

Conference Paper

Evaluation of the Program for the Treatment of People with Mental Disorders (ODGJ) in North Kalimantan Province

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Abstract.

The study evaluated the North Kalimantan Provincial Health Office's program for treating people with mental disorders (ODGJ) and revealed that many cases were related to individuals who had minimal supervision. The main objective of this research was to analyze the effectiveness of the ODGJ program in North Kalimantan Province. To achieve this objective, qualitative research methods were employed, which allowed for a deeper understanding of the program's implementation and outcomes. Data sources for the study included primary and secondary data, and the informants involved in the study were stakeholders who had direct involvement in the ODGJ program. The study's findings shed light on several aspects of the ODGJ program. In terms of the context aspect, there was some community support and response, but it was not fully optimized. The role of the government and other institutions involved in the treatment of people with mental disorders was relatively well-coordinated.

Regarding the input aspect, there were some challenges related to resource allocation and utilization in the treatment program. The process aspects, on the other hand, seemed to adhere to the applicable rules and standard operating procedures, indicating a structured approach to handling mental health cases. However, the product aspects showed that the results obtained from the treatment program were not yet optimal. This could be attributed to various factors, including the relative newness of the North Kalimantan Provincial Health Office, which may require further innovation and development to enhance the program's effectiveness.

Keywords: program evaluation, handling people with mental disorder

1. Introduction

People with Mental Disorders (ODGJ) is one of the mental health problems that are classified as high sufferers in Indonesia with a condition in which a person experiences a special weakness in the thought process thus requiring treatment. Indonesia has many people with disabilities quite a lot of people, namely about 14 million people. 400 thousand of them are considered to have severe mental disorders. In addition, there are still frequent phenomena People with Mental Disorders (ODGJ) don't get enough attention, hang around on the streets and become the object of ridicule, and tend to think of ODGJ as an embarrassing disgrace, causing an internal error handling of ODGJ.

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This makes mental disorders a health problem in Indonesia, which requires special attention to suppress the increase in its number. Nevertheless, the government has taken steps to solve this problem, one of which is through a program for handling people with mental disorders (ODGJ). Tayibnapis (2008) argues that a program is everything that someone tries to do with the hope that it will bring results or influence. Apart from having an impact on giving results, the program is also expected to be carried out sustainably, as stated by Arikunto [1] that a program is a unit of activity which is a system and a series of activities carried out continuously

One of the governments in Indonesia, the Provincial Government of North Kalimantan, has paid attention to the treatment of people with mental disorders (ODGJ). In the last data collection in 2019, the North Kalimantan Provincial Health Office noted that 3,022 people were in the category of People with Mental Disorders (ODGJ). As with the Provincial Health Office, North Kalimantan also revealed that many cases were related to ODGJ minimal supervision, one of which was supervision in drug administration. To anticipate this, the North Kalimantan provincial government has committed to providing supervision through a program for handling people with mental disorders (ODGJ).

The complexity of the disease problems of people with mental disorders requires the implementation of programs for handling them that are comprehensive and require more attention, especially in North Kalimantan Province. Based on these problems, the authors evaluated a program for handling people with mental disorders (ODGJ) in North Kalimantan Province.

It is urgent to evaluate whether it can overcome the problems that occur in the program for treating people with mental disorders (ODGJ) in North Kalimantan Province. Cronbach [2] (1963) and Shufflebeam [3] (explain that program evaluation is an effort to provide information to decision makers. However, Mizikaci [4] stated that program evaluation can be defined as a systematic operation with varying complexities involving data collection, observation, and analysis, culminating in an assessed value of the quality of the program being evaluated, considered in its entirety, or through one or more of its components.

Based on this explanation, the purpose and focus of this study is to determine how programs for treating people with mental disorders (ODGJ) in North Kalimantan Province are evaluated using the CIPP Evaluation Model, which looks at several aspects.

2. Methods

Qualitative research methods were used in this study. As Moleong [5] states, the qualitative research method aims to explain or describe problems in a systematic, factual, and accurate manner. The research location is in North Kalimantan Province, where the selection of this location is based on the problem of how to evaluate programs for treating people with mental disorders (ODGJ) in North Kalimantan Province. It can be said that few studies have conducted research related to programs for treating people with mental disorders (ODGJ), especially in North Kalimantan Province, making it easier for writers to obtain secondary data or information directly. Informants are authorized to provide information about programs for treating people with mental disorders (ODGJ) in North Kalimantan Province.

Primary and secondary data were obtained. Primary data are obtained directly from sources (not through intermediary media), which can be in the form of individual or group subject (person) opinions, observations of an object (physical), events or activities, and test results. Secondary data are obtained in a ready-made form or in the form of publication data. The primary data in this study are the results of direct interviews with informants and observations about programs for treating people with mental disorders (ODGJ) in North Kalimantan Province, while secondary data consist of data relating to programs for treating people with mental disorders (ODGJ) obtained from the Internet, books, journals, related documents, and previous research. The main data collection techniques were in-depth interviews and participant observation, namely, observation where the researcher is involved with the daily activities of the person being observed or used as a source of research data. The study of documentation, namely, studying documents or records of events that have passed. As for the data analysis technique in this study, the data analysis model used is the interactive analysis model from Miles, et al [6].

3. Results and Discussion

To evaluate programs for treating people with mental disorders (ODGJ) in North Kalimantan Province, we used the CIPP Evaluation Model proposed by Shufflebeam [3]. The CIPP model represents Context Evaluation, Input Evaluation, Process Evaluation, and Product Evaluation. The four aspects of this evaluation model are context, input, process, and product. These four aspects will be used to determine how the evaluation

of the program for handling people with mental disorders (ODGJ) in North Kalimantan Province is described as follows.

3.1. Aspects of Context

The contextual aspect includes issues related to environmental conditions. In this case, we will look at how the community responds, the role of the government and other parties involved, and the relevance of the goals of the program for treating people with mental disorders in North Kalimantan Province.

The implementation of the program for treating people with mental disorders in North Kalimantan Province started from the data collection stage. Data collection on people with mental disorders in North Kalimantan Province has been recorded in stages, from first-level health facilities (FKTP), District/City Health Offices, and Provincial Health Offices to the Central Government. This data collection is intended for regular and continuous administration of medication to people with mental disorders so that they can suppress the hallucinations experienced by people with mental disorders and suppress cases of stocks due to the presence of people with mental disorders who go berserk and get out of control. In addition, people with mental disorders in North Kalimantan Province cannot be handled optimally because the number of sufferers of people with mental disorders continues to increase every year, while human resources to treat people with mental disorders are still limited. The budget for programs for treating people with mental disorders in the North Kalimantan Province is still limited. The infrastructure for treating people with mental disorders in North Kalimantan Province is still limited, namely, there is no special mental hospital for people with mental disorders, and treatment for people with mental disorders has been carried out at the Regional General Hospital. H. Yusuf SK, with only two wards. The following are data on the number of people with mental disorders in North Kalimantan Province in the table below. The infrastructure for treating people with mental disorders in North Kalimantan Province is still limited, namely, there is no special mental hospital for people with mental disorders, and treatment for people with mental disorders has been carried out at the Regional General Hospital. H. Yusuf SK, with only two wards. The following are data on the number of people with mental disorders in North Kalimantan Province in the table below. The infrastructure for treating people with mental disorders in North Kalimantan Province is still limited, namely, there is no special mental hospital for people with mental disorders, and treatment for people with mental disorders has been carried out at the Regional General Hospital. H. Yusuf SK, with only two wards. The following

are data on the number of people with mental disorders in North Kalimantan Province in the table below.

TABLE 1: Number of People with Mental Disorders in North Kalimantan Province in 2022 and 2023.

DISTRICT / CITY	2022	2023
Tarakan	279	305
Bulungan	183	183
Nunukan	225	254
Malinau	112	144
summit	9	26
TOTAL	808	912

Source: North Kalimantan Provincial Health Office, 2023

The table above shows that the number of people with mental disorders in North Kalimantan Province in 2022 will be 808, and in 2023, it will increase to as many as 912 people. The highest number of people with mental disorders were in Tarakan City.

The community’s response to the program for treating people with mental disorders in North Kalimantan Province was manifested by the formation of a Community Mental Health Planning Team (TPKJM) at the provincial and city-district levels, which was approved by the Decree of the Community Mental Health Planning Team (SK TPKJM). So far, only one district-level Community Mental Health Planning Team has been able to maximize its role, while other districts and cities are still in the process of ratifying the Decree of the Community Mental Health Planning Team (SK TPKJM) at their respective Legal Bureaus before finally maximizing their role in handling people with mental disorders in North Kalimantan Province. In addition, the community hopes that people with mental disorders in North Kalimantan Province can be handled immediately, so they do not roam in the community.

The Health Office, both at the North Kalimantan Provincial level and the District/City Health Office in North Kalimantan Province, are, of course, the leading sector in the program for treating people with mental disorders. The Health Service has a role, among others, in preparing program planning for people with mental disorders sourced from the Regional Expenditure Budget (APBD) and the State Revenue Expenditure Budget (APBN), preparation of drugs for people with mental disorders, and in carrying out training and meetings discussing technical guidelines for people with mental disorders provided by the Sub Directorate of Mental Health, Ministry of Health of the Republic of Indonesia, both in handling, monitoring, and distributing drugs.

In addition to the Health Office at the provincial and district/city levels in North Kalimantan Province, there are several other parties involved in implementing programs

for treating people with mental disorders in North Kalimantan Province, namely the Community Mental Health Mobilization Team (TPKJM), Mental Health and Psychosocial Support (DKJPS), the Association of Indonesian Psychiatrists (PDSKJI), the Indonesian National Nurses Association (PPNI) and the Indonesian Psychological Association (HIMPSI) who serve in North Kalimantan Province. The Decree of the Minister of Health Number 220/MENKES/SK/II2002 concerning General Guidelines for Teams of Trustees, Steering Teams, and Community Mental Health Implementation Teams (TPKJM) assists the government in handling mental health programs. So far, a comparative study has been conducted on the establishment of a Provincial Mental Hospital that has not yet been established in North Kalimantan Province due to limited resources and accommodation funding assistance for people with mental disorders who are in areas where it is difficult to handle referrals from health facilities first (FKTP) to the Provincial General Hospital. Mental Health and Psychosocial Support (DKJPS), which consists of several regional apparatuses and professional organizations in North Kalimantan Province, plays a role in promoting public awareness and concern for people with mental disorders, minimizing the risk of people with psychiatric problems (ODMK) becoming people with mental disorders (ODGJ) by screening the Self Reporting Questionnaire (SRQ) and Strength and Difficulties Questionnaire (SDQ) in the activities of their respective professional organizations or community activities. Meanwhile, the Association of Indonesian Psychiatric Specialists (PDSKJI), the Indonesian National Nurses Association (PPNI), and the Indonesian Psychological Association (HIMPSI) play a role in and participate in the indirect treatment of people with mental disorders through social media, seminars, and webinars, and carry out the commemoration of Mental Health Day, World Mental Health, etc.

The initial program for the establishment of a program for handling people with mental disorders in North Kalimantan Province was formed by the direction and guidance of the technical team from the Indonesian Ministry of Health, Sub-Directorate of Mental Health. Therefore, the program for treating people with mental disorders that has been implemented in North Kalimantan Province is relevant to the goals to be achieved, namely the fulfillment of minimum service standards (SPM) for people with mental disorders and the Indonesia Free of Pasung Program.

Based on the elaboration of these contextual aspects, there has been a response and community support in the program for treating people with mental disorders with the establishment of a special team for handling people with mental disorders, but it is just that it has not optimally handled people with mental disorders directly, only focusing on providing infrastructure for handling people with mental disorders. psychiatric disorders,

which have not yet been identified. The role of the government, in this case, the Health Service, and the involvement of various parties or other organizations, has been quite optimal in handling people with mental disorders in North Kalimantan Province.

3.2. Input Aspect

The input aspect is the second stage, carried out to detail needs, including human resources, facilities, infrastructure, program activities, sources of funds, and program benefits. Regarding human resources, training for health workers who are members of the team for the treatment of people with mental disorders continues to be carried out either from deconcentration funds or the Regency/City APBD. There were 30 health workers (15 doctors and 15 nurses) in five districts/cities who had been trained in integrated mental health management, which includes the treatment of people with mental disorders. There is one team consisting of General Practitioners, Psychiatric Nurses, and Clinical Psychologists who have been trained in Mental Health Training of Trainers, which means that this team has been given a certificate directly by the Indonesian Ministry of Health to facilitate the implementation of other mental health training in North Kalimantan Province.

The availability of facilities and infrastructure in programs for treating people with mental disorders in North Kalimantan Province is considered lacking. This is due to the absence of a Mental Hospital in North Kalimantan Province, which should be the main referral center for people with mental disorders. However, the local government continues to strive for the North Kalimantan Provincial Health Office to be realized within the next three years.

The programs and forms of activities carried out to handle people with mental disorders in North Kalimantan Province are as follows:

1. Training and capacity building for Health Workers in Public Health Extension in handling people with mental disorders
2. Coordination of the Operational Work Plan with the District Pharmacy Agency (IFK) in the procurement and distribution of mental drugs from the center to the Community Health Extension
3. Mental Health Screening to minimize patients with psychiatric problems becoming people with mental disorders

4. Commemorating World Mental Health Day which is a momentum for education and socialization to increase public awareness of the importance of being able to care for people with mental disorders
5. The provincial and district/city community mental health mobilization Team (TPKJM) meeting with the central government.
6. Monitoring and Evaluation were carried out up to the Public Health Instructor level to identify the obstacles in handling people with mental disorders in every region in North Kalimantan Province.

The budget for programs and activities for treating people with psychiatric problems comes from the Regional Expenditure Budget (APBD) and State Expenditure Budget (APBN). The total budget in 2022 for programs for handling people with mental disorders in North Kalimantan Province is 329,089,081 IDR, which is 276,384,000 IDR, meaning that of the total program budget for handling people with mental disorders, only 83.98% will be realized in 2022.

The implementation of the program for treating people with mental disorders in North Kalimantan Province certainly provides benefits for both the government and the community, especially for the North Kalimantan Provincial Health Office as the leading sector. The benefits of the program for handling people with mental disorders for the North Kalimantan Provincial Health Service are: fulfilling the Minimum Service Standards for the North Kalimantan Provincial Health Service, minimizing the destruction of public facilities which are usually carried out by people with mental disorders who roam the streets, minimizing cases of stocks in North Kalimantan Province, prevent spikes in cases after the Covid-19 pandemic by ensuring services for people with psychiatric problems so they don't become people with mental disorders,

Based on the explanation above, human resources in the program for treating people with mental disorders in East Kalimantan Province can be said to be minimal given the number of health workers who only number 30 at the provincial level. The availability of facilities and infrastructure for the treatment of people with mental disorders is still lacking, as seen by the absence of mental hospitals in the North Kalimantan Province. In terms of funds or budgets for programs for treating people with mental disorders in North Kalimantan Province, there are funds, but the utilization of the budget is still not optimal and the realization of the program budget has not reached 100%.

3.3. Process Aspect

The process aspect is the third evaluation stage, which looks at how the strategy is in implementing the program for handling people with mental disorders in the North Kalimantan Province. This includes program planning and program implementation, which are implemented and responsible for the program, since when the program was implemented, the obstacles found in the implementation of the program.

Program planning for treating people with mental disorders in North Kalimantan Province is based on applicable regulations and is inseparable from policies issued by the Indonesian Ministry of Health regarding mental health programs. In addition, each program for handling people with mental disorders was carried out by considering the amount of the available budget in the North Kalimantan Province Regional Revenue and Expenditure Budget (APBD).

The process of implementing the program for treating people with mental disorders in North Kalimantan Province is that the patient was first reported by the Public Health Extensionist, either through visits to the Public Health Extensionist or by cross-sectors and other institutions, such as the Community Mental Health Mobilization Team (TPKJM) or Mental Health Support and Psychosocial (DKJPS). Subsequently, patients with mental disorders were referred to the Regional General Hospital for direct treatment by a psychiatrist. If the patient does not have a Resident Identification Number, coordination will be carried out between the Provincial Health Office and the District/City Health Office and the District/City Social Service to administer the patient's Identification Number. The same flow is also used to administer BPJS to patients with mental disorders in the North Kalimantan Province. The standard operating procedure (SOP) used to implement programs for treating people with mental disorders in North Kalimantan Province refers to the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/1936/2022 concerning Amendments to the Decree of the Minister of Health Number HK.01.07/MENKES/ 1186/2022 concerning Guidelines for Clinical Practice for Doctors in First-Level Health Facilities (FKTP). The hospital used to treat people with mental disorders in North Kalimantan Province is RSUD dr. H. Yusuf SK, which is located in Tarakan City and the hospital, has standard operating procedures (SOP) for handling cases of people with mental disorders. The standard operating procedure (SOP) used to implement programs for treating people with mental disorders in North Kalimantan Province refers to the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/1936/2022 concerning Amendments to the Decree of the Minister of Health Number HK.01.07/MENKES/ 1186/2022 concerning Guidelines for

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The executor and person in charge of the program for handling people with mental disorders in the North Kalimantan Province is the Head of the North Kalimantan Provincial Health Office, who is also responsible. The implementation was handed over to the Mental Health Program Section in the Public Health Sector of the North Kalimantan Provincial Health Office. In addition, several policies support programs for treating people with mental disorders in North Kalimantan Province, including a policy regarding the distribution of the budget for each program including the mental health program which is considered fair, transparent, and impartial to other programs; support for the budget for the Community Mental Health Mobilization Team for North Kalimantan Province; and Support in the formation of Community Mental Health Mobilization Teams,

The program for handling people with mental disorders in North Kalimantan Province has been implemented before the division of the Province of East Kalimantan was carried out and became the affairs of the Province of North Kalimantan after the legal formation of the Province of North Kalimantan in 2012. The North Kalimantan Provincial Health Office stated that mental health problems were programs that had to be implemented and reported in stages starting from the health facilities first level (FKTP), District/City Health Service, and Provincial Health Service to the central government.

The program for handling people with mental disorders in North Kalimantan Province is still being carried out.

There are several obstacles to implementing the program for handling people with mental disorders in North Kalimantan Province, as mentioned below.

1. Several people with mental disorders were sent from other regions, not only from neighboring provinces, but also from neighboring countries, namely Malaysia, which is directly adjacent to a district in North Kalimantan Province, so they do not have an identification number and an unclear address.
2. The problem of community values and culture is related to people with mental disorders who are still primitive (sick because of "witchcraft"), so they think that they do not need medical treatment.
3. Public opinion states that stocks are still the best solution for handling people with mental disorders who roam.
4. Inadequately trained human resources in the 3T areas (Disadvantaged, Frontier, and Outermost)
5. There is no Mental Hospital which is a referral center in North Kalimantan Province
6. The PDSKJI and PPNI professional organizations are not yet independent of the Province of North Kalimantan, so cross-provincial coordination is needed to help deal with psychiatric problems.

With the obstacles experienced above, of course, the North Kalimantan Provincial Health Office has taken various ways as a solution to overcome these obstacles. The following are some solutions from the North Kalimantan Provincial Health Office to overcome these obstacles.

1. Coordinating with cross-sectors in data collection and making Population Identification Numbers (for example Social Service and Population and Civil Registry Services)
2. Encouraging health workers to actively use the SIMKESWA application for the data collection on people with mental disorders
3. Continuous outreach is carried out on many occasions such as World Mental Health Day and other holiday celebrations
4. Providing space for surveillance of working souls and socializing Indonesia Free of Shackles

5. In the process of implementing training for health workers in the 3T (Disadvantaged, Frontier, and Outermost) areas in collaboration with the Center for Health Training in training support, the expectations of the output to be achieved are in line with increasing the capacity of trained mental health workers.
6. Continue to push for the development plan for the North Kalimantan Province Psychiatric Hospital
7. The Indonesian National Nurses Association (PPNI) was established in 2022, specifically for mental nurses and the North Kalimantan Indonesian Psychological Association (HIMPSI). Meanwhile, the Association of Indonesian Psychiatric Doctors (PDSKJI) has representatives in North Kalimantan Province

The explanation regarding the process aspects above shows that the process stages, starting from planning to implementing the program for handling people with mental disorders in North Kalimantan Province, have been quite good, judging from the programs carried out by and referring to applicable regulations and standard operating procedures. While the person in charge and implementing the program for handling people with mental disorders is the North Kalimantan Provincial Health Office as the leading sector of the program for handling people with mental disorders in North Kalimantan Province. The program for handling people with mental disorders in North Kalimantan Province was implemented even before North Kalimantan officially became a province, and became a mandatory program to be implemented so that a program for handling people with mental disorders in North Kalimantan Province will be carried out continuously. In addition, various obstacles were experienced during program implementation, but the North Kalimantan Provincial Health Office was able to provide solutions to overcome these problems.

3.4. Product Aspect

The product aspect is the final stage of evaluating the achievement of a program. This can be seen by the results or outcomes of the program for treating people with mental disorders in North Kalimantan Province and the advantages of this program carried out by the North Kalimantan Provincial Health Office. The results or outcomes of the program for treating people with mental disorders in North Kalimantan Province are in the form of data on people with mental disorders per district/city throughout the province of North Kalimantan. Then the distribution of mental drugs that are right on target and no longer intended for drugs in other programs. The advantages of the

program for handling people with mental disorders carried out by the North Kalimantan Provincial Health Office can be said to have no reason, although it is still in process. As is the case with other Provincial Health Offices, programs related to mental health in North Kalimantan Province are still general and follow the requirements for meeting minimum service standards (SPM).

Based on the description of the product aspect, the achievement of the program for the handling of people with mental disorders in North Kalimantan Province is still not optimal due to limited resources for both health workers, mental hospital infrastructure that does not yet exist in North Kalimantan Province, and the capacity of health workers to adapt to the 3T (Disadvantaged, Frontier and Outermost) areas. In addition, the North Kalimantan Provincial Health Office is responsible for and implements programs for treating people with mental disorders in North Kalimantan Province. In other words, as the leading sector is relatively new, innovation and development are still required in implementing programs for handling people with mental disorders. in North Kalimantan Province.

4. Conclusion

Based on the discussion that has been described, the authors conclude that the context aspect shows that there is good community support and response; however, the role of the government and the involvement of various other institutions in the treatment of people with mental disorders have been quite optimal, and the program is very relevant to the objectives of the program for handling people with mental disorders. The input aspect is related to resources in the program for treating people with mental disorders that have not been maximized owing to limited resources, especially the infrastructure of a mental hospital that does not yet exist. Then, the aspects of the process in the program for handling people with mental disorders are maximally carried out by referring to applicable rules and SOPs.

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