

The implementation of the Sistem Cepat Penanganan ODGJ Terpadu (SICEPOT) in Sukabumi City

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ABSTRACT

As social beings, humans create dynamically changing situations and conditions. These conditions often require humans to adapt, but some people cannot cope with the demands of the times. To deal with People with Mental Disorders (ODGJ), the Sukabumi City government has developed the *Sistem Cepat Penanganan ODGJ Terpadu* (SICEPOT). SICEPOT is an innovative health service system to minimize the growth in the number of mental disorders experienced by the people of Sukabumi City, especially in the Citamiang Sub-district area, West Java, Indonesia. Over the past three years, there has been an increase in ODGJ patients from 2019 to 2021, with information on 24 patients who did not seek treatment. One of the factors causing patients not to seek treatment is the need for more human resources to monitor ODGJ, especially at Tipar Health Centre in Sukabumi City. This study used qualitative research with a descriptive approach. Data collection techniques used were observation, interview, and documentation. Determination of informants was carried out using a proportional sampling technique on stakeholders that researchers in the study have determined. In implementing the SICEPOT program, researchers focused on 6 (six) implementation indicators, according to Mazmanian and Sabatier. The challenge in this innovation program is the need for more human resources to handle ODGJ patients. The consistency of Tipar Health Center has not been able to run well due to the postponement of the innovation program due to the COVID-19 outbreak. The involvement of policymakers and support from the community is one of the keys to implementing SICEPOT activities. Tipar Health Center uses technology for cross-sectoral coordination by using social media, namely WhatsApp.



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INTRODUCTION

Based on the Law of the Republic of Indonesia Number 23 of 2014 concerning regional government, regional innovation is defined as all forms of renewal in regional government administration. These reforms can be carried out in various forms, including regional governance innovations, public service innovations, and other innovations following government affairs that fall under regional authority.

Mental illness is a disease that still lacks access to health services (Organisation for Economic Co-operation and Development, 2022). Mental disorders are one of the non-communicable diseases (Adiwinoto & Oktariyanda, 2021; Lynch, 2022). Mental illness is also one of the biggest problems besides cancer and accidents (Tavaragi & Sushma, 2017). Mental disorders can also be considered a serious health problem because the number of sufferers continues to increase (Underhill et al., 2014). The provision of services for people with mental disorders is currently one of the main focuses of the government to be improved. Sukabumi City has emphasised the importance of handling and improving health services for people with severe mental illness (ODGJ) to all levels of the local government bureaucracy.

Every fourth person in need of health services, one of whom has a mental disorder and is often undiagnosed and therefore does not receive appropriate care and treatment (World Health Organization, 2002). Furthermore, according to the World Health Organization (2002), one in four adults will experience a mental health disorder at some point in their lives, every 40 seconds somewhere in the world, someone dies by suicide. ODGJ, as part of the problem, often raises several other social problems, such as disturbing comfort, frightening, and even threatening public safety. According to Eliska (2020), ODGJ is a social problem that creates new social problems.

Some are the ODGJ who stole a charity box in Way Halim Subdistrict, Bandar Lampung (Pinem, 2022), and the abandoned ODGJ who disturbed road users (Rahim, 2023). Their presence is very dangerous for security and comfort, and it is feared that they may cause accidents. Furthermore, the most dangerous problem of ODGJ is that they threaten the safety of other people's lives, as happened in Bandar Lampung City, Indonesia, where they persecuted a family of five people and one of the victims died (Sutriyanto, 2022). Some of these social problems must be handled appropriately by the Government and related stakeholders. The goal is for them to get the best service and not disrupt the activities and safety of others.

Public services in Indonesia play an important role in shaping public trust in government. Implementing decentralization and regional autonomy policies has given local governments the responsibility to determine minimum service standards (Lisnawati et al., 2023). However, the fundamental problem lies in the need for universal standards and ethics in public service, leading to offenses committed by officials without specific regulations or sanctions (Dharmika & Subanda, 2023). The need for service is inherent in every human being because it is a fundamental aspect of human life (Jamil, 2014). The importance of public service management is also highlighted because it is one way to fulfill the basic needs of human life, such as compassion, inclusion, and control (Muhaimin et al., 2023).

As highlighted by Winandi (2015) and Ibrahim (2014), public services in Indonesia still need to meet expectations. The main thing that should concern the government is the community's high expectations of good, quality health services. However, in reality, the health services provided need to meet expectations, so there is a gap between community expectations and the services provided by the government. The handling of ODGJ cannot be done by one agency; in other words, it needs support from various parties (Oktaviana & Ratnawati, 2022).

Research conducted by Fitriani (2022) on the implementation of the duties of the social service regarding the social rehabilitation of people with mental disorders (ODGJ) who are neglected in Pekanbaru City, Indonesia, based on the Minister of Social Affairs Regulation number 16 of 2019 concerning national standards for social rehabilitation. The results showed that the duties of the Pekanbaru City Social Service in the context of services to displaced ODGJ are to receive complaints from the community, fulfill basic needs and emergencies, and then follow up on these complaints.

The follow-up of the complaint can be seen from outreach, rehabilitation, and reunification in carrying out its duties and responsibilities. The obstacles faced by the social service office are the lack of cooperation with stakeholders, the capacity of the Tampan Mental Hospital and Bina Laras Orphanage that cannot meet the needs of patients, ODGJ patients who do not have an identity, the existence of anarchic ODGJ patients, the lack of education to the community related to the handling of ODGJ patients, and families who do not want to accept families with ODGJ to reunite together.

The rate of mental illness in Indonesia is seven per thousand households. This means that for every thousand households, seven households are suffering from mental disorders, resulting in an estimated 450,000 people with severe levels of ODGJ in Indonesia (Rokom, 2019). Patients with

mental disorders in East Java Province are ranked 19th out of 34 provinces, with a prevalence of 6.4%. Although East Java Province is ranked 19th, the prevalence is relatively high, so the average percentage reaches 6.65% (Dinas Kesehatan Provinsi Jawa Timur, 2022).

Following the East Java provincial government's plan written in the Ministry of Health's Strategic Plan (Renstra) 2020-2024, efforts to handle people with mental disorders can be carried out. Public health center is a first-level public health service that functions as a coordinator and is responsible for health services in the work area, such as Pustu, Posyandu, and other health services (Wiyasih, 2022). In order to create efficiency and effectiveness in health services, health service innovations are needed with a digitally integrated health approach, access to medicines, vaccines, competent human resources, and health products. The government must support financing and good governance, including strengthening advocacy and health information systems.

The results of previous research show problems in the data reporting process. The conventional data reporting process using Microsoft Excel found that the reporting target was not achieved both in terms of time and completeness of data based on monitoring indicators, so if the monitoring results did not meet the minimum service standards, the public health center concerned could undergo an unannounced inspection to test the truth (Ali et al., 2016). Inconsistency is also a problem in the conventional reporting process. As a result, human error can occur due to the large accumulation of documents that must be processed (Kurniasari, 2014). Data integration into health information systems is essential for determining health policies (Ruslihardy, 2020). This integration can improve the quality and efficiency of health services (Rusli, 2022). However, implementing this system can also increase the workload of health workers (Pramono et al., 2018).

Based on data from the Sukabumi City Health Office, information was obtained that there has been an innovation in the form of a mental health program developed by the Tipar Health Centre. Based on West Java Province Regional Regulation Number 5 of 2018 concerning the implementation of mental health as stated in article 1 point 7, which explains that mental health efforts are a series of activities organized in a comprehensive, integrated, and sustainable manner for individuals, families, and communities through promotive, preventive, curative and rehabilitative efforts organized by the government, local governments and the community.

One of the innovations in mental health programs carried out by the local government through Tipar Health Centre in Sukabumi City is the *Sistem Cepat Penanganan ODGJ Terpadu* (SICEPOT). The SICEPOT innovation is an innovative program that aims to minimize the growth in the number of mental disorders experienced by the people of Sukabumi, especially in the Citamiang Sub-district. Based on the results of observations made by researchers, in the three years between 2019 and 2022, Citamiang Sub-district itself experienced an increase in the prevalence (characteristics in a certain period) of ODGJ where in 2019, the level of sufferers was known to be 26 people, then in 2021 the sufferers experienced were 15 people, thus having a total of 41 people. The implementation of this SICEPOT innovation was realized in May 2018. Then, in 2021, it was appreciated and determined to be one of the Top 45 Public Service Innovations in West Java Province (Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi, 2022).

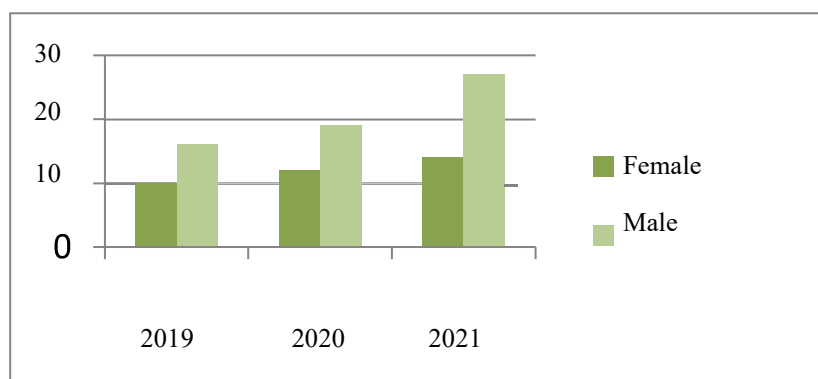


Figure 1. Data on ODGJ patients at Tipar Health Centre in 2019-2021

Based on Figure 1, it is known that the number of ODGJ patients at Tipar Health Center has increased from 2019 to 2021. In the 2019 period, the number of patients received by Tipar Health Center was 26, with details of 10 female patients and 16 male patients. Then, in 2020, the number of patients increased again by 5, with details of 2 female and three male patients. Likewise, in the 2021 period, there was an increase of 10 patients, including two female and eight male patients. Thus, the total number of patients from 2019 to 2021 is 41.

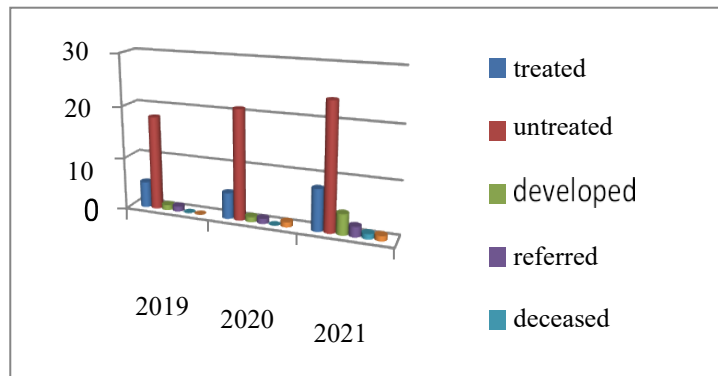


Figure 2. Tipar Health Centre Patient Information Data in 2019-2021

The information in Figure 2 shows that from 2019 to 2021, there were eight patients admitted, 24 patients who were not admitted, four patients in progress, and three patients referred to the Kartika Hospital. There is one patient who is in a stable condition, and the last patient died. Based on Figure 2, it can be seen that half of the ODGJ patients at Tipar Health Center, Sukabumi City, have not sought treatment. This is due to several factors, both internal and external.

The results of interviews conducted by researchers with the Head of Tipar Health Centre concluded that: (1) Lack of support from the patient's family in undergoing the treatment process routinely and having the assumption that the patient has recovered; and (2) Lack of human resources in the field of ODGJ supervision at Tipar Health Center, Sukabumi City. These factors indirectly become obstacles to the health center's optimal implementation of the SICEPOT program.

In general, innovation is often translated as a new invention. However, in reality, innovation's "novelty" aspect is highly emphasized in the private or industrial sector innovation. Pramdityan et al. (2022) emphasizes the importance of ethical governance in improving public service quality, efficiency, and effectiveness. This is further supported by Sabaruddin (2015), who states that collaboration among different stakeholders is essential in achieving such goals. Suwarno (2008) defines innovation as an idea, notion, practice, or object realized and accepted as new by a person or group to be adopted.

According to researchers, a model can be used by public health center as a government agency to implement public service policies is the Mazmanian and Sabatier (1986) model. The Mazmanian and Sabatier (1986) model consists of three dimensions, namely (1) the level of ease of the problem to be worked on/controlled, (2) the ability of policy decisions to properly structure the implementation process, and (3) the direct influence of various variables contained in policy decisions. Some of these dimensions are indicators that are considered to contribute to the success or failure of implementation, namely: (1) Technical difficulties of implementation; (2) Scope of desired behavior change; (3) Clarity or consistency of objectives; (4) Hierarchical integration within and between implementing agencies, (5) Public support; and (6) Socio-economic and technological conditions.

Through implementation carried out by employees, as described by Mazmanian and Sabatier (1986), it is expected that the policy implementation problem at Tipar Health Centre, Sukabumi City, can be carried out properly. Based on this background, the researcher is interested in observing and describing service innovations made by Tipar Health Center in handling and minimizing the number of ODGJ patients in Sukabumi City, especially in Citamiang Sub-district, West Java, Indonesia. This study aims to describe innovations in health services for people with mental disorders (ODGJ) that

improve service quality while minimizing the increase in ODGJ patients in Sukabumi City. The practical benefits of this study are that this research is expected to be a reference for stakeholders in realizing quality, efficient, and targeted services, while the academic benefits are in terms of developing studies on public service innovation.

RESEARCH METHOD

This research uses a qualitative method with a descriptive approach to determine how the SICEPOT Program at Tipar Health Center is implemented. The data collection techniques used were observation, interviews, and documentation. The informants were identified using a purposive sampling technique on stakeholders that the researcher had determined. Data analysis techniques in this study include data reduction, data presentation, and conclusion drawing. Qualitative research can generally be used to research community life, history, behavior, concepts or phenomena, social problems, and others. The reason for using this type of research is that by using descriptive qualitative methods, the focus of the research study related to the implementation of the policy of the *Sistem Cepat Penanganan ODGJ Terpadu* (SICEPOT) at Tipar Health Center in Sukabumi City can be described and explained clearly, specifically, systematically, and accurately based on the facts in the field with the [Mazmanian and Sabatier \(1986\)](#) theoretical approach.

The type of data used in this research is qualitative data. Namely, data is presented alphabetically rather than numerically. The data sources in this study use primary data and secondary data. Primary data is conducted through an interview and documentation process, while secondary data is based on proposals and documents supporting the SICEPOT program's implementation.

Data collection techniques used observation, interviews with informants, and documentation. After the data was collected, the researcher analyzed it. According to Miles and Huberman, data analysis consists of three activity streams: data reduction or collection, data presentation, and conclusion drawing or verification. Data analysis was done using data reduction, presentation, and conclusion drawing/verification. The three activities are intertwined before, during, and after data collection in a parallel form to build general insights called analysis.

The place chosen as the research location was Tipar Health Centre, Sukabumi City, West Java, Indonesia. The reason for selecting Tipar Health Center was because the implementation of the SICEPOT program innovation was carried out in that place. The informants selected in this study are informants who have the provision that the informant knows the implementation of the SICEPOT innovation program. Therefore, researchers determined informants using purposive sampling techniques, including: (1) SICEPOT program manager; (2) The implementer and person in charge of the SICEPOT program at Tipar Health Center; (3) Health workers at Tipar Health Center; (4) SICEPOT cadres in Tipar Village; and (6) Families of patients with mental disorders.

FINDINGS AND DISCUSSION

As a health institution, Tipar Health Center strives to provide health services for patients with mental disorders and all patients with various disease complaints as a whole with the best service for all levels of society. Specifically in providing mental health services, Tipar Health Center has created and developed an innovative program called the *Sistem Cepat Penanganan ODGJ Terpadu* (SICEPOT). The SICEPOT innovation program seeks to address the problems of people with severe mental disorders (ODGJ), such as special treatment given to patients by the public health center, monitoring of patient relapse, and provision of prescriptions free of charge. With the introduction of the SICEPOT innovation, it is hoped that this program can reduce the number of patient relapse symptoms, as well as negative stigma from the community and even families.

Looking at the implementation of these innovations, the model that can be used in the implementation of public service policies is the model developed by [Mazmanian and Sabatier \(1986\)](#). The results of data collection that are in accordance with the indicators of policy implementation at Tipar Health Center are clear and consistent policy objectives, especially regarding the implementation of the SICEPOT program, strong theoretical support in formulating policies in the innovation program, an implementation process based on law to ensure compliance of public health

center officers in the field and target groups, commitment and expertise of policy implementers, support from stakeholders and stability of socio-economic and political conditions.

This study was conducted at Tipar Health Center in Sukabumi City to determine the implementation of the Integrated ODGJ Rapid Handling System using the Mazmanian and Sabatier (1986) Implementation model. Based on the Mazmanian and Sabatier (1986) model, factors that influence the achievement of formal objectives in the overall implementation process can be classified into three categories, namely: (1) The ease of the problem to be worked on / controlled; (2) The ability of policy decisions to appropriately structure the implementation process; and (3) The direct influence of various variables contained in policy decisions. Related to these three dimensional categories, there are 6 (six) indicators, namely: (1) Difficulty in technical implementation; (2) Scope of desired behaviour change; (3) Clarity or consistency of objectives; (4) Hierarchical integration within and among implementing agencies; (5) Public support; and (6) Socio-economic and technological conditions.

Difficulties in Technical Implementation

The implementation of the SICEPOT program for ODGJ patient control in Sukabumi City could have been faster due to difficulties experienced in its technical implementation. In this innovation program, the difficulties encountered were the lack of awareness of the patient's companion (family) in helping to optimize the patient's mental health; the low technical knowledge of health workers in the implementation of this program, such as the decline in the development of socialization of the SICEPOT innovation, where this socialization decreased due to the change or mutation of officers so that it took time to adjust the SICEPOT program.

The role of family support in optimizing the health of patients with mental disorders is crucial (Hidayat & Mumpuningtias, 2018). This is particularly important in the context of patient safety culture in hospitals, where the involvement of family members can enhance patient safety (Pasaribu, 2020). Nurses play a key role in this process, as they are responsible for patient safety and are at risk of occupational health and safety issues (Sianipar, 2020; Siregar, 2020). Therefore, it is essential to involve and educate family members in the care of patients with mental disorders to ensure their safety and well-being.

Scope of Desired Behaviour Change

It is explained that the more diverse the behaviors regulated or the services provided, the more difficult it is to create clear and concise rules (Horsch & Kleinow, 2022; Xu et al., 2023). In practice, Tipar Health Center only has one ODGJ treatment service, the SICEPOT program. The implemented SICEPOT service has several stages, namely: (1) ODGJ reports from the community through the SICEPOT/Call Centre ambassador; (2) Reports are shared to the WhtasApp group; (3) Assessments are conducted (data/information search) on patients with ODGJ symptoms; (4) When the patient is indicated to have symptoms of ODGJ such as feeling agitated and also committing agitated actions due to this agitation, supported by data/information on the patient's medical history, then what the Tipar Health Center must do is evacuate the patient to the hospital using an ambulance/patrol car/SIGAP, after which, when the patient is in the hospital for a certain period the public health center will follow up with the hospital by looking for data on the patient's progress, whether the patient needs further observation, or hospitalization, or even the patient can be discharged. If the hospital states that the patient can be discharged, then the public health center, with the help of SICEPOT cadres, will monitor the patient's compliance in taking medication.

(5) If the patient does not experience indications of ODGJ symptoms such as restlessness but does not make a fuss, then the health center will carry out several steps, namely: (a) the public health center officer in charge of examining the patient will evacuate the patient to the public health center for therapy with the assistance of the public health center officer responsible for treating the patient according to the indications encountered; (b) After finding out the indications of the patient's mental health disorder, the public health center will conduct counseling to the patient's family to inform them about the patient's regularity in taking medication/therapy; (c) After that, the patient will be returned when a series of examinations and counseling have been carried out and take home

the prescription of drugs that need to be consumed and the consumption of these drugs will be monitored with the guidance of the SICEPOT cadres who have been appointed to monitor the patient.

The final step is drug monitoring for patients at home by always reporting their condition through online media, namely the SICEPOT WhatsApp Group by SICEPOT cadres. One of the services provided by Tipar Health Center has been explained to all staff and also reminded through a pamphlet posted in front of the office entrance, and the public health center has also made a note on the stairs leading to the 2nd floor about the process of handling ODGJ patients. This is done to remind all public health center staff and also indirectly provide education to the community about the SICEPOT system. The existence of services and efforts by the public health center to inform the community and staff is expected to minimize the freedom of action of public health center staff so that the goals and objectives that have been set can be achieved and the implementers also know what the goals and objectives of the SICEPOT program are, which is the goal of implementing this program is a change in the behavior of ODGJ patients marked by better and healthier mental health.

Clarity or Consistency of Goals

The purpose of implementing the SICEPOT program is to improve the ratio of public health, especially mental health, in the working area of Tipar Health Center. Tipar Health Center strategy in handling cases of increased ODGJ by launching the SICEPOT program is carried out by socialization, building cross-sectoral commitment, cadre training, supervision, and evaluation.

Based on the results of interviews with the head of Tipar Health Center as well as the person in charge of the SICEPOT program, it was explained that the five methods had been implemented by the public health center wherein the implementation of the socialization of the SICEPOT program, the Tipar Health Center has been running. However, in terms of consistency, this socialization has not been able to be carried out properly because, at the beginning of the SICEPOT program, the implementation was constrained by the COVID-19 outbreak, where the program was more focused on handling patients with COVID-19, which made the SICEPOT program not running optimally.

Although the socialization of the SICEPOT program was hampered, the commitment with cross-sectors continues and remains consistent until now, where every report from the SICEPOT cadre community will be forwarded to the SICEPOT WhatsApp Group and then followed up by other parties, such as the police who helped evacuate the patient, and one of the public health center officers who also went directly to the field to check the patient's mental health.

Before becoming a SICEPOT cadre, the head of the public health center also explained that the public health center had conducted training and coaching for prospective SICEPOT cadres so that when SICEPOT cadres monitor patients, both symptoms and drugs consumed, they have basic knowledge and know their responsibilities as cadres. In addition to coaching, the supervising health center also evaluates cadres, hoping that SICEPOT cadres can improve their performance.

Hierarchical Integration Within and Between Implementing Agencies

Hierarchical integration in the SICEPOT innovation program certainly requires the involvement of policymakers to build collaborative and coordinated partnerships between community governance institutions. The SICEPOT innovation program is carried out continuously (consistently) between community governance institutions. The involvement of policy capacity is one of the keys to implementing SICEPOT activities.

The role mapping of all stakeholders is as follows: (1) Head of the Regional Technical Implementation Unit (UPTD) of Tipar Health Center, providing policy and budget support; (2) Public health center officers, facilitating coordination in efforts to solve mental health problems in the community, especially mental health services; (3) Sub-district Head, providing direction and technical support; (4) District Police, providing direction and technical support; (5) Military Sector Commands, providing direction and technical support; (6) NGOs, monitoring health conditions in the Tipar area, especially mental health; (7) Community leaders, monitoring health conditions in the Tipar area, especially mental health; and (8) The community can gain access to mental health services in a fast and integrated manner.

Public Support

Only temporary community support will create difficulties. Support is needed from agencies involved in handling ODGJ to achieve the results of implementing each program. In implementing the Integrated ODGJ Handling Rapid System (SICEPOT) program, Tipar Health Center needs support from all elements because Tipar Health Center cannot stand alone without the support of the community, and there is community participation in building and running this innovation program. Tipar Health Center will continue to improve synergy with stakeholders such as the Police, NGOs, Sub-districts, etc. Tipar Health Center activates the role of the community to be more effective and efficient in realizing this innovation program jointly. Community participation is an important element in innovation implementation efforts to run well.

One of the supports that helps the SICEPOT program run is the support of the patient's family. The patient's family here plays an important role in the patient's recovery because support from the family encourages patients to recover quickly. The patient's family plays an important role in the patient's healing process by providing support and encouragement, which can contribute to faster recovery (Gotcher, 1990; Sanjaya & Mara, 2022; Wuandari et al., 2022). In line with Febriyanti's (2020) statement, family involvement is key. Thus, social support and the role of the family in patients with mental disorders are needed because the role of the family can provide optimal support for patients.

Socio-economic and Technological Conditions

In order to ensure the sustainability of the SICEPOT innovation at Tipar Health Center, the head of UPTD Tipar Health Center facilitated the budget from the Health Operational Assistance (BOK) Tipar Health Center in 2019 through the evaluation of SICEPOT innovation activities with the development of SICEPOT innovation. Tipar Health Center's innovation has received support from the community with cadres who care about ODGJ so that activities can run optimally by facilitating services to related agencies. The convenience and closeness of public services offered by SICEPOT are in accordance with the community's expectations, which can be seen from several aspects, namely social, economic, and technological.

In the social aspect, the SICEPOT program utilizes social media in its implementation. The existence of cross-sectoral coordination on social media is a forum for the community to convey the problems faced so that these problems are immediately discussed together with relevant personnel and community leaders. This allows collaboration between stakeholders involving the government, public health center, community, and so on (Utari et al., 2023). This collaboration is very important in overcoming, identifying, and monitoring quickly and coordinating with the community to report any indications of patients with mental disorders that require immediate action (Wukich et al., 2019).

In the economic aspect, with the existence of SICEPOT the community can get easy and fast access in treating patients with mental disorders. This has an impact on the economy of the community where patients with mental disorders have high social and economic costs, both for caregivers and third party payers, as well as society (Greenberg et al., 2001). In the technology aspect, Tipar Health Center utilizes technology as their internal coordination in terms of social media, namely WhatsApp, by creating a special group regarding the SICEPOT program. Thus, if there is information about ODGJ patients, the case can be handled more easily and quickly. The WhatsApp Group also functions as a patient monitoring media for medication control so that the public health center can find out the progress of ODGJ patients through reports from SICEPOT cadres.

CONCLUSION

Based on the results of the research, the SICEPOT program aims to minimize the growth in the number of mentally ill patients, especially in Sukabumi City. In running the SICEPOT program, there must be synergy between the relevant government and the community. The implementation of the SICEPOT program can be seen from 6 (six) indicators, namely: (1) Technical difficulty of implementation; (2) Scope of desired behavior change; (3) Clarity or consistency of objectives; (4) Hierarchical integration within and between implementing agencies; (5) Public support; and (6)

Socio-economic and technological conditions. Suggestions that can be given in the implementation of the SICEPOT program in handling ODGJ patients at Puskesmas Tipar are as follows: (1) There needs to be more intensive socialization both on social media (such as Instagram, Facebook, YouTube, etc.), offline media, newspapers and so on to provide information and socialization about the SICEPOT program; (2) It is necessary to recruit employees with Human Resources who master technology and information for the development of the SICEPOT system in the future; and (3) Conduct a program evaluation every 3 (three) months, where the evaluation can act as an illustration of whether the SICEPOT program has been implemented consistently and in accordance with the predetermined objectives.

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