

ABSTRAK

Latar Belakang: Akses pelayanan *Antenatal Care* (ANC) menjadi faktor kunci dalam menurunkan angka kematian ibu (AKI), khususnya di wilayah terpencil, seperti Kabupaten Nias Utara. Meskipun implementasi ILP pada klaster 2 telah mendorong penyediaan layanan ANC terpadu di Puskesmas, namun kesiapan pelaksanaannya masih perlu ditelaah.

Tujuan : Menganalisis aksesibilitas pelayanan ANC di Puskesmas wilayah terpencil di Kabupaten Nias Utara berdasarkan lima dimensi aksesibilitas pelayanan kesehatan, serta mengevaluasi kesiapan puskesmas dalam implementasi ILP klaster 2.

Metode Penelitian : Penelitian kualitatif dengan desain studi kasus. Data diperoleh melalui wawancara mendalam terhadap 11 informan dari dinas kesehatan dan puskesmas, serta telaah dokumen pendukung. Analisis data dilakukan secara tematik mengacu pada lima dimensi aksesibilitas pelayanan kesehatan.

Hasil: Pelayanan ANC di Puskesmas wilayah DTPK belum berjalan optimal. Hambatan meliputi keterbatasan kompetensi tenaga kesehatan dan sarana prasarana pada dimensi *availability*, infrastruktur jalan dan transportasi pada dimensi *accessibility*, keterbatasan jadwal dan sistem informasi rujukan pada dimensi *accommodation*, biaya transportasi pada dimensi *affordability*, serta pengaruh sosial budaya pada dimensi *acceptability*.

Kesimpulan: Aksesibilitas ANC di Kabupaten Nias Utara masih menghadapi tantangan signifikan. Diperlukan penguatan kapasitas SDM, pemenuhan sarana prasarana, kolaborasi lintas sektor, serta penyesuaian jam pelayanan dengan kondisi budaya lokal untuk mendukung implementasi ILP klaster 2.

Kata Kunci : Aksesibilitas ; Antenatal Care ; Puskesmas ; Terpencil, ILP Klaster 2.

ABSTRACT

Background: *Access to antenatal care (ANC) is a key factor in reducing maternal mortality rates, particularly in remote areas such as North Nias Regency. Although the implementation of ILP in cluster 2 has encouraged the provision of integrated ANC services at community health centres, the readiness for implementation still needs to be examined.*

Objective: *To analyse the accessibility of ANC services in health centres in remote areas of North Nias Regency based on five dimensions of health service accessibility, and to evaluate the readiness of health centres in implementing ILP cluster 2.*

Research Method: *Qualitative research with a case study design. Data were obtained through in-depth interviews with 11 informants from the health office and health centres, as well as a review of supporting documents. Data analysis was conducted thematically with reference to the five dimensions of health service accessibility.*

Results: *ANC services in health centres in DTPK areas are not yet optimal. Obstacles include limited health worker competence and infrastructure in terms of availability, road infrastructure and transportation in terms of accessibility, limited schedules and referral information systems in terms of accommodation, transportation costs in terms of affordability, and socio-cultural influences in terms of acceptability.*

Conclusion: *ANC accessibility in North Nias Regency still faces significant challenges. Strengthening human resource capacity, fulfilling infrastructure, cross-sector collaboration, and adjusting service hours to local cultural conditions are needed to support the implementation of ILP cluster 2.*

Keywords: *Accessibility; Antenatal Care; Community Health Centre; Remote, ILP Cluster 2.*