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Analysis of Primary Health Care Activity Through the Integrated Health Program (PIS) in Ermera Municipality, Year 2025

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ABSTRACT
The distribution of health services refers to every effort carried out individually or collectively within an organization to maintain and improve health, prevent and cure diseases, and restore the well-being of individuals, families, groups, and communities. The purpose of the study was to examine primary health care activities through the Integrated Health Program (PIS) in Ermera Municipality. This study employed a qualitative descriptive method and was conducted in six sub-districts of Ermera District. The sample consisted of 1,287 heads of families in Ermera Municipality. The technical analysis used descriptive statistics. The results show that all citizens of Ermera have equal rights when receiving treatment at health posts. Those who do not show satisfactory progress in their health are referred to continue treatment or receive health care at the Community Health Center. According to the results, 90.4% of respondents in Ermera Municipality answered "Yes," while 9.6% answered "No." Based on post-administrative data, respondents who answered "Yes" were distributed as follows: Railaco (93.9%), Letefoho (94.9%), Hatólia B (70.9%), Hatólia A (58.8%), Ermera Vila (95.7%), and Atsabe (97.9%). Respondents who answered "No" were from Hatólia A (41.2%), Hatólia B (29.1%), and Railaco (6.1%). The study highlights the importance of Primary Health Care Activity through the Integrated Health Program. It is recommended that the Ermera Municipal Health Service, the Ministry of Health, and relevant stakeholders utilize the findings of this research to inform decision-making and implement effective health interventions for the community.

Keywords: Primary Health Care, Integrated Health Program.

INTRODUCTION

The global agenda aims to increase access to high-quality healthcare services. By 2030, Sustainable Development Goal (SDG-3) seeks to ensure the health and welfare of communities (Chotchoungchatchai et al., 2020; Fong, 2022; Lakioti et al., 2025). Local governments and direct service providers must work together to fulfill this obligation (Msacky, 2024). The Timor-Leste National Health Strategy II Edition 2020–2030 emphasizes that improving efficiency in the utilization of services through strengthening the referral system is key to enhancing the quality and credibility of health services at all levels. Ensuring timely access to appropriate services in cases of life-threatening complications will encourage individuals to utilize lower-level facilities rather than higher-level ones, resulting in a reduction of self-referrals (NHSSP II 2020–2030, 2020; Carvalho et al., 2025).

The Public Financial Management (PFM) system—particularly Decree Law 38/2016 on financial management decentralization—has resulted in a cumbersome budget execution process, causing delays in the release of funds to community health centers (Ibrahim, 2022; Lassou et al., 2021; Owusu-Akomeah et al., 2022). Several limitations exist in the current guidance and implementation of the PFM system. The decentralization policy mandates that all services be delegated and competencies assigned to the Municipal Authorities. However, due to limited municipal capacity, the Ministry of Health (MOH) has not yet delegated full

competencies to these authorities. This contributes to complex disbursement processes and delays in health program activities. A joint PFM assessment conducted by the MOH's Health Financing Unit and the USAID Health System Sustainability Activity revealed that this limited capacity is primarily due to a lack of training and orientation in PFM principles, procedures, and processes among municipal PFM staff. Other factors include poor communication about PFM reforms with directorates and referral hospitals, as well as unclear roles and responsibilities of PFM staff ('Improving Primary Health Care Spending in Timor-Leste: Policy Brief,' 2024).

Previous studies have highlighted various challenges in primary health care (PHC) delivery in low-resource settings. Research by Al Saffer et al. (2021) underscored the importance of infrastructure, human resources, and drug availability in PHC facilities. Similarly, Shatilwe, Kuupiel, and Mashamba-Thompson (2021) emphasized the need for improved access to healthcare information, particularly for vulnerable groups such as women of reproductive age. In the context of Timor-Leste, Carvalho et al. (2025) examined health service quality and patient satisfaction, pointing to systemic inefficiencies. However, few studies have specifically investigated the implementation and community perception of the Integrated Health Program (PIS) at the municipal level, particularly in Ermera. This gap is critical because the success of decentralized health initiatives depends heavily on local contextual factors and community engagement.

The urgency of this research arises from persistent challenges in health service decentralization and PHC delivery in Timor-Leste. Delays in funding, unclear delegation of authority, and limited local capacity—as highlighted in recent policy briefs—directly impact the quality and accessibility of health services. Without timely and evidence-based interventions, these barriers may worsen health disparities, particularly in remote areas such as Hatólia A and B, where this study identified lower levels of awareness and compliance with health procedures. Addressing these challenges is essential to achieving SDG-3 and national health targets.

This study contributes novel insights by focusing specifically on the implementation of the Integrated Health Program (PIS) in Ermera Municipality—a region characterized by unique socio-geographic conditions. Unlike broader national-level studies, this research presents granular, location-specific data on community awareness, access, and perceptions of PHC services. Furthermore, it integrates both qualitative insights and quantitative survey results from 1,287 household heads, offering a comprehensive understanding of the practical realities of health decentralization. The use of digital tools such as mWater for data collection also reflects a modern approach to health services research in Timor-Leste.

Health service distribution encompasses all efforts—individual or collective—undertaken by organizations to maintain and improve health, prevent and treat diseases, and restore the health of individuals, families, groups, and communities. Generally, health services are divided into two types (Azwar, 1996): medical services and public health services. Medical services aim to cure diseases and restore health, primarily targeting

individuals and families. These can be organized independently (for example, a doctor's private practice) or collectively within an organization. Public health services, on the other hand, emphasize maintaining and improving community health and preventing disease. Their primary focus is on groups and communities, and they are generally organized collectively rather than individually (Ii and Pustaka, 2009).

The purpose of this study is to analyze primary health care activities through the Integrated Health Program (PIS) in Ermera Municipality, Timor-Leste. The findings are expected to benefit various stakeholders. For the Ermera Health Office and the Timor-Leste Ministry of Health, the results can serve as a foundation for evaluating and improving the PIS program and for supporting evidence-based decision-making regarding resource allocation and health interventions in underserved areas such as Hatólia. For program managers, this study provides valuable insights into the barriers within referral systems and decentralized services, aiding in more effective policy development. For the scientific community, it contributes empirical data on primary health services in developing countries. Finally, for the people of Ermera, identifying existing gaps through this study may encourage improvements in the quality of local health services.

METHOD

This study employed a qualitative descriptive method. As noted by Adiputra et al. (2021), qualitative researchers seek to understand phenomena through the meanings assigned by respondents. Sugiyono (2019) defined qualitative research as an approach grounded in post-positivist philosophy, used to explore subjects in their natural settings where the researcher serves as the main instrument.

The research was conducted in Sub-district 6 of Ermera Municipality. The study sample consisted of heads of households from the following administrative posts: Railaco (360), Letefoho (39), Hatólia A (51), Hatólia B (179), Ermera Vila (564), and Atsabe (94), totaling 1,287 respondents. Data were collected using questionnaires administered through the mWater application on Android devices during interviews with household heads. Data analysis employed descriptive statistics supported by the Statistical Package for the Social Sciences (SPSS) version 22 to present frequency distributions and percentages of survey indicators.

RESULTS AND DISCUSSION

All citizens of Ermera have the right to access health care, but all citizens of Ermera must follow the procedures.

Table 1. Distribution of Respondents' Adherence to Health Service Access Procedures by Administrative Post

Posto Administrativu	Alternative Response		Total
	No	Yes	
Railaco	10	350	360
	2.8%	97.2%	100%

Posto Administrativu	Alternative Response		Total
	No	Yes	
Letefoho	2	37	39
	5.1%	94.9%	100%
Hatólia B	24	155	179
	13.4%	86.6%	100%
Hatólia A	11	40	51
	21.6%	78.4%	100%
Ermera Vila	16	548	564
	2.8%	97.2%	100%
Atsabe	1	93	94
	1.1%	98.9%	100%
Total	64	1223	1287
	5.0%	95.0%	100%

Source: Primary Data, Processed with SPSS 22 (2025)

The study's results showed that all citizens of Ermera Municipality have the right to access health services; however, all citizens of Timor-Leste must follow the established procedures. 95% respondents from Ermera Municipality answered that they follow the procedure, and 5% of respondents answered that not follow the procedure. Respondents answered “Yes” from the Administrative Post of Railaco 97.2%, from Letefoho 94.2%, from Hatolia B 86.6%, Hatolia A 78.4%, Ermera Vila 97.2% and Atsabe 98.9%. Most answered “No” in the Administrative Post of Hatolia A, 21.6% and the Administrative Post of Hatolia B, 13.4%. According to the study found that some respondents from the Administrative Posts of Hatolia A and B did not follow the procedures given to the Authority leadership in Ermera Municipality and the Minister of Health of Timor-Leste.

All citizens of Ermera know that the Health Post is the first point of entry for citizens of Ermera to receive treatment in Ermera Municipality, Timor-Leste, 2025

Table 2. Community Knowledge Regarding Health Post as the First Point of Entry for Treatment

Posto Administrativu	Alternative Response		Total
	No	Yes	
Railaco	24	336	360
	6.7%	93.3%	100%
Letefoho	1	38	39
	2.6%	97.4%	100%
Hatólia B	52	127	179
	29.1%	70.9%	100%
Hatólia A	18	33	51

Posto Administrativu	Alternative Response		Total
	No	Yes	
	35.3%	64.7%	100%
Ermera Vila	27	537	564
	4.8%	95.2%	100%
Atsabe	1	93	94
	1.1%	98.9%	100%
Total	123	1164	1287
	9.6%	90.4%	100%

Source: Primary Data, Processed with SPSS 22 (2025)

The results of the study showed that all citizens of Timor-Leste know that the Health Post is the first point of entry for citizens of Timor-Leste to receive treatment. As many as 90.4% of respondents from the Ermera Municipality answered that health services in Timor-Leste are known as Health Post as the first to receive treatment, and 9.6% of respondents answered that they do not know that Health Post is the first the receive treatment. Respondents answered "Yes" from the Railaco 93.3%, from Letefoho 97.4%, from Hatolia B 70.9%, Hatolia A 64.7%, Ermera Vila 95.2% and Atsabe 98.9%. And some respondents answered "No" at the Hatolia A, 35.3% and the Hatolia B is 29.1%, and Railaco is 6.7%.

Ermera has equal rights when undergoing treatment at the Health Post, but if they do not make good progress for their health will continue to undergo treatment at the Community Health Center

Table 3. Perception of Equal Rights and Continuity of Care from Health Post to Community Health Center

Posto Administrativu	Alternative Response		Total
	No	Yes	
Railaco	22	338	360
	6.1%	93.9%	100%
Letefoho	2	37	39
	5.1%	94.9%	100%
Hatólia B	52	127	179
	29.1%	70.9%	100%
Hatólia A	21	30	51
	41.2%	58.8%	100%
Ermera Vila	24	540	564
	4.3%	95.7%	100%
Atsabe	2	92	94
	2.1%	97.9%	100%
Total	123	1164	1287
	9.6%	90.4%	100%

Source: Primary Data, Processed with SPSS 22 (2025)

The results show that all citizens in Ermera have equal rights when undergoing treatment at the Health Post; those who do not make good progress for their health will continue to

undergo treatment /health care at the Community Health Center in Ermera Municipality. According to results, 90.4% of Ermera Municipality said "Yes" and 9.6% said "No". Based on Post Administrative respondents said "Yes" 93.9% from Railaco, 94.9% from Letefoho, 70.9% from Hatólia B, 58.8% from Hatólia A, 95.7% from Ermera Vila, 97.9% from Atsabe. And some respondents answered "No" 41.2% from Hatolia A and 29.1% from Hatolia B is 29.1%, and Railaco is 6.1%.

Ermera has equal rights when undergoing treatment at the Community Health Center, but if they do not make good progress will continue to undergo treatment at the Referral Hospital

Table 4. Perception of Equal Rights and Referral Continuity from Community Health Center to Hospital

Posto Administrativu	Alternative Response		Total
	No	Yes	
Railaco	24	336	360
	6.7%	93.3%	100%
Letefoho	4	35	39
	10.3%	89.7%	100%
Hatólia B	59	120	179
	33.0%	67.0%	100%
Hatólia A	16	35	51
	31.4%	68.6%	100%
Ermera Vila	33	531	564
	5.9%	94.1%	100%
Atsabe	0	94	94
	0.0%	100.0%	100%
Total	136	1151	1287
	10.6%	89.4%	100%

Source: Primary Data, Processed with SPSS 22 (2025)

The results show that all citizens in Timor Leste have equal rights when undergoing treatment at the Community Health Center; those who do not make good progress for their health will continue to undergo treatment /health care at the Regional Hospital. According to results, 90.4% of Ermera Municipality said "Yes" and 9.6% said "No". Based on Post Administrative respondents said "Yes" 93.9% from Railaco, 94.9% from Letefoho, 70.9% from Hatólia B, 58.8% from Hatólia A, 95.7% from Ermera Vila, 97.9% from Atsabe. And some respondents answered "No" 41.2% from Hatolia A, 29.1% from Hatolia B, and 6.7% from Railaco.

Health care is decentralized to the Primary Level

Table 5. Community Perception on the Decentralization of Health Services to the Primary Level

Posto Administrativu	Alternative response		Total
	No	Yes	
Railaco	26	334	360
	7.2%	92.8%	100.0%
Letefoho	2	37	39
	5.1%	94.9%	100.0%
Hatólia B	57	122	179
	31.8%	68.2%	100.0%
Hatólia A	19	32	51
	37.3%	62.7%	100.0%
Ermera Vila	45	519	564
	8.0%	92.0%	100.0%
Atsabe	1	93	94
	1.1%	98.9%	100.0%
Total	150	1137	1287
	11.7%	88.3%	100.0%

Source: Primary Data, Processed with SPSS 22 (2025)

The results of the study showed that health services are decentralized to the primary level. Total respondents from Ermera Municipality answered that 88.3% agreed that health services are decentralized to the primary level, and 11.7% of respondents answered that it is not decentralized to the primary level. Respondents answered agree from Railaco Administrative Post 92.8%, from Letefoho 94.9%, from Hatolia B 68.2%, Hatolia A 62.7%, Ermera Vila 92.0% and Atsabe 98.9%. And answered "No" in Hatolia A Administrative Post, which is 37.3% and Hatolia B Administrative Post, 31.8% and Ermera Villa Administrative Post. According to the results of the study, it was found that some respondents from Hatolia A and B Administrative Posts some respondents answered that health services are not decentralized to the primary level.

Healthcare Access

Barriers to accessing healthcare in Timor-Leste are factors that can impact patients in obtaining necessary medical care. The study found that all citizens of Ermera Municipality have the right to access health services, but they must follow established procedures. 95% of respondents follow the procedure, while 5% do not. The majority of respondents answered "yes" from administrative posts, while 21.6% and 13.4% answered "no." Some respondents from administrative posts in Hatolia A and B did not follow procedures, according to the study. Improved accessibility to healthcare information has been and continues to be a central objective of health policy for optimum health system performance. Health policy aims to improve the accessibility of health care information for optimal health system performance. Research has focused on accessibility issues in health policy and health services research.

However, the public and policymakers continue to seek answers to this fundamental question. Universal Health Coverage requires ensuring access and use of essential health care information for all people, including women of childbearing age, to achieve this goal. (Shatilwe, Kuupiel and Mashamba-Thompson, 2021)

Primary healthcare centers are considered the first line of interaction between the patient and the healthcare system. Many countries include health indicators concerning primary healthcare quality or operation to measure their healthcare system. (Al Saffer et al., 2021). The study found that all citizens of Timor-Leste know that the Health Post is the first entry point for treatment. 90.4% of respondents from Ermera Municipality said they know the Health Post, while 9.6% were unaware. Respondents from Railaco, Letefoho, Hatolia B, Hatolia A, Ermera Vila, and Atsabe answered "yes" to the Health Post's first entry point, while some respondents answered "no." There is an existing and growing need to support healthcare capacity in primary care and geographic areas with the greatest gaps. Future licensing is necessary to ensure that new facilities are distributed geographically in a balanced manner, and license applications that create or exacerbate oversupply should be avoided. (Monsef et al., 2023).

Ermera citizen needs quality healthcare to guarantee their health. The study reveals that all citizens in Ermera Municipality have equal rights to health treatment at the Health Post, and those who do not progress will continue to receive care at the Community Health Center. The majority of respondents, including 93.9% from Railaco, 94.9% from Letefoho, 70.9% from Hatólia B, 58.8% from Hatólia A, 95.7% from Ermera Vila, and 97.9% from Atsabe, agreed. If they receive treatment at the Community Health Centers not make progress, will continue to receive care at the Regional Hospital. The results show that 93.9% of respondents agreed, while 9.6% disagreed. Providing quality healthcare services that meet the needs of patients and communities is essential in improving positive treatment outcomes and perceptions of care quality, thereby fulfilling key aspects of patient and community-centered care requirements. Effective communication between patients and healthcare providers is essential for the provision of care to patients and communities (Kwame and Petrucka, 2021). To achieve patient satisfaction, it is crucial to improve the quality of hospital services and facilities. A good hospital contributes to patient healing and productivity, ensuring efficient medical procedures and easy maintenance of cleanliness. A beautiful, functional, and clean building positively impacts all hospital users, resulting in physical responses and psychological effects. Therefore, increasing standards in maintaining quality hospital services is essential for achieving patient and community satisfaction. (Exposto et al., 2023)

The study found that health services in Ermera Municipality are decentralized to the primary level, with 88.3% of respondents agreeing. However, 11.7% disagreed. Respondents from different administrative posts, including Railaco, Letefoho, Hatolia B, Hatolia A, Ermera Vila, and Atsabe, also agreed. Some respondents, like 37.3% in Hatolia A and 31.8% in Hatolia B, disagreed, indicating that some health services are not decentralized to the

primary level. Health services provided by health facilities must prioritize the needs of the community to improve the quality of health services for everyone. Community satisfaction is an effective indicator for health workers in meeting the needs and expectations of family members. Several factors, such as information dissemination, advocacy, family dynamics, patient characteristics, health facilities, and treatment processes, act as predictors of community satisfaction. (Liyew et al., 2024)

CONCLUSION

The study emphasized the crucial role of Primary Health Care activity through the Integrated Health Program (PIS), demonstrating its significant impact across measured variables. It recommended that the Ermera Municipal Health Service, the Ministry of Health, and other relevant stakeholders utilize these findings to inform evidence-based decisions and implement effective health interventions for the Timor-Leste population. Future research could explore longitudinal outcomes of PIS implementation to assess its sustainability and long-term effects on community health.

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