



Provision of health services based on primary service integration

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Abstract

Community health centers (Puskesmas), as primary health facilities, play a strategic role in providing quality, affordable, and easily accessible health services to the public. The transformation of primary health services through the integrated primary service (ILP) approach at the Karanganyan Community Health Center, East Kutai Regency, aims to provide integrated services based on the life cycle, from infants to the elderly, by utilizing competent human resources and supporting information technology. This study uses qualitative methods, including observation and interviews, to describe the implementation of ILP-based health services and the factors that support and inhibit it. Based on the study's results, the implementation of ILP at the Karanganyan Community Health Center has run smoothly, with integrated services and strong cross-cluster coordination. Internal supporting factors include competent human resources, adequate facilities, and management support; external supporting factors include policy support, support from the Health Office, and support from related cross-sectoral partners. However, a limited number of health workers, differences in staff understanding, and technical constraints in the information system remain internal inhibiting factors.

In contrast, lack of understanding and socialization to the community are external inhibiting factors. This study concludes that strengthening human resource capacity, optimizing information technology, improving facilities, and implementing data-based performance evaluation are important steps toward improving the effectiveness, efficiency, and quality of primary health services at the Community Health Center. Based on the research results, several recommendations for ILP program implementers include the need for more innovative and engaging outreach to increase public understanding of the services available at community health centers. It is necessary to strengthen health workers' capacity through ongoing training and to conduct routine monitoring and evaluation of the ILP program's implementation.

Keywords: Community health center, health services, primary service integration

Introduction

Public health services play a crucial role in building a healthy and productive society. Community health centers, as the frontline of the healthcare system, face significant challenges in providing quality services. The importance of quality services is inseparable from the government's overarching goal of improving the health of all citizens and ensuring equitable access to healthcare (Suryawati, 2019)^[40]. The integration of primary care is a government policy that must be implemented by all community health centers in Indonesia, in accordance with the Ministry of Health Regulation No. 2015/2023^[18, 19], which marks a transformation in the healthcare sector.

This is a challenge in its implementation, especially in rural and remote areas such as Karanganyan Health Center in East Kutai. The implementation of primary service integration at Karanganyan Health Center has begun since August 2024 and Karanganyan Health Center is one of the selected health centers among the health centers in East Kutai Regency in accordance with the Decree of the Regent of East Kutai number 440 / K.140 / 2024 in May 2024 concerning Integration of Primary Services at Health Centers in 2024-2026 and the Decree of the Head of the East Kutai Health Office number 400.7.2.3 / 5109 / DINKES.YANKES, regarding the Community Health Center for Primary Service Integration (ILP) in 2024, Karanganyan Health Center was chosen as the research site due to several factors supporting the research.

Based on internal reports and supervision results from the Health Office, there is still a lack of integration among programs, limited integration of information systems, and

limited collaboration among health workers. This indicates the need for an in-depth study of the extent to which ILP has been implemented effectively in Karanganyan. The Head of the Karanganyan Community Health Center also strongly supports conducting research at the Center and is ready to assist with this research. The Karanganyan Community Health Center is located in East Kutai Regency. It covers an area of 3,962.5 km², the result of the division of Sangkulirang District at the end of 2005 into two districts: Sangkulirang and Karanganyan.

The purpose of this study is to describe and analyze the implementation of primary care-based integrated health services at the Karanganyan Community Health Center, East Kutai. It also describes and analyzes the supporting and inhibiting factors for the implementation of primary care-based integrated health services at the Karanganyan Community Health Center, East Kutai. The benefits of this study include an important contribution to the study of public administration and health policy. By analyzing the implementation of primary care-based integrated administration, this study can increase understanding of how the concept of service integration can be applied in the context of health services in Indonesia.

This research can also provide new perspectives on the challenges and solutions faced in efforts to improve the quality of public services. Furthermore, by incorporating theories from health service management and public administration, this study's results can enrich the existing literature and serve as a reference for academics and other researchers interested in similar topics. This research is expected to contribute ideas to the world of education and further research. The practical benefits of this research result

can provide valuable input for the Karangan Community Health Center, the Health Office, and local governments in formulating policies and strategies to improve the quality of public services.

The data and analysis in this study can be used as a basis for reforming and improving the existing health administration system, thereby increasing the efficiency and effectiveness of public services. The recommendations generated by this study can also serve as a guide for community health center (Puskesmas) managers in optimizing existing resources and increasing community involvement in the health care process, thereby improving access to and the quality of services.

Literature Review

Public policy is a decision made by a public authority that is binding in the broader community. This policy is formulated by a party mandated by the public to represent the common interest. The primary orientation of public policy is public service, to improve the quality of life for the community and ensure the sustainability of social development. Public policy is also required to accommodate diverse interests and unite them around priority and urgent public interests (Dian, 2022) ^[9].

The primary goal of public policy is to create order in society and in the administration of government. Policies provide guidelines and boundaries for public action and the implementation of public programs. Generally, public policy objectives encompass political, economic, social, and legal aspects. Public policy principles serve as the foundation for governance, ensuring effective and efficient implementation of policies.

Implementation is a crucial stage in realizing an idea or policy decision, enabling it to be translated into concrete actions. A formulated policy will not achieve its stated objectives without a systematic implementation process by government actors. Implementation encompasses a series of policy implementation activities that can take place across various sectors, thus requiring the readiness of resources, facilities, and supportive field conditions. Without implementation, a policy will not have a meaningful impact or change on society (Dian, 2022) ^[9].

In principle, policy implementation is a mechanism to ensure that public policies are implemented in accordance with their stated objectives. This stage occupies a strategic position in the overall policy process, as it determines the extent to which the policy can be implemented effectively and produce the planned outputs and outcomes. Public policies that are not adequately implemented will ultimately become mere administrative documents with no practical benefits (Abdal, 2025) ^[1].

Public service is a primary domain representing the interaction between the government and non-governmental institutions. Public service practices serve as a starting point in efforts to build good governance. The prevalence of bad governance practices can be reduced. Through transparent and accountable public services, public awareness that extortion is a form of bad governance can be fostered. The public's courage to reject these practices will grow, thus fostering a collective spirit for change. This spirit of change needs to be maintained and strengthened to propel society's journey towards good governance.

Primary health care is implemented with an emphasis on strengthening promotive and preventive efforts supported by

innovation and the use of health technology. The World Health Organization recommends implementing a primary health care approach through three main strategies: integrating primary health care services encompassing individual and community services, empowering individuals and communities, and strengthening cross-sectoral policies and actions. This global health care strategy is individual-oriented and implemented in an integrated manner to produce comprehensive, responsive, and easily accessible services to meet the diverse health needs of the community.

Research Method

1. Research Design

This research uses qualitative methods. The main objective of the qualitative method is to analyze in more depth the primary care integration services, challenges, obstacles, and recommendations related to the implementation of ILP in Community Health Centers (Pyo, 2023).

2. Scope of Research

The scope of research defines the boundaries and focus to be analyzed, providing direction and concentration on the subject of the study, as well as relevant parameters to maintain that focus.

3. Research Focus

This research focuses on the implementation of Primary Care Integration (PLI)-based health services at the Karangan Community Health Center. The research focus needs to be limited to the problem to allow for more precise research objectives. The research focus must be related to the problem formulation.

4. Research Informants

Informants in this study were selected using purposive sampling. The informants selected were individuals deemed knowledgeable, experienced, and relevant to the research topic, namely, healthcare workers and service users.

5. Research Location

Karangan Community Health Center in East Kutai was chosen as the research location, with the theme of public service analysis based on primary service integration, for several reasons relevant to the service context, the quality of the information system, and the expected impact of this research on improving public health services.

6. Data Types and Sources

The two types of data used in this study are primary and secondary data, each with an important role in assessing the effectiveness and community experience of the services provided.

7. Data collection technique

The data collection technique used in this study was in-depth interviews. In-depth interviews were conducted with healthcare workers and service users to obtain their perspectives and experiences regarding the implementation of primary care integration services at the Karangan Community Health Center.

8. Data Analysis Techniques

The data analysis steps in this study follow Creswell's (2014) model: preparing the data, thoroughly understanding

the data, coding, grouping codes into themes, presenting findings, interpreting the meaning, validating the data, and final analysis results.

Results & Discussion

Result

By establishing Regulation Number 440/K.140/2024 concerning the implementation of integrated primary health care services in community health centers, Karangasem Community Health Center (Puskesmas) has a strong legal basis for implementing integrated primary care services. This regulation serves as an official guideline for implementing health care services that are more integrated, sustainable, and community-oriented. This regulation provides certainty in implementing ILP and strengthens the role of Puskesmas as the spearhead of primary health care services.

This regulation encourages the Karangasem Community Health Center (Puskesmas) to reorganize its previously separate health care system into a single, integrated service. This policy allows for the integrated management of various health programs. This has the potential to increase service efficiency, reduce program overlap, and expedite the resolution of public health issues.

Regulation 440/K.140/2024 also supports strengthening coordination and collaboration between service clusters at the Karangasem Community Health Center. With clear regulations, each healthcare worker has a clear role and responsibility, in accordance with applicable service standards. This fosters strong teamwork, effective communication, and a more systematic service flow to support the implementation of the ILP.

From a human resources perspective, this regulation serves as a foundation for the Karangasem Community Health Center (Puskesmas) to build healthcare workers' capacity through ongoing training and development. Implementing ILP requires healthcare workers to have a comprehensive understanding of integrated services and a lifecycle-based approach. With the support of this regulation, healthcare worker competency development can be carried out in a targeted and sustainable manner.

The implementation of Regulation 440/K.140/2024 at the Karangasem Community Health Center in East Kutai is expected to strengthen the optimal implementation of Primary Care Integration. This regulation serves not only as a technical guideline but also as an instrument for strengthening a more integrated, effective health care system oriented toward improving public health. The Karangasem Community Health Center can provide quality and sustainable primary care services in accordance with applicable policies.

The next step is to develop clear ILP program objectives and indicators. The planning objective focuses on achieving integrated, sustainable, and patient-centered health services. The established indicators include quantitative aspects such as immunization coverage and reductions in specific disease rates, as well as qualitative aspects such as patient satisfaction and coordination between service clusters. Establishing these indicators serves as a benchmark for program success and the basis for ongoing service evaluation and improvement.

The ILP program planning also includes human resource planning and task assignments for each service cluster. Healthcare workers at the Karangasem Community Health

Center are assigned roles based on their respective competencies, including promotive, preventive, curative, and rehabilitative services. This planning ensures smooth coordination between clusters and that patients receive integrated care without overlap or gaps. Furthermore, ongoing training and development plans for healthcare workers are crucial to ensure their capacity meets ILP requirements.

The ILP program planning at the Karangasem Community Health Center includes a precise monitoring and evaluation mechanism. This plan includes a routine monitoring schedule, assessment of indicator achievement, and a feedback mechanism for the community and healthcare workers. Systematic monitoring enables early identification and appropriate addressing of obstacles to program implementation, enabling the ILP to run optimally, improve service quality, and have a tangible impact on public health within the Karangasem Community Health Center area.

The implementation of the ILP Program at the Karangasem Community Health Center began with a previously developed plan focused on integrated health services. At this stage, each service unit at the Community Health Center works as a team to provide promotive, preventive, curative, and rehabilitative services on an ongoing basis. This allows patients to receive services in one location, thereby increasing the efficiency of time and resources at the Community Health Center.

The evaluation of the Primary Care Integration (PLI) Program at the Karangasem Community Health Center (Puskesmas) is a process to assess the effectiveness, efficiency, and quality of healthcare delivery. The evaluation begins with data collection from various sources, including program reports and community satisfaction surveys. The goal is to determine the extent to which the ILP program has met its stated targets and to identify strengths and weaknesses in its implementation. Evaluation can also be used to ensure that each program has a tangible impact on improving community health.

The evaluation results are used as a basis for continuous improvement and development of the ILP program. The Karangasem Community Health Center utilizes the evaluation findings to develop recommendations for service improvements, conduct additional training for healthcare workers, refine service flows, and adjust facilities and infrastructure. Systematic and continuous evaluation enables the ILP program at the Karangasem Community Health Center to run more effectively and efficiently, and to improve the quality of healthcare services for the community.

One of the main supporting factors for the implementation of ILP at the Karangasem Community Health Center is clear policy and regulatory support. Regulation No. 440/K.140/2024 concerning the Implementation of Integrated Primary Health Services provides a strong legal basis for Community Health Centers to integrate various health services. This regulatory support facilitates coordination between service clusters, the establishment of standard operating procedures (SOPs), and the development of work procedures aligned with primary health care standards.

The second factor is the competence and capacity of healthcare workers. Healthcare workers with adequate skills and knowledge of the ILP concept can effectively implement integrated services. The availability of adequate facilities and infrastructure is a crucial supporting factor.

Karangan Community Health Center has sufficient service space and adequate medical equipment. The next factor is good internal coordination among staff.

Good coordination helps reduce overlapping activities, expedites health services, and fosters strong teamwork in providing integrated services to the community. Community involvement contributes to providing input, participating in health programs, and utilizing the services provided. Karangan Community Health Center adapts services to the community's real needs. This community support increases program effectiveness, strengthens service sustainability, and serves as an indicator of the success of primary care integration within the Karangan Community Health Center area.

The implementation of the ILP program at the Karangan Timur Community Health Center (Puskesmas) has been successful thanks to the support of policies and guidance from the Health Office, which provides evaluation for the development of integrated health services. This policy enables the Puskesmas not only to handle disease cases reactively but also to maintain overall community health proactively. With clear, targeted policies, public health goals can be achieved more effectively, ensuring comprehensive, integrated services for the community.

Supervision and support from the Health Office are also crucial factors in the implementation of the ILP program. This support provides the guidance health workers at Community Health Centers (Puskesmas) need to continuously evaluate their services. With adequate supervision, Puskesmas can adapt and improve their services, particularly in response to new and evolving health programs.

Cross-sectoral engagement significantly contributed to the success of the ILP program at the Karangan Timur Community Health Center. Collaboration with various related sectors is crucial to creating synergies that strengthen the integration of health services. Through effective communication and ongoing collaboration between the community health center and other agencies, the potential strengths of cross-sectoral collaboration can be maximized to improve service effectiveness.

Another inhibiting factor is the service application, which frequently experiences errors. This application is a crucial tool for patient registration, inter-cluster referrals, and health program monitoring. When the application does not function properly, administrative processes are hampered, and patient data cannot be recorded or accessed quickly, thus disrupting the smooth operation of services. Technical issues with the application also impact the efficiency of healthcare workers. Healthcare workers must spend more time correcting manual records or searching for missing data caused by application errors.

This can increase workloads, delay services, and divert healthcare workers' attention from direct patient interactions. Application errors disrupt coordination between service clusters. Unstable information systems prevent patient data from being properly synchronized, making medical history, referrals, and test results inaccessible to relevant clusters.

This situation has the potential to lead to service errors and delays in patient care. This inhibiting factor also impacts public satisfaction with ILP services. Patients experience delays due to application issues or have to wait longer. Public satisfaction levels decline because services that

should be fast, efficient, and integrated are disrupted by avoidable technical issues.

The implementation of the ILP program at the Karangan Timur Community Health Center faces challenges related to community participation and understanding of health services. The majority of residents still view the community health center solely as a place to seek medical treatment when they are sick, so they do not fully utilize the existing health programs. This reflects an information gap regarding the preventive and promotive health aspects of ILP, which should be optimized to improve overall community health.

Lack of public awareness of the types of integrated health services available means people tend to visit health centers only for routine medical care. This highlights the need for more effective and engaging communication strategies to increase public understanding and use of health services. To address these challenges, strengthening communication and outreach capacity at community health centers (Puskesmas) is crucial.

Discussion

Interview results indicate that ILP monitoring and evaluation are conducted routinely through service data collection, periodic reporting, and cross-cluster evaluation meetings. These evaluations aim to assess target achievement, service quality, and patient satisfaction. In his evaluation, the Head of the Karangan Community Health Center demonstrated success in improving coordination among health workers, facilitating patient access to services, and increasing coverage of priority programs such as immunization and maternal and child care. Several shortcomings were noted, including limited staff capacity across several clusters, the need for service flow adjustments, and suboptimal use of information technology to support timely integration and reporting. This indicates that although ILP evaluations are conducted routinely and systematically, there is still a need to improve human resource capacity and optimize the use of information technology.

The evaluation results showed improved coordination among healthcare workers, easier access for patients to integrated services, better service integration, and more systematic monitoring of patient conditions. The conclusions from these interviews indicate that the Karangan Community Health Center has implemented ILP monitoring and evaluation in a structured and collaborative manner. Key successes included improved coordination among healthcare workers, service integration, and greater patient access. Challenges that need to be addressed include human resource capacity, staff understanding of service flows, and the optimization of information technology use. This evaluation provides an important basis for strengthening ILP implementation going forward to achieve more effective, integrated primary care.

The main supporting factors for implementing ILP are the availability of competent, trained healthcare workers, support from community health center management for cross-cluster planning and coordination, and adequate facilities and infrastructure. Furthermore, local government policies that support ILP implementation are also crucial for the smooth running of this program. Supporting factors in cluster 1 include the availability of healthcare workers who understand the procedures for maternal and child healthcare, immunization, and nutritional monitoring. The readiness of

these healthcare workers enables the smooth flow of services and the seamless delivery of integrated services to patients.

The conclusions from these interviews indicate that the successful implementation of ILP at the Karangas Community Health Center is supported by competent healthcare workers, adequate facilities and supporting infrastructure, strong cross-cluster coordination, management support, and local government policies. These factors collectively ensure that ILP-based services are effective, efficient, and community-oriented.

Supervision and mentoring by the Health Office also contribute to the implementation of the ILP program. This process provides health workers at Community Health Centers (Puskesmas) with valuable feedback to continuously improve services. This mentoring is crucial, especially in the context of a new health program, where adapting to service changes is crucial for successful implementation. One of the main obstacles to ILP implementation is the limited number of health workers in some clusters. This increases the workload, sometimes hindering service delivery and causing it not to run as expected. Furthermore, staff members vary in their understanding of the ILP concept. These differences in understanding can affect the consistency of service delivery and staff coordination, leading to suboptimal service integration across clusters.

From the interview results above, the inhibiting factors for ILP implementation at the Karangas Timur Community Health Center are limited human resources, differing staff understanding of ILP, and technical constraints in information technology applications. These factors are interrelated and influence the smooth flow of integrated services for patients. While the Karangas Community Health Center has made efforts to implement ILP optimally, its success remains limited by human resources and technical constraints.

Another external factor affecting ILP implementation is the lack of public awareness regarding integrated services that cover the entire life cycle. People typically only visit community health centers (Puskesmas) when they need routine medical care or feel unwell, resulting in low utilization of preventive and promotive health services. This situation requires a more effective strategy for disseminating information about the benefits and types of health services available at the Puskesmas.

Communication barriers cannot be ignored in implementing ILP at the Karangas Timur Community Health Center. If information about health services and their benefits is not conveyed clearly and accurately, the community will experience confusion and misunderstanding. Research conducted by Suryandartiwi in 2022 stated that effective communication between health workers and the community is crucial for improving the quality of health services (Suryandartiwi, 2022). To overcome these barriers, it is crucial to strengthen the Community Health Center's communication and outreach capacity. A more interactive, community-involved approach can improve public understanding of ILP.

Lopulalan (2019) stated that community participation is necessary in every stage of health service implementation. However, the focus is on the performance of administrative and medical personnel, which shows that increased participation can have a positive impact (Lopulalan, 2019).

Involving the community in the development and delivery of health services will not only increase participation but also foster ownership of health programs. These efforts are expected to optimize the use of existing services and educate the public about the importance of promotive and preventive health in maintaining overall community well-being.

Conclusion

Karangas Community Health Center has understood and begun implementing the ILP concept as stipulated in East Kutai Regent Decree No. 440/K.140/2024, with a focus on promotive and preventive services, continuous service integration, and community needs. The gradual dissemination of the policy through internal meetings, coaching, morning roll calls, and routine evaluations has effectively increased healthcare workers' understanding in each cluster.

Coordination among healthcare workers through transparent role allocation, active communication, and regular meetings and evaluations ensures integrated and continuous services. The use of information technology, such as electronic medical records and healthcare applications, supports patient monitoring, follow-up, and faster decision-making. Service flows are tailored to each cluster's focus. These mechanisms demonstrate that the Karangas Community Health Center has successfully implemented a structured, collaborative, and patient-centered ILP, facilitating healthcare workers' service delivery and improving the efficiency, access, and quality of public healthcare services. Karangas Community Health Center has implemented regular and structured ILP monitoring and evaluation through service data collection, periodic reporting, and cross-cluster evaluation meetings. This evaluation has successfully improved coordination among health workers, service integration, patient access, and coverage of priority programs such as immunization and maternal and child health services. Several obstacles remain, including limited human resource capacity in several clusters, differences in staff understanding of service flows, necessary flow adjustments, and suboptimal use of information technology. These findings demonstrate that ILP evaluation is a crucial mechanism for strengthening the implementation of more effective, integrated, and responsive primary care services to meet community needs.

The implementation of ILP at the Karangas Community Health Center is supported by several key factors, including the availability of competent, trained health workers; adequate facilities and supporting infrastructure; strong cross-cluster cooperation and coordination; support from community health center management; and supportive local government policies. This combination of factors enables smooth service flow, optimal service delivery, and effective and efficient community needs. Therefore, ILP implementation can be carried out correctly in accordance with the principles of primary health care.

The implementation of the ILP program at the Karangas Timur Community Health Center is supported by policies and guidance from the Health Office. This support includes supervision and mentoring from the Health Office, which assists Community Health Center staff in evaluating services, as well as strong support from relevant sectors.

The main inhibiting factors in implementing ILP at the Karangas Timur Community Health Center include a

limited number of health workers, differences in staff understanding of the ILP concept, and technical constraints in the information technology system. The limited number of health workers increases the workload, sometimes disrupting service delivery. External factors that pose challenges include low community participation and understanding, as well as a lack of outreach regarding the integration of primary care services at the Karangany Timur Community Health Center.

Based on the results of the research on the implementation of ILP-based health services at the Karangany Community Health Center, the researcher provides the following suggestions: recommending that the Karangany Community Health Center increase the number of health workers and provide ongoing training to ensure that all staff understand the concepts, procedures, and principles of ILP so that the workload is more evenly distributed and the quality of service remains optimal.

It is recommended that the Karangany Community Health Center strengthen communication, role allocation, and regular evaluation meetings between clusters to ensure consistent, mutually supportive, and responsive service integration to community needs. Regular monitoring and evaluation should be conducted to assess the effectiveness of the ILP, including performance indicators, service outcomes, and impact on public health. The results of this evaluation can be used for continuous service improvement and the development of internal policies at the Karangany Community Health Center.

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