
Analysis of the Implementation of Primary Health Service Integration (ILP) at the Topore Health Center Mamuju Regency West Sulawesi Province

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Article History Received: 01-05-2026; Reviewed: 20-05-2026; Accepted: 05-06-2026; Published: 30-06-2026;	ABSTRACT <i>The implementation of Primary Health Care Integration (ILP) is an important strategy in strengthening the primary health care system in Indonesia, especially in efforts to reduce maternal and infant mortality and address public health problems such as stunting, wasting, and chronic diseases. This study aims to analyze the implementation of ILP in Puskesmas Topore, Mamuju District, which was selected as an ILP pilot Puskesmas. The study used a qualitative approach with a descriptive design, involving in-depth interviews, observations, and document reviews of health workers and relevant stakeholders. The results showed that ILP at Puskesmas Topore has integrated promotive, preventive, curative, rehabilitative, and palliative services for all age groups in a holistic and sustainable manner, encouraging system efficiency, improving early detection and screening of chronic and infectious diseases, and supporting the achievement of Minimum Service Standards (MSS) indicators and national health programs. However, this study also found several challenges, such as limited human resources, infrastructure, and budget, as well as low public awareness of healthy living behaviors and early detection of disease, so it is necessary to strengthen the capacity of health workers, service innovation, develop an integrated health information system, and empower the community to support the sustainability of ILP.</i> Keywords: Primary Care Integration; Puskesmas; Public Health; System Efficiency; Mamuju District.
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INTRODUCTION

Health development is an integral part of national development that aims to increase awareness, willingness, and ability to live a healthy life for every individual, so as to achieve the highest degree of public health. In this context, the implementation of health in Indonesia is regulated in Law Number 17 of 2023, which emphasizes the importance of improving access to and quality of health services, effective and efficient management of health human resources, and meeting people's needs for quality health services. One of the strategic efforts made by the government is the implementation of Primary Health Services (ILP), which aims to strengthen the basic health service system through a holistic, comprehensive, and sustainable approach at the Puskesmas level.

The main problems faced in health services in Indonesia, especially in Mamuju Regency, are the still high maternal mortality rate (AKI) and infant (AKB), as well as challenges in controlling chronic diseases and stunting. National data shows a decrease in AKI from 305 per 100,000 live births (2015) to 189 per 100,000 live births (2020), but this figure is still far from the Sustainable Development Goals (SDGs) target of 70 per 100,000 live births by 2030. In Mamuju Regency, maternal mortality decreased from 10 cases in 2022 to 8 cases in 2023, but it remains a concern due to high risk pregnancies and low early detection in the community. In addition, the prevalence of stunting and wasting is still above the national target, as well as the high burden of chronic diseases such as heart and diabetes that require large financing.

Previous studies have shown that integrated primary health services can improve access and quality of services, as well as reduce maternal and infant mortality rates. The MARASA program in West Sulawesi, for example, has proven to be quite effective in reducing AKI and AKB through communication, resources, disposition, and bureaucratic structure approaches. However, there are still obstacles such as lack of budget and public awareness. In addition, various studies highlight the need to strengthen cross-sector collaboration and optimize resources at the primary service level. The gap that still exists is the lack of optimal integration between health programs in health centers, as well as the need for innovation in local regional management and monitoring systems.

This study offers a new approach by in-depth analyzing the implementation of ILP at the Topore Health Center, Mamuju Regency, which is one of the ILP pilot health centers. In contrast to previous research that focused more on policy implementation at the provincial or district level, this study highlights aspects of system efficiency, resource optimization, and forms of support for the achievement of national goals at the Puskesmas level. The analysis method used also integrates service system evaluation based on life cycle clusters, chronic and infectious disease management, and the effectiveness of budget and human resource management.

Tujuan utama penelitian ini adalah menganalisis penerapan Integrasi Layanan Primer Health at the Topore Health Center, Mamuju Regency. In particular, this study aims to: 1) analyze system efficiency and resource optimization at the Topore Health Center; 2) identify forms of support for the achievement of national goals at the Topore Health Center. The research question that wants to be answered is: "How is the implementation of Primary Health Service Integration in the Topore Health Center, Mamuju Regency?"

This research is expected to provide benefits for the development of science, especially in the field of public health and primary health service management. Practically, the results of the research can be a reference for policy makers in designing more effective and efficient interventions at the Puskesmas level, as well as strengthening the role of Puskesmas as the front line in basic health services. In addition, this research is expected to contribute to the development of national policies related to the integration of primary health services, as well as support the achievement of national health development targets and the SDGs.

Artikel ini akan disusun dengan sistematika sebagai berikut:

1. Introduction. Presents the background, identification of the problem, literature review, novelty of the research, purpose, significance, and structure of the article.
2. Research Methods. Explain the research design, location and time of the research, research subjects and objects, data collection techniques, and data analysis methods.
3. Results and Discussion. Presented the main findings related to the implementation of ILP at the Topore Health Center, system efficiency analysis, resource optimization, and forms of support for the achievement of national goals.
4. Conclusions and Suggestions. Summarize key findings, research implications, and recommendations for the development of primary health care policies and practices in the future.

METHODS

This study uses a qualitative approach with a descriptive design. The qualitative approach was chosen to gain an in-depth understanding of the implementation of Primary Health Services (ILP) in the Topore Health Center, Mamuju Regency, by exploring the phenomenon holistically through interviews, observations, and document review. Descriptive research was chosen because the research was conducted by accurately describing a problem or phenomenon at the Topore Health Center, as an ILP pilot health center, thus allowing researchers to analyze in detail the process, challenges, and supporting factors in the implementation of ILP in the field.

The population in this study is health workers (structural/functional) who work at the Topore Health Center, Muspika elements and people in the work area of the Topore Health Center, Mamuju Regency. The sampling technique used is purposive sampling, which is the deliberate selection of informants based on their involvement and knowledge of the implementation of ILP at the Topore Health Center. The number of samples taken was 9-11 people, consisting of various professions and roles, with consideration to obtain rich, in-depth, and representative data on all aspects of ILP implementation.

The research instrument used was an in-depth interview guideline, which contained a list of open-ended questions to explore the experiences, perceptions, and challenges of informants related to the implementation of ILP. In addition to interviews, the researcher also used observation sheets to record the service process at the Puskesmas as well as document checklists to examine policy documents, SOPs, and activity reports related to ILP.

The data collection procedure begins with the preparation and validation of the instrument and the submission of research permits to related parties. Data is collected through face-to-face in-depth interviews, on-site direct observation of several officers responsible for the ILP, and document review. Each interview is recorded with the consent of the informant and transcribed verbatim, while the results of observation and document review are recorded systematically. The collected data is analyzed using thematic analysis methods, with the steps of coding, grouping, and drawing the main themes from interview, observation, and document data. The analysis is done manually and supported by Microsoft Excel applications to help with data management and theme matrix creation.

In this study, ethical aspects are very considered. Each informant is given an explanation of the objectives, benefits, and risks of the research before the interview, and is asked to sign a written consent. The confidentiality of data and the identity of the informants is well maintained, and all data is only used for research purposes. The research has also obtained official permission from the Topore Health Center and Paalang District.

RESEARCH RESULTS

The results of the study show that the implementation of Primary Health Services (ILP) at the Topore Health Center, Mamuju Regency, has been running in accordance with the national policy framework and is one of the strategic efforts in strengthening basic health services in the region. The implementation of ILP at the Topore Health Center includes integrated, preventive, curative, rehabilitative, and palliative services for all age groups, ranging from pregnant women, infants, toddlers, school age, productive age, to the elderly. Promotional services are carried out through health education and community empowerment, while preventive services are realized in the form of immunization, health screening, and early detection of diseases. Curative and rehabilitative services are also available to handle acute, chronic, and special patient cases.

System efficiency and resource optimization are one of the advantages of implementing ILP at the Topore Health Center. The grouping of services based on lifecycle clusters and a more organized division of tasks of health workers can reduce duplication of tasks and increase the effectiveness of program implementation. This integration also facilitates efficient budget

management, so that available funds can be allocated more for priority programs and strengthening services in remote areas. In the management of chronic and infectious diseases, ILP encourages the implementation of routine screening, early detection, and continuous services for patients, so that the risk of complications can be reduced and patients' quality of life increases. In addition, the control of infectious diseases such as tuberculosis, malaria, and HIV/AIDS becomes more integrated and well monitored.

Support for national policies is also clearly visible, where the Topore Health Center plays an active role in achieving the Minimum Service Standards (SPM) indicators and national programs such as immunization, Posyandu, and GERMAS (Healthy Living Community Movement). The implementation of ILP has contributed to reducing maternal and infant mortality, although challenges such as high-risk pregnancies, low early detection, and limited resources still need to be addressed. The study also found that cross-program and cross-sector collaboration at the Topore Health Center is getting stronger, although efforts are still needed to increase public awareness and participation.

In general, the results of this study confirm that the implementation of ILP at the Topore Health Center has had a positive impact on system efficiency, resource optimization, disease management, and support for the achievement of national health goals. However, there are still several challenges that require further attention, such as strengthening the local monitoring system, increasing the capacity of health workers, and developing service innovations so that the integration that has been running can be more optimal and sustainable.

DISCUSSION

The implementation of Primary Health Service Integration (ILP) at the Topore Health Center, Mamuju Regency is a real reflection of the government's efforts to strengthen the primary health service system in Indonesia, especially in areas that still face major challenges in terms of access, quality, and effectiveness of health services. In this context, ILP is present as an answer to the community's need for health services that are not only curative, but also promotive, preventive, rehabilitative, and palliative in a comprehensive and sustainable manner. This study finds that the implementation of ILP at the Topore Health Center has brought significant changes in various aspects, both in terms of system efficiency, resource optimization, disease management, and contribution to the achievement of national health indicators.

One of the main findings of this study is how ILP is able to integrate all health services based on the life cycle. Every age group, ranging from pregnant women, infants, toddlers, school age, productive age, to the elderly, receives proportionate attention according to their specific needs. Promotive and preventive services, such as health education, immunization, health screening, and early detection of diseases, are the main foundation in preventing the occurrence of diseases and increasing public awareness of the importance of healthy living. Curative and rehabilitative services are not abandoned, but are synergized with promotive and preventive efforts so that continuity of services is created that is oriented towards improving the quality of life of patients.

System efficiency is an important aspect that is very felt after the implementation of ILP at the Topore Health Center. Before integration, there was often duplication of tasks between health workers and overlapping programs that led to waste of resources and decreased service effectiveness. With the grouping of services based on life cycle clusters, the tasks and responsibilities of health workers become more organized. Each health worker has a clear role in each cluster, so that the implementation of the program becomes more focused and measurable. Budget management has also become more efficient, where available funds can be allocated for priority programs, such as strengthening services in remote areas that have often been neglected.

This efficiency is very important, considering the limitations of human resources and infrastructure in the Topore area, which is still the main obstacle in the provision of optimal health services.

In terms of disease management, the implementation of ILP has brought a paradigm shift from a reactive to a proactive approach. Routine screening and early detection for chronic diseases such as hypertension and diabetes, as well as infectious diseases such as tuberculosis, malaria, and HIV/AIDS, are an integral part of daily services at the Topore Health Center. The continuous approach applied allows patients to receive continuous services ranging from diagnosis, treatment, to long-term care. This not only lowers the risk of complications and mortality, but also improves the quality of life of patients and their families. In addition, service integration also strengthens local area monitoring and control of infectious diseases more effectively, as public health data and information can be accessed and analyzed in real time by all health workers involved.

The contribution of ILP to the achievement of the Minimum Service Standard (SPM) indicators and national programs such as immunization, Posyandu, and GERMAS is very real at the Topore Health Center. This health center not only plays a role as a health service provider, but also as an agent of social change that is active in bringing services closer to the community, especially in remote areas. Through various innovative programs and cross-sectoral collaboration, the Topore Health Center has succeeded in increasing immunization coverage, reducing maternal and infant mortality, and strengthening healthy living behaviors in the community. However, challenges still remain, especially in the form of limited human resources, infrastructure, and budget, as well as low public awareness of the importance of early detection and healthy living behaviors. The monitoring system of the local area also needs to be strengthened so that the integration of services is more optimal and responsive to the needs of the community.

The success of the implementation of ILP at the Topore Health Center is inseparable from cross-program and sectoral collaboration, although efforts to increase the capacity of health workers and service innovation are still urgently needed to ensure the sustainability and optimization of ILP in the future. This study confirms that ILP is able to strengthen the role of health centers as the front line in improving the degree of public health, but it is still necessary to strengthen the system, innovation, and active participation of all stakeholders so that the benefits of ILP can be felt more widely and sustainably.

Thus, the implementation of ILP at the Topore Health Center can be used as a model for other health centers in Indonesia in integrating primary health services, improving system efficiency, managing diseases comprehensively, and supporting the achievement of national goals in the health sector. In terms of policy, the implementation of ILP at the Topore Health Center is in line with the government's vision to increase life expectancy, reduce the burden of national diseases, and strengthen the role of the health center as a basic health service unit. The ILP is also an important tool for integrating national-scale health programs, such as routine immunization, Posyandu, and the GERMAS program. With the existence of ILP, health centers can more easily adapt to the dynamics of community needs, and be more responsive to health challenges that arise at the local level.

However, this study also found that there are still many challenges that must be faced in the implementation of ILP at the Topore Health Center. Limited human resources, infrastructure, and budget are still the main obstacles in service optimization. In addition, low public awareness of the importance of early detection, healthy living behaviors, and participation in health programs is also a challenge in itself. Efforts to increase the capacity of health workers and service innovation, such as the use of digital technology for health education, patient monitoring, and data reporting, are still needed to ensure the sustainability and optimization of ILP in the future. This study recommends the development of policies that support the integration of primary health services, strengthening monitoring systems, and increasing cross-sector collaboration and community empowerment so that the benefits of ILP can be felt more widely and sustainably.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

Based on the results of research on the implementation of Primary Health Service Integration (ILP) at the Topore Health Center, Mamuju Regency, it can be concluded that ILP has become an effective strategy in strengthening the primary health service system in the region. The implementation of ILP at the Topore Health Center is able to integrate various promotive, preventive, curative, rehabilitative, and palliative health services comprehensively and continuously for all age groups, ranging from pregnant women, infants, toddlers, school age, productive age, to the elderly. This approach not only improves access and quality of health services, but also encourages system efficiency through service grouping based on the life cycle and a more organized division of health workers' duties, thereby reducing duplication of tasks and facilitating more effective budget management.

This study also shows that the implementation of ILP at the Topore Health Center contributes to increasing the early detection and screening of chronic and infectious diseases, so that disease management becomes more integrated and sustainable. This has an impact on reducing the risk of complications, improving the quality of life of patients, and reducing the burden of public health costs. In addition, ILP at the Topore Health Center also supports the achievement of Minimum Service Standards (SPM) indicators and national programs such as immunization, Posyandu, and GERMAS, as well as strengthening the role of the health center as the front line in efforts to reduce maternal and infant mortality in Mamuju Regency.

However, this study also found challenges in the implementation of ILP, such as limited human resources, infrastructure, and budget, as well as low public awareness of the importance of healthy living behaviors and early detection of diseases. Therefore, continuous efforts are needed to increase the capacity of health workers, strengthen local monitoring systems, and encourage service innovation and cross-sector collaboration so that the integration of primary health services can run more optimally and sustainably.

Overall, the implementation of ILP at the Topore Health Center has had a positive impact on system efficiency, resource optimization, disease management, and the achievement of national goals in the health sector. The results of this research are expected to be a model and reference for other health centers in Indonesia in developing the integration of primary health services, as well as a basis for policy makers to formulate more effective interventions and policies in an effort to improve the health status of the community.

Recommendations

Mamuju Regency is for local governments and health center managers to continue to increase the capacity and competence of health workers through continuous training and supervision. In addition, it is important to strengthen coordination across programs and sectors so that integrated services can run effectively and efficiently, as well as prevent program overlap. Adequate budget support is also needed for the procurement of facilities, infrastructure, and the development of an integrated health information system.

Community empowerment efforts through health education and the involvement of health cadres need to be improved so that the community is more active in utilizing ILP services. Finally, strengthening the local monitoring system and service innovations, such as the use of digital technology, is highly recommended so that ILP can run optimally and sustainably, and can be a model for other health centers in other regions.

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