and limited transportation to screening locations. Screening activities in these areas often have to be conducted manually due to limited internet connection and electricity. After the activity is completed, data can only be entered into the application when workers return to the Community Health Center (Puskesmas) with a stable internet connection. This process creates a long lag time between data collection and reporting and increases the risk of input errors.

"*... If we go there, we have to pass through Mulyo Rejo, and Tulang Bawang Baru is at the border. From Temas Community Health Center to Dorowati or Rejo Mulyo, the journey is about an hour, so a round trip can take two hours, and there are almost no good roads..." – IK6*

Furthermore, technological facilities in the field are still very limited. Some Community Health Centers do not have adequate computer equipment to run the ASIK application. Officers are forced to use personal devices that are not always compatible with the application system. This makes the reporting process inefficient and creates dependency on specific individuals.

"*For remote areas, the main obstacle is signal signal and the community's ability to access technology*." – IK2

"*Even in 2023, during accreditation, the signal was often down. In 2024, it was the same. At the end of the year, we changed network providers for more stability."* – IK4

Another contributing factor is the lack of dedicated operational support for data entry activities. Officers receive no additional incentives, even though they have to spend time outside of work hours to complete reports. This situation results in decreased work motivation and has implications for the low quality of the resulting data. This limited accessibility is not only related to geographic and technological aspects, but also concerns access to policies and structural support. The lack of logistical and financial support demonstrates that digital reporting in remote areas still faces a significant digital divide.

DISCUSSION

The findings indicate that the low reporting of Non-Communicable Disease (NCD) screening through the Sehat Indonesiaku (My Indonesia Health) application in North Lampung Regency is a multidimensional phenomenon that cannot be explained solely by technical factors. This condition arises from the interaction of technical, human resource, organizational, and infrastructure factors. Low ASIK reporting reflects not only weak implementation, but also a structural consequence of digital transformation policies that have not fully adapted to local context, user readiness, and regional capacity. This finding reveals a gap between centrally designed policies and regional implementation capacity, consistent with the public policy implementation theory of Mazmanian and Sabatier (2010), which emphasizes the roles of policy design, implementer capacity, and the external environment. This study has limitations related to variations in human resource capacity, digital infrastructure, and workload differences among community health centers, meaning that the findings reflect local conditions rather than a national picture. To strengthen credibility, the researchers used purposive informant selection in health centers with low reporting rates and triangulated data sources and methods. In the context of Minimum Service Standards (SPM), ASIK reporting is a critical instrument for measuring NCD screening coverage. Incomplete reporting may lead to inaccurate assessments of service achievement and weaken evidence-based decision-making. Overall, these findings suggest that digital health implementation without adequate change management risks increasing administrative burdens rather than improving efficiency, thereby affecting data quality, system sustainability, and the effectiveness of digital health policies.

Technical Factors

Field findings indicate that system stability and digital infrastructure reliability do not fully support real-time reporting needs. In North Lampung, implementers perceived ASIK as still being in a "national trial" phase, with unresolved technical issues related to system maturity and device compatibility. These findings align with Yulyati et al. (2025), who identified system instability, limited server capacity, and weak integration with existing health information systems as major barriers to ASIK use. Problems in reading the National Identification Number (NIK) further indicate ineffective interoperability between ASIK and population data systems, hindering participant validation in NCD screening.

From an information systems perspective (O'Brien & Marakas, 2003), this condition reflects failure in the implementation phase of the Information System Development Life Cycle (ISDLC), where system deployment was not accompanied by adequate performance, network, and load testing across diverse geographic contexts. From a public policy perspective, it illustrates a gap between policy design and implementation (Mazmanian & Sabatier, 2010), as infrastructure readiness and user adaptability were insufficiently considered. From the user perspective, limited involvement of reporting staff in system design and the absence of responsive technical support contributed to user resistance and continued reliance on manual reporting, increasing workload and reducing efficiency. Overall, the effectiveness of ASIK reporting is determined by system stability, platform integration, and supporting infrastructure. Limited integration with population data systems and server and network constraints increase reporting burdens and the risk of data errors, indicating that technical strengthening and infrastructure support are essential to ensure sustainable and reliable NCD screening reporting.

Human Resources (HR) Factors

According to Mardiana et al. (2025), the performance of ASIK officers is heavily influenced by supervision and work motivation. When the administrative burden increases without adequate support, reporting efficiency and accuracy decline. This condition aligns with the Human Resource Capability theory (1997), which asserts that individual capacity in digital systems is strongly influenced by skills, workload, and organizational support. In addition to limited personnel, low community participation in screening activities also contributes to the limited data input. These social factors demonstrate that the success of digital reporting depends not only on the system and implementing personnel, but also on community participation as the primary data subjects. This finding is consistent with Sari et al. (2024), who emphasized that low public interest in screening activities is a major obstacle to achieving the targets of the NCD program.

The phenomenon of low digital literacy among officers and the lack of training from the central government reinforces the finding that human resource readiness is not yet in line with the demands of the digitalization system. The success of policy implementation is determined by human interaction in its social context. Therefore, failure to prepare human resources that are adaptive to technology will have direct implications for the success of the health information system. In terms of human resources, this study confirms that operator capacity and competency continuity play a critical role in the quality of ASIK reporting. Reliance on a single officer, limited training, and a lack of understanding of system updates have the potential to reduce data timeliness and completeness. Therefore, the researcher believes that strengthening human resources through regular training, the formation of reporting teams, and clear role allocation at the community health center and health office levels is necessary to ensure the reporting system can operate consistently despite changes or staffing constraints.

Organizational Factors

Field data indicates that, from an organizational perspective, institutional support for ASIK reporting is still very minimal. The lack of a dedicated budget and facilities for data entry activities indicates a weak institutional commitment to digital policy implementation. However, according to

Jaswin et al. (2018), the successful implementation of SPM in the health sector is greatly influenced by resource allocation and clarity of responsibilities across bureaucratic structures. Cross-sector coordination has not been effective. The Civil Registration Agency (Dukcapil) and the Ministry of Communication and Information Technology (Kominfo) should play a key role in ensuring data integration and network stability, but they lack a systematic collaborative working mechanism. This obstacle reinforces the research findings of Rismayuni et al. (2024), which stated that one of the weaknesses in ASIK implementation is the lack of synergy between health technical units and information technology units in the regions. The absence of organizational strengthening policies at the regional level demonstrates that digital transformation in the health sector is still viewed as an administrative project, not a systemic change requiring change management. From an organizational perspective, the research results indicate that ASIK reporting is not fully supported by systematic governance and optimal cross-sector coordination. According to the researcher, the lack of standard internal SOPs, unstandardized supervision, and weak coordination between the health office, Dukcapil, and Diskominfo have resulted in fragmented policy implementation. Therefore, the researcher believes that strengthening organizational aspects through the establishment of SOPs, tiered supervision mechanisms, and routine cross-sector coordination are key to ensuring the effective and integrated implementation of the policy on digitalizing NCD reporting.

Health Accessibility Factors

Remote areas with limited internet access and transportation make it difficult for officers to input data in real time. This finding is consistent with the findings of Rosidin et al. (2023), who emphasized that limited digital access in rural areas is the biggest obstacle to implementing the ASIK system for early detection of NCDs. This finding is further supported by Pongtambing et al. (2024), who stated that digital literacy and the availability of technological infrastructure in villages are crucial factors in the success of digital health transformation. In addition to limited infrastructure, the lack of dedicated financial support for data input activities is a psychological factor that lowers officer motivation. This situation aligns with the concept of motivation crowding theory in public management, which states that incentives and structural support have a significant influence on employee commitment to new system innovations. Accessibility is also related to digital equity. Without proportional support for regions with geographical limitations, digitalization policies have the potential to widen the service gap between urban and rural areas.

In terms of health accessibility, limited availability of devices and internet connectivity in certain areas contributes to disparities in reporting quality between regions, resulting in uneven representation of NCD screening data and potential distortions in public health planning and decision-making. Adjusting targets based on regional capacity and providing financial support for digitalization in remote areas are therefore important strategies to promote more equitable, data-driven health reporting. The findings indicate that low NCD screening reporting through ASIK in North Lampung Regency stems from accumulated structural, technical, and social barriers rather than a lack of individual commitment. Key constraints include low system readiness, limited human resource adaptation, weak organizational support, and unequal digital infrastructure access. System disruptions, limited data integration, high workloads without adequate training, budget constraints, and weak cross-sectoral coordination further hinder effective implementation. Overall, these findings underscore that digital transformation in the health sector extends beyond technological adoption to broader governance transformation. Consistent with Amalia (2024), the success of health digitalization depends on effective interaction between technology, human resources, and adaptive institutional systems.

CONCLUSION

This study concludes that the low reporting of Non-Communicable Disease (NCD) screening through the Sehat Indonesiaku (My Indonesia Health) application in North Lampung Regency is a

systemic problem and not solely caused by technical constraints in the field. Although ASIK is a positive innovation in digitalization and accelerated health reporting, its implementation has not been matched by adequate human resource readiness, organizational support, or infrastructure. Four main factors contribute to the low reporting rate: technical factors, human resources (HR), organizational factors, and healthcare accessibility. From a technical perspective, the ASIK application still experiences frequent system disruptions, repetitive maintenance processes, and data integration challenges such as mismatched National Identity Numbers (NIK) and limited internet connection. Human resource factors include a limited number of reporting officers, low technical skills in using the application, and a lack of regular training. Organizational factors include weak policy and funding support, ineffective cross-sectoral coordination, and unrealistic reporting targets. Accessibility factors relate to the difficult-to-reach geographical conditions of remote areas and limited technological facilities in the field. These four factors are interconnected and reinforce each other, thus hampering the effectiveness of digital NCD screening reporting. This situation demonstrates that the successful digitalization of health reporting requires comprehensive system readiness, not only in terms of technology, but also human support, policies, and infrastructure.

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