

## Literature Review: Obstacles in Implementation of Chronic Disease Management Program (Prolanis) in Public Health Centers

Ersa Nifta Salsabilah, Agus Aan Adriansyah, Nurul Jannatul Firdausi, Dwi Handayani

Public Health Study Program, Faculty of Health, Universitas Nahdlatul Ulama Surabaya, Dinas Kesehatan Provinsi Jawa Timur, Indonesia

[Ersaaniifta@gmail.com](mailto:Ersaaniifta@gmail.com), [aan.naufal87@unusa.ac.id](mailto:aan.naufal87@unusa.ac.id), [nuruljf@unusa.ac.id](mailto:nuruljf@unusa.ac.id)

### Article Information

Submitted: 31 January 2023

Accepted: 03 February 2023

Online Publish: 20 February 2023

### Abstract

**Introduction:** BPJS Kesehatan created a chronic disease management program (Prolanis) to prevent complications of chronic diseases. But in fact, the implementation of prolanis is still not running optimally as evidenced by this activity has not shown a good impact on the community. **Objective:** This review literature aims to identify constraints in the implementation of chronic disease management programs (Prolanis) at the Center for Public Health. **Method:** This study is a literature review. The data sources used are from google scholar and garuda portals in the 2017-2022 times frame. The keywords used are constraints, chronic disease management programs, prolanis, Public Health Centers. **Result and Discussion:** The results of the study showed 10 aspects of communication, namely lack of coordination, clarity in delivering success indicators, and lack of socialization. The human resources aspect of 12 articles is the lack of quantity and quality of officers. The funding aspect was obtained by 12 articles, namely the process of submitting and disbursing old claims and withdrawing service fees. **Conclusion:** from this literature review, it is found that the implementation of the Center for Public Health in implementing the prolanis program in Indonesia has not run optimally. Advice improves routine health promotion every month.

**Keywords:** Barriers; Chronic Disease Management Program; Prolanis; Public Health Centers;

## **Introduction**

Non-Communicable Diseases are one of the threats to health problems in Indonesia and contribute 70% of global deaths, so the role of NCDs requires a fairly high financing of health services. Based on the results of the 2018 Basic Health Research, the prevalence of NCDs has increased when compared to Riskesdas 2013. This disease is the cause of the large expenditure of BPJS, so it experiences a state deficit.

The Chronic Disease Management Program (Prolanis) is one of the promotional and preventive strategies carried out by BPJS Kesehatan to reduce or prevent complications of chronic diseases as well as control the cost of health services (Latifah and Maryati, 2018). But in fact, the implementation of the prolanis program is still not running optimally (Pulungan and Nurrizka, 2018). Facts on the ground show that most people do not know the benefits they get if they actively participate and do not understand well the types of activities carried out in the prolanis program (Fadila and Ahmad, 2021)

Research (Fajriansyah et al., 2019) said prolanis still did not show good impact on its participants. In measuring the quality of life of prolanis patients at the Tamalanrea Public Health Centers, it was at a low rate of 14.60%. The causative factor is the activities in the prolanis that have not run optimally. The study (Sekardiani, 2019) showed that out of 30 participants, only 16 participants (53.3%) were active in participating in prolanis activities. Respondents said they did not adhere to the schedule because they thought the disease was difficult to cure.

The large number of prolanis participants who are not actively participating regularly is certainly an evaluation for health workers, especially for those in charge of prolanis activities. So that in its implementation, efforts and encouragement from prolanis managers in the Public Health Centers need to be increased, especially their role as educators, motivators, and facilitators.

## **Method**

The method used in literature review research is *traditional literature review*. The source of the article comes from *Google scholar* and the Garuda portal. The keywords used are constraints, chronic disease management programs, prolanis, Public Health Centers. This *literature review* method uses 3 stages, namely screening 1 choosing paid and unpaid journals, *screening* 2 reviewing titles and abstracts, *screening* 3 reviewing backgrounds, methods, results and discussions

Data processing in *traditional Literature Review* uses evidence derived from previous research in the form of published National journal articles, then stages with comparative analysis that focuses on similarities between cases (method of agreement) or differences in similar cases (*method of difference*). In this study, it will be searched and narrated every similarity and difference from the findings of each article that has been obtained as a reference.

## **Results dan Discussion**

### **Constraints of the Prolanis Program at the Center for Public Health in the Aspect of Communication.**

The findings obtained 10 articles discussing aspects of communication in the implementation of prolanis at the Center for Public Health obtained 3 articles discussing the dimensions of transmission, 3 articles discussing the dimensions of clarity, 6 articles discussing the dimensions of consistency.

**Table 11**

Article Search Results of Prolanis Program Constraints in Public Health Centers in Communication Aspects.

<b>No</b>	<b>Researchers</b>	<b>Result</b>
1.	(Rosdiana, Raharjo, and Indarjo, 2017)	a. Transmission: there is no special coordination in the implementation of prolanis. b. Clarity: understanding of different prolanis implementers. c. Consistency: consistency in communication is already being done at the Halamahera Public Health Centers.
2.	(Latifah and Maryati, 2018)	a. Transmission: lack of coordination between the Head of the Public Health Centers and the implementer of the prolanis b. Clarity: not explained c. Consistency: not explained
3.	(Raraswati, Heryaman, and Soetedjo, 2018)	a. Transmission: not explained b. Clarity: providing information to patients is less clear about the flow of prolanis services. c. Consistency: lack of doctor education to patients
4.	(Samiaty, 2019)	a. Transmission: coordination is well implemented. b. Clarity: the prolanis policy is clearly conveyed. c. Consistency: lack of socialization about prolanis.
5.	(Susilo, Satibi, and Andayani, 2020)	a. Transmission: lack of coordination of the person in charge with the prolanis executor. b. Clarity: not explained. c. Consistency: not explained.
6.	(A. E. Wardani et al., 2020)	a. Transmission: not explained b. Clarity: not explained. c. Consistency: socialization is rarely carried out.
7.	(Maisaroh and Rosdiana, 2020)	a. Transmission: not explained. b. Clarity: the measure of success is already clearly conveyed. c. Consistency: lack of socialization of prolanis.
8.	(Ginting et al., 2020)	a. Transmission: not explained. b. Clarity: not explained. c. Consistency: as many as 55 people (59.8%) of knowledge are lacking, since socialization is rarely carried out
9.	(Manullang et al., 2022)	a. Transmission: coordination with BPJS and implementers has been running well. b. Clarity: success indicators are less clearly conveyed. c. Consistency: regular socialization and monitoring are carried out periodically.
10.	(Sari et al., n.d.)	a. Transmission: not explained. b. Clarity: not explained. c. Consistency: 68.1% of respondents were poorly informed.

**Literature Review: Obstacles in Implementation of Chronic Disease Management Program (Prolanis) in Public Health Centers**

Based on Table 1, it can be informed that communication in the implementation of the prolanis program at the Center for Public Health has not been optimal. This can be seen in the lack of coordination and lack of clarity in the delivery of information in the implementation of the prolanis program. If this continues to be allowed, it will make the implementation of the task run less smoothly and the occurrence of a lack of understanding which makes the results of the work not in accordance with the direction given. In general, the problem in the communication aspect is the lack of socialization. If left unchecked, it can result in low public knowledge which has an impact on low participation to participate in prolanis programs in line with the results of research Purwitayana (2013) that communication has a big role in influencing the success of a program. Clear and correct communication, the program implementers can understand and understand the content of the program created and encourage the implementer to do their job well.

**Constraints of Prolanis Programs in Public Health Centers in Resource Aspects.**

**a. Human Resources**

The findings obtained 12 articles discussing aspects of human resources in the implementation of prolanis at the Public Health Centers obtained 6 articles discussing the limitations of the number of officers, 7 articles discussing no special training.

**Table 2**

Article Search Results of Prolanis Program Constraints in Public Health Centers in Human Resources Aspects.

No	Researchers	Result
1.	(Rosdiana, Raharjo, and Indarjo, 2017)	There is no special training.
2.	(Deovia et al., 2018)	Limited number of officers.
3.	(Meiriana, Trisnanto, and Padmawati, 2019)	There is no special training.
4.	(Samiaty, 2019)	There is no special training.
5.	(Saputra and Chairunnisa, 2019)	There is no special training.
6.	(Utomo, 2019)	a. Limited number of officers. b. There is no special training.
7.	(Annas, Maryati, and Chotimah, 2019)	Limited number of officers.
8.	(A. E. Wardani et al., 2020)	Limited number of officers.
9.	(Firdaus and Idris, 2020)	There is no special training.
10.	(Praja, Herawati, and Witcahyo, 2020)	Limited number of officers.
11.	(Wediyarti, Setiaji, and Masra, 2021)	There is no special training.
12.	(Pebriyani et al., 2022)	Limited number of officers.

Based on tabel 2 can be informed that the availability of health workers of the Public Health Centers in the prolanis program is still facing problems, this can be seen in the many health programs in the Public Health Centers. not proportional to the number of health workers. So that officers on duty in the prolanis program become limited and will have an impact on the increasingly high workload. As well as the lack of training in officers will make for a lack of trained personnel. Ittakes a long time to complete service activities. In line with research that competence and training have a significant effect on performanceSimbolon (2014).

**Literature Review: Obstacles in Implementation of Chronic Disease Management Program (Prolanis) in Public Health Centers**

**b. Funding Resources**

The findings obtained 12 articles discussing aspects of funding resources in the implementation of prolanis at the Public Health Centers, 6 articles discussing limited funds, 4 articles discussing the long disbursement process, 2 articles discussing there is a withdrawal of fees, 1 article discusses filing claims not on time and 1 article discusses the submission process not in accordance with BPJS's policy.

**Table 3**

Article Search Results of Prolanis Program Constraints in Public Health Centers in Aspects of Funding Resources.

No	Researchers	Result
1.	(Rosdiana, Raharjo, and Indarjo, 2017)	Limited funds. The source of funds comes from BPJS Kesehatan.
2.	(Deovia et al., 2018)	Limited funds.
3.	(Latifah and Maryati, 2018)	Long disbursement process. The source of funds comes from BPJS Kesehatan.
4.	(Meiriana, Trisnanto, and Padmawati, 2019)	Long disbursement process. The source of funds comes from BPJS Kesehatan.
5.	(A. P. Wardani, Witcahyo, and Utami, 2018)	Limited funds. The source of funds comes from BPJS Kesehatan.
6.	(Samiati, 2019)	Limited funds. The source of funds comes from blud Public Health Centers and BPJS Kesehatan.
7.	(Utomo, 2019)	The existence of a withdrawal of service fees. The source of funds comes from BPJS Kesehatan.
8.	(Susilo, Satibi, and Andayani, 2020)	The existence of service fee withdrawals and a long disbursement process. The source of funds comes from BPJS Kesehatan.
9.	(A. E. Wardani et al., 2020)	The claim submission process is not in accordance with BPJS policy.
10.	(Maisaroh and Rosdiana, 2020)	Limited funds the source of funds comes from BPJS Kesehatan.
11.	(Firdaus and Idris, 2020)	Limited funds and a long disbursement process.
12.	(Praja, Herawati, and Witcahyo, 2020)	The claim submission process is not timely. The source of funds comes from BOK and BPJS Kesehatan.

Based on Tabel 3, it can be informed that funding in the implementation of prolanis is still found to be a lot of problems. It can be seen that with the discovery of fee withdrawals in prolanis activities, this is not in accordance with the regulations of the minister of health. In addition, filing a claim for funds that are not timely and not in accordance with BPJS policies can also result in the funds claimed to be obtained for a long time. In general, in this funding aspect, it is a problem of limited funds due to the disbursement of fund claims from the old BPJS. The slow pace of funding provided resulted in the process of achieving the targets of the Public Health Centers tertunda. In line with the research that the Handayan (2013) long process of disbursing refund funds is also a problem in the implementation of services.

**Literature Review: Obstacles in Implementation of Chronic Disease Management Program (Prolanis) in Public Health Centers**

**c. Facility Resources.**

The findings obtained 7 articles discussing aspects of facility resources in the implementation of prolanis at the Public Health Centers obtained 4 articles discussing inadequate facilities such as no special rooms and rooms for narrow activities, 4 articles discussing inadequate infrastructure such as supporting tools, willingness forms to join, health status monitoring books and drug storage areas.

**Table 4**

Article Results of Search for Constraints of Prolanis Program in Public Health Centers in Aspects of Facility Resources

No	Researchers	Result
1.	(Rosdiana, Raharjo, and Indarjo, 2017)	Inadequate activity room
2.	(Deovia et al., 2018)	Lack of tools to support activities.
3.	(Latifah and Maryati, 2018)	The activity room and tools are inadequate.
4.	(Samiaty, 2019)	The room for activities is less spacious.
5.	(Utomo, 2019)	Unavailability of joining willingness forms and health status monitoring books.
6.	(Susilo, Satibi, and Andayani, 2020)	The place for storage of the drug is put in the storage cabinets of the general poly.
7.	(Pebriyani et al., 2022)	There is no special room.

Based on table 4, it is informed that the facilities in the prolanis program are not optimal, judging from the absence of special rooms and room conditions for prolanis activities that are less spacious. This in addition to affecting service to participants, will also interfere with performance or productivity which makes it uncomfortable. Likewise, inadequate activity support tools, willingness statement forms, and health status monitoring books will have an impact on the quality of service, for ease and completeness in serving prolanis participants properly. In addition, the storage of prolanis drugs that are placed out of place will make the drug quickly damaged and expired. In line with the research Ismawati (2010) on the state of adequate infrastructure, it will help the implementation of services to the elderly. The more complete the infrastructure provided at the posyandu, the more satisfied the elderly will be and will continue to come to control their health.

**Constraints of the Prolanis Program at the Center for Community Health in Aspects of Implementing Attitudes.**

The findings obtained 5 articles discussing aspects of the attitude of the implementer in the implementation of prolanis at the Public Health Center obtained 3 articles discussing the lack of motivation of officers, 2 articles discussing the lack of sense of responsibility of officers.

**Table 5**

Article Results of Search for Constraints on Prolanis Programs in Public Health Centers in Aspects of Implementing Attitudes

No	Researchers	Result
1.	(Deovia et al., 2018)	Lack of motivation of officers.
2.	(Meiriana, Trisnanto, and Padmawati, 2019)	Lack of motivation of officers.
3.	(Saputra and Chairunnisa, 2019)	Lack of sense of responsibility of officers.
4.	(Manullang et al., 2022)	Lack of motivation of officers.
5.	(Pebriyani et al., 2022)	Lack of sense of responsibility of officers.

Based on table 5 it is informed that a person's behavior tends to lead to goals and is driven by the desire to achieve certain goals. However, in the prolanis program, problems are still found as seen that the performance of officers is still not optimal, this is characterized by a lack of motivation in work which makes officers tend to show less than optimal results. As well as the lack of a sense of responsibility of the officer to the duties imposed on him so that it affects work productivity. In line with research that a good Ismawati (2010) health officer's attitude is the basis for the readiness or willingness of the elderly to participate in posyandu activities.

### **Constraints of Prolanis Programs in Public Health Centers in Aspects of Bureaucratic Structure.**

#### **a. Mechanism**

The findings obtained 8 articles discussing aspects of the mechanism in the implementation of prolanis at the Public Health Centers obtained 1 article discussing changes in the drug collection queue system, 3 articles discussing the unavailability of SOPs for all program activities, 1 article discussing inappropriate drug acceptance service procedures, 1 the article discusses the implementation of activities not on schedule and 3 articles discuss no specific schedule of activities.

**Table 6**

Article Search Results of Prolanis Program Constraints in Public Health Centers in Aspects of Mechanisms.

No	Researchers	Result
1.	(Meiriana, Trisnanto, and Padmawati, 2019)	Changes to the drug retrieval queue system.
2.	(Utomo, 2019)	There is no SOP for all program activities.
3.	(Annas, Maryati, and Chotimah, 2019)	The implementation of activities is not on schedule.
4.	(A. P. Wardani, Witcahyo, and Utami, 2018)	There is no SOP for all prolanis activities.
5.	(Susilo, Satibi, and Andayani, 2020)	There is no SOP for all prolanis activities and the procedure for drug acceptance services is not available.
6.	(Firdaus and Idris, 2020)	There is no specific schedule of activities.
7.	(Wediyarti, Setiaji, and Masra, 2021)	There is no specific schedule of activities.
8.	(Pebriyani et al., 2022)	There is no specific schedule of activities.

**Literature Review: Obstacles in Implementation of Chronic Disease Management Program (Prolanis) in Public Health Centers**

Based on table 6, it is informed that the mechanism in prolanis services is not optimal enough, judging from the unregulated SOP specifically for prolanis which makes the service process less optimal. As well as the certainty of the schedule for the implementation of inappropriate prolanis made complaints from participants. In line with the research of Novita (2015) problems that occur in referral services, namely the absence of a referral flow mechanism and fixed procedures in the implementation of referrals

**b. Organizational Structure**

The findings obtained 9 articles discussing aspects of organizational structure in the implementation of prolanis at the Public Health Center obtained 4 articles discussing no division of main tasks and functions and 5 articles discussing discrepancies or inaccurate division of tupoksi.

**Table 7**

Article Search Results of Prolanis Program Constraints in Public Health Centers in Aspects of Organizational Structure.

No	Researchers	Result
1.	(Latifah and Maryati, 2018)	There is no division of tupoksi.
2.	(Annas, Maryati, and Chotimah, 2019)	There is no division of tupoksi.
3.	(Utomo, 2019)	There is no division of tupoksi.
4.	(Susilo, Satibi, and Andayani, 2020)	Incongruity or inaccuracy of the division of tupoksi.
5.	(Firdaus and Idris, 2020)	There is no division of tupoksi.
6.	(Praja, Herawati, and Witcahyo, 2020)	Incongruity or inaccuracy of the division of tupoksi.
7.	(Muchsina, Raviola, and Efendi, 2021)	Incongruity or inaccuracy of the division of tupoksi.
8.	(Manullang et al., 2022)	Incongruity or inaccuracy of the division of tupoksi.
9.	(Wedyarti, Setiaji, and Masra, 2021)	Incongruity or inaccuracy of the division of tupoksi.

Based on table 7, it is informed that the organizational structure in the prolanis program has not worked well, judging from the poorly structured division of duties and responsibilities, it results in *overlapping* work assignments and causes work to be missed because it is not done carefully, as a result of which the services provided are not optimal. In addition, *overlapping* tasks also causes a person's pressure or stress to increase due to the workload caused by someone working under pressure that is limited by time. Overlapping authority can be a serious problem in an organization. In line with research (32) that the clarity of task distribution is a form of support so that employees get good performance.



**Literature Review: Obstacles in Implementation of Chronic Disease Management Program (Prolanis) in Public Health Centers**

**Conclusion**

The factors inhibiting the prolanis program at the Public Health Centers are caused by the lack of coordination between implementers, clarity of information, socialization to the general public, quantity and quality of officers, limited funds, the long claim process from BPJS, the withdrawal of service fees, inadequate facilities and infrastructure, lack of motivation and sense of responsibility for the implementation of a, unavailability of service schedules and special SOPs for prolanis activities, discrepancies and the lack of organization in the division of prolanis activities. Advice for Public Health Centers is expected to Improve routine health promotion every month.

### References

- Annas, F., Maryati, H. & Chotimah, I. 2019. GAMBARAN FUNGSI MANAJEMEN PROGRAM PROMOTIF DAN PREVENTIF PENATALAKSANAAN HIPERTENSI PUSKESMAS GANG AUT KECAMATAN BOGOR TENGAH KOTA BOGOR TAHUN 2018. *PROMOTOR*, 2(4), pp.260–267.
- Fadila, R. & Ahmad, A. N. 2021. Determinan Rendahnya Partisipasi dalam Program Pengelolaan Penyakit Kronis di Puskesmas. *J. Kesehat. Vokasional*, 6(4), pp.208.
- Fajriansyah, F. ... Puspitasari, I. M. 2019. Pengukuran Kualitas Hidup Pasien Program Pengelolaan Penyakit Kronis Diabetes Melitus Tipe 2 di Puskesmas Tamalanrea Makassar. *Majalah Farmasetika*, 4, pp.225–232.
- Firdaus, D. F. S. & Idris, H. 2020. Evaluation of Chronic Diseases Management Program (Prolanis). *2nd Sriwijaya International Conference of Public Health (SICPH 2019)*, pp.376–383.
- Ginting, R. Manalu, P. 2020. Faktor-faktor yang mempengaruhi pemanfaatan Program Pengelolaan Penyakit Kronis (Prolanis) pada lansia di Puskesmas Darussalam Medan. *Jurnal Prima Medika Sains*, 2(2), pp.24–31.
- Latifah, I. & Maryati, H. 2018. Analisis Pelaksanaan Program Pengelolaan Penyakit Kronis (Prolanis) BPJS Kesehatan pada Pasien Hipertensi di UPTD Puskesmas Tegal Gundil Kota Bogor. *HEARTY: Jurnal Kesehatan Masyarakat*, 6(2).
- Maisaroh, L. & Rosdiana, W. 2020. IMPLEMENTASI PROGRAM PENGELOLAAN PENYAKIT KRONIS (PROLANIS) DI PUSKESMAS PANGARENGAN KABUPATEN SAMPANG MADURA. *Publika*, 8(2).
- Manullang, H. J. ... Sirait, A. 2022. Analisis Implementasi Program Pengelolaan Penyakit Kronis (PROLANIS) di Puskesmas Parsoburan Kota Pematangsiantar Tahun 2021. *Journal of Healthcare Technology and Medicine*, 7(2), pp.868–890.
- Meiriana, A., Trisnanto, L. & Padmawati, R. S. 2019. Implementation of the chronic disease management program (Prolanis) in hypertension at the Jetis Health Center, Yogyakarta City. *JKKI*, 8(02), pp.51–58.

Muchsina, W., Raviola, R. & Efendi, A. S. 2021. HUBUNGAN AKTIVITAS PROGRAM PENGELOLAAN PENYAKIT KRONIS (PROLANIS) DENGAN KEPATUHAN DIET PADA PASIEN DIABETES MELITUS DI PUSKESMAS REJOSARI KOTA PEKANBARU TAHUN 2020: RELATIONSHIP OF PROGRAM ACTIVITIES OF CHRONIC DISEASE MANAGEMENT (PROLANIS) WITH DIET COM. *Media Kesmas (Public Health Media)*, 1(3), pp.972–982.

Pebriyani, U. Mariyam, S. 2022. ANALISIS PROGRAM PENGELOLAAN PENYAKIT KRONIS (PROLANIS) BPJS KESEHATAN PADA PASIEN DIABETES MELITUS DI UPTD PUSKESMAS KEDATON BANDAR LAMPUNG 2021. *Jurnal Kesehatan Tambusai*, 3(1), pp.301–311.

Praja, B. A., Herawati, Y. T. & Witcahyo, E. 2020. Manajemen Program Pengelolaan Penyakit Kronis di Puskesmas. *HIGEIA (Journal of Public Health Research and Development)*, 4(3), pp.371–383.

Pulungan, R. M. & Nurrizka, R. H. 2018. PENCEGAHAN DAN PENGENDALIAN HIPERTENSI PADA LANSIA MELALUI PROGRAM PENGELOLAAN PENYAKIT KRONIS (PROLANIS). *Seminar Nasional Hasil Pengabdian Kepada Masyarakat*, 1(1).

Raraswati, A., Heryaman, H. & Soetedjo, N. 2018. Peran program Prolanis dalam penurunan kadar gula darah puasa pada pasien Diabetes Melitus tipe 2 di Puskesmas Kecamatan Jatinangor. *Jurnal Sistem Kesehatan*, 4(2).

Rosdiana, A. I., Raharjo, B. B. & Indarjo, S. 2017. Implementasi program pengelolaan penyakit kronis (Prolanis). *HIGEIA (Journal of Public Health Research and Development)*, 1(3), pp.140–150.

Saputra, N. & Chairunnisa, C. 2019. IMPLEMENTASI PROGRAM PENGELOLAAN PENYAKIT KRONIS (PROLANIS): STUDI KASUS DI PUSKESMAS CIPUTAT. *JUMANTIK (Jurnal Ilmiah Penelitian Kesehatan)*, 5(1), pp.1–8.

Sari, C. W. M. Kurniawan, T. n.d. *Evaluation of Diabetes Patients About Chronic Disease Management Program in Bandung*.

Sekardiani, N. L. P. 2019. Gambaran kualitas hidup peserta prolanis di puskesmas petang 1 kabupaten Badung Bali. *Medisains*, 16(3), pp.132–136.

Susilo, A. I., Satibi, S. & Andayani, T. M. 2020. EVALUASI PENATALAKSANAAN PROGRAM PENGELOLAAN PENYAKIT KRONIS (PROLANIS) DI PUSKESMAS KOTA BENGKULU. *JURNAL MEDIA KESEHATAN*, 13(2), pp.109–119.

Utomo, R. N. 2019. Input Program pengelolaan penyakit kronis di Puskesmas. *HIGEIA (Journal of Public Health Research and Development)*, 3(1), pp.63–73.

Wardani, A. E. Asdar, M. 2020. Implementation of Chronic Disease Management Program in Tajuncu Puskesmas Soppeng Regency. *International Journal of Multicultural and Multireligious Understanding*, 7(6), pp.453–463.

Wardani, A. P., Witcahyo, E. & Utami, S. 2018. Efektivitas Biaya Program Pengelolaan Penyakit Kronis (Prolanis) di Puskesmas. *HIGEIA (Journal of Public Health Research and Development)*, 2(4), pp.622–633.

Wedyarti, L., Setiaji, B. & Masra, F. 2021. Analisis Pelaksanaan Program Prolanis Di Puskesmas Rawat Inap Biha Kabupaten Pesisir Barat. *Poltekita: Jurnal Ilmu Kesehatan*, 15(3), pp.301–308.

**Copyright holder:**

Ersa Nifta Salsabilah, Agus Aan Adriansyah, Nurul Jannatul Firdausi, Dwi Handayani  
(2023)

**First publication right:**

KESANS: International Journal of Health and Science

This work is licensed under a Creative Commons Attribution-ShareAlike 4.0  
International License

