

Empowering Health Cadres to Improve Primary Healthcare Access and Quality: A Case Study In Jekek Village, Nganjuk, Indonesia

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ABSTRACT

Primary health care services serve as the frontline of public health development. Health cadres play a strategic role as intermediaries between communities and health facilities, yet their capacity remains limited. This community service project aimed to analyze the impact of strengthening cadres' roles through structured training on knowledge, skills, attitudes, and self-efficacy in improving access to and quality of primary health care services in Jekek Village, Nganjuk Regency. The study applied a Participatory Action Research (PAR) approach involving 25 posyandu cadres. The evaluation showed a 25% increase in cadres' knowledge based on pre- and post-test results. Community participation in posyandu increased by 20%, and cadres demonstrated improved skills in health data recording and communication with residents. Furthermore, the establishment of a communication forum between cadres, the puskesmas, and the village government contributed to the sustainability of the program. The findings highlight that effective empowerment strategies include continuous training, area-based mentoring, and non-financial incentives such as social recognition and competency certification. Empowerment through a participatory approach was proven to enhance access and quality of primary health care services and strengthen community-based health systems, although limited training opportunities and logistical constraints remain challenges. Sustainable policy support is therefore needed to further strengthen cadres' capacity in primary health care delivery.

Keywords : Access and Quality of Services, Cadre Empowerment, Community Primary Health Services, Role Of Health Cadres

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INTRODUCTION

Primary health care is a whole-of-society approach to effectively organize and strengthen national health systems to bring services for health and wellbeing closer to communities. Primary health care serves as the cornerstone of the health system, with a strong emphasis on promotive and preventive efforts (Kementrian Kesehatan, 2022). The first pillar of the six pillars of health transformation is the transformation of primary services, including efforts to revitalize the network and structure of community health centers, integrated health posts (Posyandu) and UKBM, strengthening the role of cadres as agents of community health empowerment (Yulyuswarni et al., 2023). The transformation of health services initiated by the Indonesian government highlights the importance of strengthening these aspects through active community engagement. The transformation of primary health care requires the active participation of various stakeholders within the community, one of which is the community health cadre, who serves as the frontline in bringing health services closer to the people because cadres are the spearhead in activities that support health problems (Nurasiah & Marlina, 2018).

Community health cadres are members of the community who voluntarily take on roles in delivering health information, conducting early detection of health risks, and facilitating access to health facilities (Hayati et al., 2022). Strengthening their role in health education is key to empowering communities to proactively manage their own health. As partners to health professionals, cadres have a strategic role in reaching target groups, delivering health education, and facilitating early detection and case referrals. However, in many regions, cadres have yet to be optimally empowered. Limited training opportunities, lack of mentoring, and insufficient incentives are among the obstacles that reduce their effectiveness in the field.

Jekek Village, located in Baron Subdistrict, Nganjuk Regency, is a region with unique geographic and socio-cultural characteristics that demand a strong community-based health service approach. Data from the local Health Office indicate that several indicators of primary health services have not yet met national targets, signaling the need for interventions focused on cadre empowerment. Low access to and quality of primary health services at the village level remain key challenges that require strategic action. Systematic and sustainable empowerment of cadres is believed to be crucial in improving the effectiveness of primary health care services (Kusumawati, Prima Dewi., Suhita, 2024). This community service focuses on analyzing the impact of strengthening cadre roles through intensive training and structured educational modules on changes at the community level. Based on the social cognitive framework, the intervention was designed not only to transfer knowledge but also to build self-efficacy and model healthy behaviors. The impact analysis of cadre empowerment strategies can improve access and quality of primary health services at the village level.

However, the transformation of primary care through strengthening the role of health cadres has not been fully realized. There is an urgent need to evaluate how strengthening the role of cadres can improve the effectiveness of health education and understand the factors that influence the success of this program. Therefore, this study aims to explore how strengthening the role of health cadres can contribute to the transformation of primary care and improve health education at the community level. This research is expected to provide useful insights for policymakers, health program organizers, and related parties in efforts to improve overall public health.

METHOD

The community service activity conducted in Jekek Village, Nganjuk Regency, employed a Participatory Action Research (PAR) approach. PAR is a scientific action research methodology that is commonly used in the world of education and social studies (Mctaggart, 1994). PAR has been popular since the 1940s through joint actions between communities and researchers to produce social change and disseminate knowledge through systematic research (Wallerstein & Duran, 2006). The collaboration between researchers and the community is in the form of actions to improve the lives of the community which emphasized the active participation of 25 active posyandu health cadres, village officials, representatives from the community health centre and community members in every stage of the program (Yatini et al., 2022).

The stages of the community service activities included:

1. Problem Identification

Conducted through field observations, focus group discussions (FGDs), and in-depth interviews with cadres, community leaders, and health centre staff. The Focus Group Discussion (FGD) method is used as an interactive approach to encourage active participation among MSMEs in sharing experiences, identifying problems, and formulating solutions. These discussions also serve as a platform for providing education on practical ways to manage fatigue and boost collective work morale (Rizki & , Dwi Hurriyati, 2025) Focused on barriers to accessing primary health services, training needs, and the role of cadres within the community.

2. Program planning and strategy development

Development of training modules for cadres covering topics such as nutrition, maternal and child health, communicable diseases, as well as communication skills and health data recording. Formulation of collaborative strategies between cadres, the health center, and the village government. Field assistance through monthly coaching by health centre officers in the form of training, clinical coaching and activity evaluation (Ratu et al., 2020). Establishment of a cadre communication forum as a forum for program coordination and evaluation.

3. Empowerment Implementation

Participatory counselling is carried out using lecture, simulation and role play methods. (Maidar, 2025) found that the role-play method improves cognitive skills as well as social skills, such as communication, cooperation, and empathy. Field monitoring assistance, individual coaching, and monthly evaluation forums. Establishment of a communication forum between cadres and community health centres and village officials to strengthen the network.

4. Evaluation and Reflection

Quantitative evaluation using pre-test and post-test to measure the improvement of cadres' knowledge and skills. Evaluation of implementation was based on cadre attendance and observations during material and practical sessions. Outcome evaluation was conducted through a post-test to measure improvements in cadre knowledge. Data analysis using the Wilcoxon test showed a significant difference between pre-test and post-test scores. Additionally, the N-Gain test was used to assess the effectiveness of the training in improving cadre understanding of anthropometric measurements (Rizkika et al., 2025).

5. Data Analysis

Quantitative data were analysed using descriptive statistics (mean, percentage, and differences between pre-test and post-test scores) (Hermawan & Hariyanto, 2022).

Qualitative data were analyzed using thematic analysis techniques to identify patterns related to motivation, barriers, and the role of cadres (Sugiyono, 2022).

RESULTS

The community service program carried out in Jekek Village, Nganjuk Regency was attended by 25 active posyandu cadres, village officials, representatives from the community health center, and local residents, with an average of 5–10 years of experience as cadres. The majority of participants had an educational background of high school graduates (60%), junior high school graduates (28%), and university graduates (12%).

Table 1. Improvement of Cadres' Knowledge Scores

No	Knowledge Aspect	Average Pre-Test	Average Post-Test	Improvement (%)
1	Nutrition and Child Health	62	85	+23
2	Maternal Health (ANC, Delivery)	58	82	+24
3	Communicable Diseases (TB, DHF, ARI)	60	84	+24
4	Clean and Healthy Living Behavior (CHLB) and Sanitation	65	80	+23
5	Recording and Reporting	55	88	+25
6	Communication and Counseling	57	83	+26
Rata- Rata Total		59	84	+25

Source: Health Cadres Questionnaire Data, 2025

The cadre-led educational program has successfully increased public health knowledge and awareness. Data shows a significant increase in public understanding of disease prevention, healthy lifestyles, and appropriate use of health services. The results show a significant improvement in all aspects of cadre knowledge. This community service activity demonstrated positive and significant outcomes in enhancing the capacity of health cadres, as well as a positive impact on access to and quality of primary health services in Jekek Village, Nganjuk Regency, by strengthening the role of health cadres in improving primary health service delivery. The evaluation results of the training provided indicated that the cadres' knowledge scores increased by an average of 25%, as shown by a comparison of pre-test and post-test results after participating in structured training sessions. The training materials covered nutrition, maternal and child health, infectious diseases, clean and healthy living behavior (PHBS), communication skills, and health recording. In addition, community participation in posyandu activities also increased by about 20%, reflecting greater awareness and trust in the role of cadres. The 25% increase in cadres' knowledge proves the effectiveness of interactive counseling methods that combine lectures, discussions, and field practice (Nuzula & Azmi, 2023). This approach was found to be more impactful compared to one-way lectures (Fitriani & Purwaningtyas, 2020).

Community service activities have shown that training and skills development for health workers significantly improves their competence in providing primary care. Trained

workers are better able to perform tasks such as basic health checks, providing education on disease prevention, and case management. In terms of skills, cadres showed notable improvements in health data recording and their ability to effectively deliver health messages during counseling sessions. Field mentoring and monthly coaching further enhanced their confidence and consistency in performing their duties, resulting in an approximately 20% increase in posyandu visits compared to the month before the program. Furthermore, the establishment of a communication forum involving health cadres, community health centers, and village government created a stronger collaborative network to ensure program sustainability (Sunarti & Utami, 2018).

The results of community service activities show that the PAR approach through direct outreach is able to significantly increase the capacity of health cadres (Nafis Sjamsudin & Surtimanah, 2022). Involving cadres from the problem identification stage to the final reflection made the program more relevant to local needs and increased their sense of ownership. This finding aligns with (Education et al., 2023), who reported that active cadre participation in program planning and implementation improves the effectiveness of primary health care services.

The results of this community service program affirm that the most effective empowerment strategies for enhancing cadre participation include continuous training, area-based mentoring, and non-financial incentives such as social recognition and competency certification. This approach has proven effective in improving both access to and quality of primary health services while strengthening the community-based health system. However, challenges remain, particularly limited training resources and logistical support, which need to be addressed through sustainable policies to further strengthen the capacity of cadres in delivering primary health care services.

COMMUNITY HEALTH CADRE EMPOWERMENT STRATEGIES			
Strategy	Positive Impact	Challenges	Recommendations
CONTINUOUS TRAINING	<ul style="list-style-type: none"> Improves knowledge & skills of cadres Increases self-confidence 	<ul style="list-style-type: none"> Limited training modules and materials Irregular funding availability 	<ul style="list-style-type: none"> Integrate training into regular health center programs
		<ul style="list-style-type: none"> Limited number of mentors 	<ul style="list-style-type: none"> Utilize e-learning & digital modules
AREA-BASED MENTORING (social recognition & competency certification)	<ul style="list-style-type: none"> Strengthens coordination between cadres & health centers Reduces regional disparities 	<ul style="list-style-type: none"> Logistic constraints for field monitoring 	<ul style="list-style-type: none"> Involve community leaders & village officials
NON-FINANCIAL INCENTIVES (social recognition & competency certification)	<ul style="list-style-type: none"> Increases motivation & cadre loyalty Enhances social status of cadres 	<ul style="list-style-type: none"> Recognition not always evenly distributed Not all cadres have equal access to certification 	<ul style="list-style-type: none"> Regular formal recognition (certificates, awards) Establish standardized cadre certification at village level

source: Jekek Health Center documentation

DISCUSSION

Training and skills development for health cadres has shown positive results, with cadres becoming more skilled in providing primary care. The training program improves cadre competency in various aspects, including basic health checks, health education, and case management. Capacity building for cadres is key to transforming primary care, as cadres are often the spearhead of the public health system. Comprehensive training enables cadres to be more effective in detecting health problems early and providing relevant education to the community. However, it is crucial to continuously update the training and provide ongoing support to keep cadres skilled and motivated.

Through simulation and role play, cadres not only understood the theory but also became more skilled in conducting health education and communicating with the community. In addition, the improvement in health recording and counseling skills indicates that practice-based training can strengthen cadres' technical competencies (Sadewa, 2023). The skills of cadres in conducting health screening are also very important in improving the quality of prime health services so that they can motivate the community to use access to health services (Lestari et al., 2020). Structured training directly contributes to cadre competence, as studies in various regions have emphasized that increased cadre knowledge correlates positively with the quality of primary health care services (Damayanti et al., 2020). The improvement in recording and communication skills also shows that field mentoring and monthly coaching provide sustainable impact on cadres' behavioral changes (Evita et al., 2016).

Educational programs implemented by community health workers have shown a significant increase in community knowledge and awareness about health. There has been improvement in understanding of disease prevention, healthy lifestyles, and utilization of health services. The education provided by community health workers serves as a bridge between the health system and the community. With increased community knowledge, there is potential for positive behavioral change, such as increased adherence to immunization and disease prevention programs. However, effective education must be tailored to local needs and culture to ensure the message is received and implemented effectively.

Community participation in posyandu visits increased by approximately 20% after the program was implemented. This reflects the success of cadre strategies in building trust through more communicative health promotion. Similar community service initiatives in West Java demonstrated that cadre activeness correlates with higher community attendance at posyandu sessions (Damayanti et al., 2020), and that cadres serve as a bridge between the community and formal health facilities. This finding supports the results of (Sakinah & Fibriana, 2015) that empowering competent cadres can improve knowledge, attitudes and visits to health services. This shows that the performance of cadres influences people's desire to visit (Suryani, H., Ramadhika, 2025). By involving active community participation and a comprehensive approach, integrated, active Posyandu can improve access, quality, and sustainability of health services, as well as empower communities to maintain their health and well-being. The issue of Posyandu cadre engagement is often a major challenge in implementing Posyandu programs in various regions (Pering, Elisabeth Eka, 2022).

The establishment of a communication forum also became an important step in ensuring program sustainability, as strong networking can improve coordination among stakeholders. This communication forum functions as a means of coordination, consultation and discussion to prepare, implement and monitor health programs (Kab.Banyumas, 2024). The communication forum between cadres, health centers, and village governments is a key

achievement for program sustainability, functioning as a coordination and evaluation mechanism that has been shown to improve the quality of community-based primary health services.

Nevertheless, challenges remain, particularly the limited training resources, logistical support, and uneven policy backing. Thus, sustainable policies are needed, including village budget allocations, provision of health education facilities, and non-financial incentives such as recognition and cadre certification. Similarly, other studies have shown that the sustainability of community-based health programs relies heavily on local policy support and continuous funding (Khaira et al., 2024). Therefore, a strong commitment from village governments and health centers is required to ensure consistent support. Strong leadership and strategic partnerships in facilitating service integration at the primary health center level, providing valuable insights for policy makers and health service administrators (Amimr, A., & Sari, 2024). In conclusion, the findings of this community service program affirm that empowering cadres through PAR, interactive counseling, and continuous mentoring is an effective strategy to improve access to and the quality of primary health care services, while simultaneously strengthening the community-based health system in Jekek Village, Nganjuk Regency.

CONCLUSION

Empowering the skills of health cadres in Jekek Village has been effective in improving access to and the quality of primary health care services in Jekek Village, Nganjuk Regency. Significant improvements in knowledge, health data recording skills, communication skills, and cadre self-confidence, as well as increased community participation in integrated health post activities, indicate increased trust and awareness of the role of health cadres. The establishment of a communication forum between cadres, community health centers, and village government also strengthens cross-sector collaboration and is a key factor in the program's sustainability. Effective cadre empowerment strategies include ongoing training, field mentoring, and non-financial incentives such as social recognition and competency certification. Cadre empowerment is a strategic step in strengthening access to and the quality of community-based primary health care services, particularly in rural areas. Such strategies not only improve the capacity of individual cadres but also expand the reach of health services to previously inaccessible community groups.

In conclusion, the findings of this community service program confirm that empowering cadres through PAR, interactive counseling, and ongoing mentoring is an effective strategy to improve access and quality of primary health services, while strengthening the community-based health system in Jekek Village, Nganjuk Regency.

REFERENCE

- Amimr, A., & Sari, P. H. (2024). Defining the Integration of Primary Health Services: Perspectives from Leaders of Puskesmas. *Jurnal Kesehatan, Vo.15 No.3*. <https://doi.org/https://doi.org/10.26630/jk.v15i3.4721>
- Damayanti, F. N., Absori, A., Wardiono, K., & Rejeki, S. (2020). Ethical and Legal Issues in the Use of Online-Based Health Services (E-Health). *SOEPRA, 6(1)*. <https://doi.org/10.24167/shk.v6i1.2626>

- Evita, D., Mursyid, A., & Siswati, T. (2016). Pelatihan meningkatkan pengetahuan dan keterampilan kader puskesmas dalam penerapan standar pemantauan pertumbuhan balita di Kota Bitung. *Jurnal Gizi Dan Dietetik Indonesia (Indonesian Journal of Nutrition and Dietetics)*, 1(1). [https://doi.org/10.21927/ijnd.2013.1\(1\).15-21](https://doi.org/10.21927/ijnd.2013.1(1).15-21)
- Hayati, N., Wahyuningsih, S., Sulistyono, R. E., & Rahmawati, P. M. (2022). Effectiveness of Cadre Capacity Building Activities: a Comparative Design. *NurseLine Journal*, 7(1). <https://doi.org/10.19184/nlj.v7i1.27492>
- Hermawan, S., & Hariyanto, W. (2022). Buku Ajar Metode Penelitian Bisnis (Kuantitatif Dan Kualitatif). In *Buku Ajar Metode Penelitian Bisnis (Kuantitatif Dan Kualitatif)*. <https://doi.org/10.21070/2022/978-623-464-047-2>
- Kab.Banyumas, P. (2024). *Acara Pendampingan Dan Monitoring FKKS Forum Komunikasi Kecamatan Sehat Tingkat Kabupaten Banyumas*. https://sumbangkec.banyumaskab.go.id/read/49281/acara-pendampingan-dan-monitoring-fkks-forum-komunikasi-kecamatan-sehat-tingkat-kabupaten-banyumas-28-agustus-2024?utm_source=chatgpt.com#
- Kementrian Kesehatan. (2022). *Indonesia Siap Perkuat Kerjasama Guna Mewujudkan Transformasi Kesehatan*. <https://Kemkes.Go.Id/Id/Indonesia-Siap-Perkuat-Kerjasama-Guna-Mewujudkan-Transformasi-Kesehatan>.
- Khaira, N., br Ginting, N., Nur Ardiani, A., Annisyah, W., Salsabilla Lubis, N., & Suraya, R. (2024). Analisis Pengorganisasian dan Pemberdayaan Masyarakat pada Posyandu Kamboja Desa Bandar Khalipah Analysis of Community Organization and Empowerment at the Cambodian Integrated Health Post in Bandar Khalipah Village. *Ju Jurnal Kolaboratif Sains*, 8(2), 1206–1214. <https://doi.org/10.56338/jks.v8i2.6922>
- Kusumawati, Prima Dewi., Suhita, B. (2024). Peningkatan Kapasitas Kader Kesehatan Dalam Rangka Optimalisasi Kegiatan Integrasi Layanan Primer Di Desa Ternyange. *Locus Pengabdian Dan Penelitian*, 3 No.12. <https://doi.org/10.58344/locus.v3i12.3472>
- Lestari, R., Warseno, A., Trisetyaningsih, Y., Rukmi, D. K., & Suci, A. (2020). PEMBERDAYAAN KADER KESEHATAN DALAM MENCEGAH PENYAKIT TIDAK MENULAR MELALUI POSBINDU PTM. *Adimas : Jurnal Pengabdian Kepada Masyarakat*, 4(1). <https://doi.org/10.24269/adi.v4i1.2439>
- Maidar. (2025). PENGARUH PENGGUNAAN METODE PEMBELAJARAN ROLE PLAYING TERHADAP PENINGKATAN HASIL BELAJAR PAI SISWA SMP NEGERI 2 TAPAKTUAN ACEH SELATAN. *Jurnal MUDARRISUNA: Media Kajian Pendidikan Agama Islam*, 15, No. 2. <https://jurnal.ar-raniry.ac.id/index.php/mudarrisuna/article/view/29723/11738>
- Mctaggart, R. (1994). Participatory Action Research: Issues in theory and practice. *Educational Action Research*, 2(3), 313–337. <https://doi.org/10.1080/0965079940020302>
- Nurasiah, A., & Marliana, M. T. (2018). Efektivitas Pelatihan Konseling Kesehatan Reproduksi Terhadap Peningkatan Kompetensi Kader Posyandu Dalam Pelayanan Konseling Pencegahan Kanker Serviks di Kabupaten Kuningan Tahun 2018. *Jurnal Ilmu Kesehatan Bhakti Husada: Health Sciences Journal*, 9(2). <https://doi.org/10.34305/jikbh.v9i2.65>

- Pering, Elisabeth Eka, A. E. (2022). FAKTOR YANG BERHUBUNGAN DENGAN KEAKTIFAN KADER DALAM KEGIATAN POSYANDU DI WILAYAH PUSKESMAS KENARILANG KABUPATEN ALOR. *Jurnal Riset Rumpun Ilmu Kesehatan*, 1 No.1, 27–37. <https://doi.org/https://doi.org/10.55606/jurrikes.v1i1.198>
- Ratu, T., Adnan, Suhendra, R., Walidain, S. N., & Nurhairunnisah. (2020). Pemberdayaan Peserta Didik melalui Kegiatan Pelatihan dan Pendampingan Penyusunan Artikel Publikasi Ilmiah. *Jurnal Pendidikan Dan Pengabdian Masyarakat*, 3(4).
- Rizki, S. G., & , Dwi Hurriyati, J. (2025). Focus Group Discussion Untuk Meningkatkan Motivasi Terhadap Kelelahan Pada Pelaku UMKM di Desa Tanjung Tambak. *Jurnal Pengabdian Kepada Masyarakat*, 6. No.2, 1187–1193. <https://doi.org/https://doi.org/10.31949/jb.v6i2.12468>
- Rizkika, M. A., , Asti Dewi Rahayu Fitriyaningsih, N. M., Gani, S., & Anggrahini. (2025). PENINGKATAN KETERAMPILAN PENGUKURAN ANTROPOMETRI KADER POSYANDU SEBAGAI UPAYA DETEKSI DINI STUNTING. *GEMAKES: Jurnal Pengabdian Kepada Masyarakat*, 5, No.2, 221–232. <https://ejournal.poltekkesjakarta1.ac.id/index.php/gemakese>
- Sadewa, D. M. A. (2023). Enabling the Grass Root: Health Cadres Empowerment Program in Efforts to Prevent and Manage Hypertension in the Tanjung Sub-Village Community. *Jurnal Pengabdian Kepada Masyarakat (Indonesian Journal of Community Engagement)*, 9(3). <https://doi.org/10.22146/jpkm.86250>
- Sakinah, V., & Fibriana, A. I. (2015). Upaya Peningkatan Pengetahuan, Sikap dan Kunjungan Antenatal Care (ANC) Ibu Hamil Melalui Pemberdayaan Kader ANC. *Unnes Journal of Public Health*, 4(1).
- Sugiyono, P. D. (2022). Metode Penelitian Kuantitatif, Kualitatif dan R&D. Edisi 2|Cetakan Ke-29, Februari 2022. In @2022, Penerbit Alfabeta, Bandung.
- Sunarti, & Utami, S. (2018). Peran Kader Kesehatan Dalam Posyandu UPTD Puskesmas Kecamatan Sanawetan Kota Blitar. *Jurnal Kesehatan Masyarakat*, 3(2).
- Suryani,H .,Ramadhika, A. (2025). Kinerja Kader Pada Peningkatan Minat Kunjungan Ke Posyandu di Desa Mekarlaksana. *Jurnal Ilmiah Manajemen, Ekonomi Bisnis, Kewirausahaan*, 12 Nomor.2, 1754–1761. <https://doi.org/https://doi.org/10.30640/ekonomika45.v12i2.4683>
- Wallerstein, N. B., & Duran, B. (2006). Using Community-Based Participatory Research to Address Health Disparities. *Health Promotion Practice*, 7(3). <https://doi.org/10.1177/1524839906289376>
- Yatini, Faatin Fawziyyah, Iftakhul Hilmiyah, In Nur Jannah, Inayah Wulandari, Siti Lailatun Najihah, Umniatisy Syarifah, Khoridatul Bahiyah, Ulfatun Nihayah, Siti Luthfiatin Nurul Hikmah, Siti Nur Lailatun Rahmawati, Nurul Aini, Yuni Nur Badriyah, Nabila Mahmudah, Fatma Nabila, Ulfa Mughoyaroh, Nurul Novitasari, & Zulfatun Anisah. (2022). INOVASI PUPUK KOMPOS BERBAHAN DASAR SERBUK KAYU DI DESA KEDUNGMULYO KECAMATAN BANGILAN KABUPATEN TUBAN. *KREATIF: Jurnal Pengabdian Masyarakat Nusantara*, 2(2). <https://doi.org/10.55606/kreatif.v2i2.449>

Yulyuswarni, Y., Mugiati, M., & Isnenia, I. (2023). Penguatan Peran Kader sebagai Agen Pemberdayaan Kesehatan Masyarakat dan Rintisan Posyandu Prima dalam Mendukung Transformasi Kesehatan Pelayanan Primer di Kampung Untoro Kecamatan Trimurjo Kabupaten Lampung Tengah Provinsi Lampung. *Jurnal Abdi Masyarakat Indonesia*, 3(6). <https://doi.org/10.54082/jamsi.1003>