

ABSTRACT

Background: Non-communicable diseases (NCDs) are responsible for 74% of global deaths, with low- and middle-income countries like Indonesia bearing a significant burden. Early detection through routine screening is a crucial strategy for prevention and control. **Objective:** This study explores the implementation of mobile NCD screening programs at community health centers (Puskesmas) in Batu City, Indonesia, focusing on identifying barriers and facilitators, and acceptability using the Consolidated Framework for Implementation Research (CFIR) 2.0. **Methods:** A qualitative approach was employed through in-depth interviews with healthcare providers, program managers, cadres, and residents, complemented by document reviews to understand the program detail. **Results:** Findings reveal diverse levels of acceptability among community members, with older adults showing more interest, while younger adults and informal workers face participation barriers due to time constraints, low perceived risk, and fear of diagnosis. Implementation challenges included insufficient human resources, operational burdens, and fragmented digital systems. However, community partnerships, involvement of cadres, and workplace collaborations were significant facilitators in increasing screening uptake. **Conclusion:** the study concludes that while mobile screening helps expand program reach, addressing socio-demographic barriers, ensuring adequate workforce and supplies, and improving system integration are critical to sustaining program success. Strengthening cross-sector collaboration and adapting screening strategies to local community needs are key recommendations to enhance program effectiveness and health equity in similar resource-limited settings.

Keywords: Non-Communicable Diseases, Mobile Screening, Community Health Centers, Implementation Research, CFIR, Batu City, Indonesia