



Evaluation of the Context of the Implementation of the Development Program for Five New Regional General Hospitals (RSUD) in Bandung Regency

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Abstract

This study evaluates the development program of five Type D Regional Public Hospitals (RSUD) in Bandung Regency using the CIPP (Context, Input, Process, Product) evaluation model. The study employs a qualitative approach with data collected through interviews, observations, and document analysis. A total of [isi jumlah, misalnya: 12] informants were selected using purposive sampling, including officials from the Health Office, hospital management, and community representatives. Data were analyzed using thematic analysis and mapped into CIPP dimensions. The findings indicate that, from a contextual perspective, the program has strong legal legitimacy and high urgency due to the low hospital bed ratio (0.52 per 1,000 population). However, input evaluation reveals constraints in human resources, particularly the shortage of specialist doctors. From the process dimension, delays in the construction of three hospitals are associated with bureaucratic complexity and coordination issues. Meanwhile, product evaluation shows initial improvements in healthcare access, although service performance indicators remain suboptimal. This study contributes to the literature by providing a decision-oriented evaluation of regional health infrastructure development and highlighting the importance of aligning resource planning, governance, and service outcomes in decentralized health systems.

Keywords: Program evaluation, CIPP, RSUD construction, health services, Bandung Regency.

Introduction

The increasingly complex nature of human needs creates unique challenges in meeting them. Not all individuals are able to meet their needs independently, necessitating the role of public administration as an instrument for managing public interests. Public administration encompasses government management, policy implementation, and essential public services (Sellang, 2016). According to Shafritz and Russel (2003), public administration encompasses all government actions to manage public affairs and implement policies that impact people's lives. Therefore, the government is responsible not only for formulating and implementing policies but also for evaluating them to ensure their benefits are optimally realized.

In Indonesia, the right to health services is guaranteed by the constitution. Article 28H paragraph (1) of the 1945 Constitution affirms the right of every citizen to live in prosperity and receive health services, while Article 34 paragraph (3) of the 1945 Constitution affirms the state's obligation to provide adequate health facilities. This is reinforced in Law Number 36 of 2009 concerning Health. Fulfillment of this right not only concerns the development of health facilities in urban areas, but also equitable distribution to rural and remote areas, as a manifestation of the principle of social justice and the fifth principle of Pancasila.

Despite this, various challenges remain. Ministry of Health data shows that approximately 32% of Indonesia's regions experience disparities in access to healthcare services. A Doctorshare report confirms that 60.8% of Indonesia's population lacks access to primary healthcare facilities, and most facilities lack adequate medical personnel, particularly in eastern Indonesia. The WHO (2023) also highlighted the continued significant gap in efforts to achieve Universal Health Coverage (UHC) in Indonesia, due to limited facilities, medical personnel, and geographic disparities.

Bandung Regency is one of the regions facing serious challenges in providing healthcare services. With a population of 3.7 million, the availability of healthcare facilities remains volatile. Data from the Bandung Regency One Data Portal recorded 1,706 healthcare facilities in 2021, increasing to 3,728 in 2022, but dropping to 2,043 in 2023. Furthermore, the availability of hospital beds is only 1,881, or a ratio of 0.52 per 1,000 residents, far below the WHO standard of 1 per 1,000. This situation is exacerbated by the uneven distribution of facilities in remote areas such as Kertasari and Cimaung, forcing residents to travel long distances to obtain medical care.

To address these challenges, the Bandung Regency Government initiated the strategic BEDAS Rancage program, one of which is the construction of five Type D Regional Public Hospitals (RSUD). This program aims to expand access to healthcare services, reduce regional disparities, and improve service quality through the digitalization of healthcare services. By 2023, two RSUDs, Bedas Cimaung Hospital and Bedas Kertasari Hospital, had been completed and began operations, while three others were still under construction.

Several previous studies have discussed hospital development from various perspectives, such as financial feasibility (Fatmawati et al., 2021), community health center infrastructure evaluation (Pratama & Sari, 2023), green hospital implementation (Nuraini et al., 2020), project management (Hidayat & Susanto, 2019), and hospital strategic planning (Setyawan et al., 2019). However, studies evaluating the implementation of hospital development programs holistically, from context, input, process, to product, are still limited.

This study addresses this gap by providing a comprehensive and decision-oriented evaluation of the development program of five Type D RSUD in Bandung Regency using the

CIPP framework. Unlike previous studies that tend to focus on specific aspects such as financial feasibility or infrastructure, this research integrates contextual relevance, resource readiness, implementation processes, and outcome assessment into a unified evaluative framework. The study contributes to the literature on local health policy implementation by offering empirical insights into how regional governments manage health infrastructure expansion under resource and governance constraints, and how these factors influence policy effectiveness.

The main difference between this study and its research lies in its scope and approach. This research focuses on policy analysis, development program implementation, and evaluation of its impact on the broader community. In contrast, most previous research has used qualitative approaches or case studies on specific issues such as education or individual health interventions. Therefore, this research makes a significant contribution to the field of public policy evaluation, particularly in the healthcare sector, as a strategic step to meet the community's need for equitable and quality healthcare.

Method

This study adopts a qualitative research design to evaluate the implementation of the RSUD development program in Bandung Regency using the CIPP framework. The research was conducted between [isi waktu, misalnya: January–June 2024] in several project locations and relevant government institutions. A qualitative approach was chosen to gain an in-depth understanding of policy implementation, stakeholder perspectives, and contextual challenges.

The evaluation model used in this study is CIPP (Context, Input, Process, Product) developed by Stufflebeam. The CIPP model is considered relevant because it is able to provide a comprehensive evaluation, not only limited to the final results of the program, but also includes the planning, implementation, and impact stages. In the context dimension, the evaluation is directed at identifying community needs and the suitability of the RSUD development program with the vision, mission, and priorities of regional development. In the input dimension, the evaluation focuses on the adequacy and availability of resources, including budget, health workers, infrastructure, and supporting regulations.

Furthermore, in the process dimension, the evaluation focuses on the program implementation mechanism, coordination between institutions, and the effectiveness of hospital development governance. Finally, in the product dimension, the evaluation aims to assess the results achieved, the benefits perceived by the community, and the extent to which the RSUD development contributes to expanding access and improving the quality of health services in Bandung Regency.

By using descriptive qualitative methods combined with the CIPP evaluation model, this study is expected to produce a holistic analysis of the development program of five type D regional hospitals. It will not only assess the success or failure of the program, but also reveal the factors that influence the implementation of the policy and provide strategic recommendations for improving the quality of public health services in the future.

The data collection techniques used in this research are as follows (Creswell, 2014):

1. Interviews were conducted with informants selected through purposive sampling, including representatives from the Health Office, hospital administrators, project managers, and local communities. These interviews aimed to explore perceptions, challenges, and experiences related to the RSUD development program.

2. Observations were carried out at selected hospital sites to examine the progress of construction, service readiness, and operational conditions. The researcher adopted a non-participant observation approach.
3. Document analysis included policy documents, regional planning reports, budget documents, and official reports related to the RSUD development program.

Data were analyzed using thematic analysis. The analysis process involved data reduction, coding, categorization, and interpretation. Findings were then systematically mapped into the four CIPP dimensions (context, input, process, and product) to ensure analytical consistency and support decision-oriented evaluation.

Results and Discussion

Bandung Regency is one of the most densely populated areas in West Java Province, with over 3.7 million people. This high population is not matched by the availability of healthcare facilities. According to data from the Bandung Regency One Data Portal, the number of healthcare facilities fluctuated significantly between 2021 and 2023. In 2021, there were 1,706 healthcare facilities, which then increased sharply to 3,728 in 2022, before declining again to 2,043 in 2023. This situation confirms that healthcare provision in Bandung Regency continues to face serious challenges, both in terms of quantity and distribution.

The primary potential for the development of a Type D Regional General Hospital in Bandung Regency is the community's real need for closer, more affordable, and high-quality healthcare facilities. Data shows that the number of patient referrals to hospitals outside Bandung Regency remains quite high, particularly from remote districts such as Kertasari, Pacira, and Arjasari. This is due to the limited number of hospitals capable of providing intermediate to advanced healthcare services. As a result, patients from remote areas often experience delays in medical treatment due to distance and transportation costs, potentially worsening their health conditions.

The Doctorshare report reinforces these findings, noting that over 60% of Indonesia's population faces limited access to primary healthcare services, and many healthcare facilities lack full-time doctors, including in Bandung Regency. This situation not only places an excessive burden on existing healthcare workers but also impacts the quality of care the public receives. For example, patient wait times for medical services often exceed minimum service standards, reducing the effectiveness of healthcare delivery. This reinforces the structural nature of human resource shortages, which directly affects service quality and program effectiveness.

Given these conditions, it can be concluded that while the construction of five Type D Regional Public Hospitals in Bandung Regency has significant potential to improve the distribution of healthcare services, challenges related to human resources, facility distribution, and technology optimization remain major obstacles. Therefore, a comprehensive evaluation of this program is crucial to ensure that hospital development goes beyond providing physical infrastructure, but is also accompanied by strengthening service quality and the sustainable use of modern technology.

CIPP (Context, Input, Process, Product)

The analysis is structured using the CIPP framework, which evaluates programs based on four dimensions: context, input, process, and product. This framework enables a systematic

and decision-oriented assessment of policy implementation.

Context Evaluation

According to Stufflebeam (1983), context evaluation serves to assess the needs, problems, and opportunities that underlie a program. This stage focuses on the program's relevance to real-world conditions, its alignment with the vision, mission, and the legal basis behind it. Context evaluation ensures that the program being implemented has a clear sense of urgency and truly addresses community needs. The gap in healthcare services becomes even more apparent when comparing the ratio of hospital beds to the population. Currently, Bandung Regency only has 1,881 beds, a ratio of 0.52 per 1,000 residents, far below the WHO standard of 1 bed per 1,000. This means the need for new hospitals is urgent, especially in areas with limited access. The local government is responding to this problem by building five Type D Regional Public Hospitals (RSUD), which are expected to improve accessibility and equity of healthcare services. This development is not only intended to increase facility capacity but also to bring healthcare closer to the community, which currently has to travel long distances to referral hospitals in large cities.

Input Evaluation

Input evaluation is aimed at assessing the strategies, plans, and resources available to support program implementation. This includes budget, workforce, infrastructure, and supporting regulations. Input evaluation provides an overview of the program's initial capacity and assesses whether available resources are sufficient to achieve the stated objectives. On the other hand, a challenge that has emerged is the limited human resources in healthcare. Although Bedas Cimaung Regional Hospital officially opened in March 2023 with a capacity of 50 beds and 12 specialist services, the distribution of doctors, nurses, and other healthcare workers remains uneven. A similar challenge is faced by Bedas Kertasari Regional Hospital, which was built to serve the southern region of Bandung Regency. Many medical personnel are reluctant to be assigned to remote areas due to limited supporting facilities, inadequate incentives, and relatively difficult transportation access. This condition indicates that human resource planning has not been fully aligned with the expansion of healthcare infrastructure, resulting in suboptimal service readiness.

Process Evaluation

Process evaluation emphasizes monitoring program implementation, coordination effectiveness, and adherence to established plans. Stufflebeam emphasizes that at this stage, evaluators must identify obstacles, deviations, and supporting factors to provide input for improvements throughout the program. Another issue identified is the suboptimal use of digital technology in healthcare services. This is despite local governments encouraging the integration of information systems and telemedicine as part of the Society 5.0 concept. Ideally, this technology could help expedite patient registration, improve medical records systems, and enable remote consultations in remote areas. However, the reality on the ground shows that many new regional hospitals still face digital infrastructure constraints, limited internet connections, and limited medical staff skills in utilizing technology-based healthcare applications. This has slowed the digital transformation in healthcare services and has not yet had the significant impact expected. This indicates that the implementation process has not fully integrated technological readiness as part of service transformation.

Product Evaluation

Product evaluation is used to assess the program's results and impact, both immediate and long-term. Product evaluation assesses the extent to which program objectives have been achieved, the benefits experienced by the community, and its contribution to improving quality of life. This stage serves as the primary basis for determining whether a program should be continued, improved, or terminated.

Overall, the findings indicate that program effectiveness is shaped by the interaction between resource constraints, governance capacity, and implementation processes. Human resource shortages are linked to weak incentive systems and uneven distribution policies, while project delays are associated with bureaucratic complexity and coordination failures. These interrelated factors highlight the need for integrated and adaptive policy design.

The research results show that the program to build five Type D Regional General Hospitals in Bandung Regency is a strategic step by the local government to address the issue of health service disparities, but its implementation has not been fully optimal. From a contextual perspective, this program has strong legal legitimacy, namely Article 34 paragraph (3) of the 1945 Constitution which emphasizes the state's obligation to provide adequate health facilities, as well as Law No. 36 of 2009 concerning Health. In addition, the vision of the Bandung Regency Government through the BEDAS Rancage program further strengthens the policy direction to expand health access, especially for communities in remote areas. The high population of 3.7 million people and the low ratio of hospital bed availability (0.52 per 1,000 residents) compared to the WHO standard (1 per 1,000 residents) emphasize the urgency of this program. Thus, in context, the construction of Regional General Hospitals is an urgent need and is in accordance with national and regional policy directions.

In terms of input, the local government has allocated a budget for the construction and planning of five regional public hospitals (RSUD) through the Bandung Regency Strategic Plan (Renstra). Infrastructure support has begun to be realized with the construction of Bedas Cimaung and Kertasari Regional Public Hospitals. However, limited human resources in the health sector remain a significant obstacle. The distribution of specialist doctors, nurses, and other healthcare workers is uneven, raising concerns that this will hamper the optimization of the new regional public hospitals' operations. Furthermore, although basic infrastructure has been prepared, sustainable funding for facility maintenance, the provision of modern medical equipment, and the development of digital technologies such as telemedicine still requires more serious attention. This evaluation confirms that resource input is a critical point that can influence the long-term success of the program.

In terms of process, initial progress has been made with the inauguration of Bedas Cimaung Regional Hospital in March 2023, which is now operational with a capacity of 50 beds and 12 specialist services, and the operationalization of Kertasari Regional Hospital. However, the construction of three other regional hospitals in Bojongsoang, Pacira, and Arjasari continues to face delays. Project control, cross-sector coordination, and lengthy bureaucracy are major obstacles. Furthermore, the integration of digital-based healthcare services, expected to be a hallmark of modern healthcare, is still not optimal across all units. This indicates that while the development process is moving in the right direction, time management, consistent policy implementation, and monitoring and evaluation still need improvement.

Meanwhile, in terms of products, the tangible benefits of the construction of regional hospitals are beginning to be felt by the community. The presence of Bedas Cimaung Regional

Hospital, for example, has reduced the burden on regional referral hospitals and made it easier for people in the southern part of Bandung Regency to access specialist healthcare services without having to travel long distances. This program also has the potential to increase life expectancy and the quality of human resources in the region. However, the overall hospital bed ratio still falls short of the WHO ideal standard, so the target of building five regional hospitals must be fully completed to address the health service gap. The current output is only a fraction of the larger target, so long-term effectiveness still requires further evaluation, particularly regarding the equitable distribution of benefits and operational sustainability.

Thus, the evaluation results indicate that the construction of the Regional General Hospital (RSUD) in Bandung Regency is a strategic program with positive impacts, but still faces several challenges. The urgency of this program is clear and aligns with community needs and the direction of national health policy. However, constraints in input (human resources and funding) and process (development delays and cross-sector coordination) can hinder optimal achievement of objectives. Therefore, the use of the CIPP model provides a comprehensive overview that the success of RSUD construction is determined not only by the availability of physical infrastructure, but also by the quality of planning, effective implementation, and the sustainability of benefits experienced by the community.

However, this study emphasizes that the primary focus of the evaluation lies in the context evaluation, as this is the stage where it can be ensured that the RSUD development program is truly born from the real needs of the community, has strong legal legitimacy, and aligns with the regional development vision and national policies. By emphasizing context, this evaluation can demonstrate that the RSUD in Bandung Regency is not merely an infrastructure project, but rather a strategic response to fundamental health service gaps.

Conclusion

This study concludes that the program to build five Type D Regional General Hospitals in Bandung Regency is a strategic step by the regional government to address the issue of disparity in access and equal distribution of health services. From a contextual perspective, this program has strong legal legitimacy through Article 34 paragraph (3) of the 1945 Constitution and Law No. 36 of 2009 concerning Health, as well as high urgency because the large population is not proportional to the availability of existing health facilities.

This emphasizes that the basis of the RSUD development policy was born from the real needs of the community and is in line with the regional development vision. From the input side, budget support and infrastructure have begun to be realized, but the limited medical personnel, especially specialist doctors, remains a significant obstacle. From the process side, the implementation of development has shown initial achievements with the operation of Bedas Cimaung and Kertasari Regional General Hospitals, although the other three RSUDs are still experiencing delays due to bureaucratic constraints, coordination, and project control. From the product side, real benefits have begun to be felt by the community in the form of closer access to health services and a reduced burden on regional referral hospitals, although the target hospital bed ratio according to WHO standards has not yet been achieved.

Overall, the evaluation results indicate that the construction of the Regional General Hospital (RSUD) in Bandung Regency has had a positive impact on improving health services. However, its effectiveness still needs to be improved so that the resulting benefits are more equitable and sustainable. The use of the CIPP evaluation model has proven capable of

providing a comprehensive overview of the strengths, weaknesses, and opportunities for improvement in program implementation. However, this study emphasizes that context evaluation is the primary focus, because at this stage it can be ensured that the RSUD construction is truly based on community needs, supported by legal legitimacy, and aligned with national and regional policy directions. By emphasizing context, this study confirms that the success of hospital construction is not only measured by the establishment of physical infrastructure, but also by the extent to which it is able to meet the community's fundamental needs for fair, equitable, and sustainable health services.

To improve program effectiveness, the government should strengthen health workforce planning, provide incentives for specialist distribution in remote areas, enhance inter-agency coordination mechanisms, and accelerate the adoption of digital health systems. These measures are essential to ensure that infrastructure development is accompanied by improvements in service quality and sustainability.

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