

## INTISARI

**Latar Belakang:** Integrasi Layanan Primer (ILP) merupakan kebijakan nasional untuk memperkuat layanan kesehatan primer berbasis siklus hidup. Namun, implementasi di daerah tertinggal masih menghadapi tantangan besar. Kecamatan Nirunmas di Kabupaten Kepulauan Tanimbar menjadi salah satu contoh wilayah dengan keterbatasan sumber daya manusia, sarana, jaringan informasi, serta tata kelola, sehingga diperlukan evaluasi untuk memahami capaian dan hambatan penerapan ILP di tingkat layanan primer.

**Metode:** Penelitian ini menggunakan pendekatan kualitatif dengan desain studi kasus. Data dikumpulkan melalui wawancara mendalam, observasi, dan telaah dokumen, kemudian dianalisis melalui reduksi, pengkodean, kategorisasi, dan penyajian naratif.

**Hasil:** Implementasi ILP di Nirunmas telah mengadopsi pendekatan siklus hidup di puskesmas, pustu, dan posyandu, tetapi pelaksanaan masih parsial karena keterbatasan alat skrining, sarana, dan tenaga kesehatan. Jejaring pelayanan berjalan melalui kader, gereja, dan pemerintah desa yang efektif menjangkau masyarakat, namun bersifat informal dan tidak terstruktur lintas sektor. Hambatan utama mencakup distribusi dan kompetensi SDM yang tidak merata, sarana dan infrastruktur terbatas, sistem informasi kesehatan yang terhambat oleh jaringan, serta pembiayaan yang belum proporsional. Tata kelola juga menunjukkan ketimpangan: relatif formal di puskesmas, tetapi lemah di pustu dan posyandu. Pencatatan dan pelaporan telah menggunakan aplikasi digital, tetapi masih parsial sehingga data belum optimal dimanfaatkan.

**Kesimpulan:** ILP di Nirunmas mencerminkan adaptasi berbasis komunitas tetapi menghadapi hambatan sistemik. Penguatan sarana, tata kelola lintas jenjang, digitalisasi informasi, dan pemberdayaan kader merupakan strategi kunci memperkuat layanan primer di daerah tertinggal. Temuan ini menegaskan pentingnya sinergi kebijakan nasional dengan modal sosial lokal agar tercapai pemerataan layanan kesehatan yang berkeadilan.

**Kata kunci:** Integrasi Layanan Primer, Puskesmas, jejaring komunitas, tata kelola, daerah tertinggal

## ABSTRACT

**Background:** Primary Health Care Integration (ILP) is a national policy aimed at strengthening life-cycle-based health services. However, implementation in underdeveloped regions faces significant challenges. Nirunmas Subdistrict in Tanimbar Islands Regency is one such area, where health service delivery is constrained by limited human resources, inadequate infrastructure, weak information systems, and uneven governance. Evaluating ILP implementation in this context is crucial to understand its achievements and barriers.

**Methods:** This study employed a qualitative case study design. Data were collected through in-depth interviews, observations, and document reviews, and analyzed through reduction, coding, categorization, and narrative presentation.

**Results:** ILP in Nirunmas has adopted a life-cycle approach across health centers, auxiliary facilities, and integrated posyandu, but implementation remains partial due to shortages of screening tools, facilities, and health workers. Service integration relies on community cadres, churches, and village governments, which effectively support health promotion but remain informal and lack structured cross-sectoral mechanisms. Major barriers include uneven workforce distribution and competence, insufficient infrastructure, unstable internet access that weakens health information systems, and inadequate financing. Governance shows asymmetry: relatively formal at the health center but weaker at auxiliary facilities and posyandu, where cadres act mainly as executors without involvement in decision-making or monitoring. Digital applications such as ASIK, SIMPUS, E-cohort, and RME have been introduced, but their use is partial, and data are not fully utilized for evidence-based management.

**Conclusion:** ILP implementation in Nirunmas demonstrates strong community-based adaptation yet faces systemic barriers. Strengthening infrastructure, governance across levels, health information digitalization, and cadre empowerment are essential. These findings highlight the need for policies that integrate national strategies with local social capital to achieve equitable and sustainable primary health care.

**Keywords:** Primary Health Care Integration, Puskesmas, community networks, governance, underdeveloped regions.