

(Original Article)

Analysis of the Implementation of Health Development Planning Policy in Satui Sub-District, Tanah Bumbu Regency

Selveana Wati ¹, Anhar Yani ², Akhmad Abdurahman ³, Nuril Mawaddah ^{4*}

¹²³⁴ Public Administration, STIA Bina Banua Banjarmasin, Indonesia

*Correspondence: nurilmawaddah.nm@gmail.com

Abstract : *This study aims to analyze the implementation of the Musyawarah Perencanaan Pembangunan (Musrenbang) policy in the health sector in Satui Subdistrict, Tanah Bumbu Regency, and to identify the challenges encountered during its implementation. Musrenbang serves as a participatory planning forum mandated by the national development planning system to accommodate community aspirations in regional development. This research employed a qualitative descriptive approach, using observation, interviews, and documentation involving subdistrict officials, village heads, local legislators, health office representatives, and community members. Data were analyzed using Grindle's policy implementation model, which emphasizes the dimensions of policy content and implementation context. The findings indicate that procedurally the Musrenbang process has been conducted in accordance with established mechanisms, particularly in collecting and prioritizing community proposals. However, implementation remains suboptimal due to budget constraints, policy intervention, and limited public participation. Strengthening stakeholder commitment and enhancing community engagement are essential to improve the effectiveness of participatory health development planning.*

Keywords: *Policy Implementation; Participatory Planning; Local Health Development; Public Participation; Public Policy*

1. Introduction

The implementation of regional autonomy in Indonesia has strengthened the role of local governments in delivering public services, including the health sector. Law No. 23 of 2014 on Regional Government grants local governments the authority to manage health affairs as a mandatory basic service function. Furthermore, Law No. 25 of 2004 on the National Development Planning System emphasises that development planning should be conducted through participatory, technocratic, political, top-down, and bottom-up approaches simultaneously. Within this framework, the Musyawarah Perencanaan Pembangunan (Musrenbang) serves as a key participatory mechanism through which community aspirations are incorporated into regional development planning. Organised hierarchically from village to district levels, Musrenbang is intended to promote transparency, accountability, and public participation in determining development priorities.

From a public policy perspective, Musrenbang represents an important instrument of participatory governance. The effectiveness of policy implementation, however, is influenced not only by formal regulations but also by institutional and socio-political contexts. Grindle (1980) argues that policy implementation is shaped by two major dimensions: the content of policy and the context of implementation. The latter includes the interests of stakeholders, institutional capacity, resource availability, and political support. Consequently, the success of participatory planning initiatives depends not only on procedural compliance but also on the ability of local institutions to manage competing interests, facilitate participation, and translate policy objectives into practical outcomes.

Despite its strategic role, empirical studies have shown that participatory planning forums frequently encounter implementation challenges. Previous research indicates that Musrenbang often faces problems such as limited substantive public participation, domination by local elites, weak coordination among stakeholders, and budgetary constraints that prevent many community proposals from being realised. These conditions create a gap between the normative objectives of participatory planning and its actual implementation. As a result, the effectiveness of Musrenbang in influencing development priorities remains a significant concern within the literature on decentralisation and local governance.

These challenges are also evident in Tanah Bumbu Regency, South Kalimantan Province. According to the Statistics Indonesia Office of Tanah Bumbu Regency (BPS Tanah Bumbu, 2023), population growth driven by the expansion of mining and plantation industries has increased demand for public services, particularly healthcare services. Satui District, as one of the region's strategic economic centres, faces increasingly complex social and economic dynamics that require responsive and inclusive health development planning. Nevertheless, several issues remain apparent in the implementation of health-sector Musrenbang in the district. Limited budget allocations have constrained the accommodation of community proposals, while intervention in the prioritisation process has affected the transparency and responsiveness of decision-making. In addition, community awareness and participation in planning activities remain relatively low. Although Musrenbang in Satui District has formally followed established procedures and involved various stakeholders, including district authorities, village governments, local legislative representatives, and community delegates, a discrepancy remains between the aspirations expressed during planning forums and the actual implementation of health development programmes. This situation suggests that the effectiveness of Musrenbang cannot be assessed solely through procedural compliance. Rather, it depends on broader factors such as institutional capacity, inter-organisational coordination, stakeholder commitment, and the quality of public participation.

While previous studies have generally examined Musrenbang from the perspectives of participation and development planning, limited research has specifically focused on the implementation of health-sector Musrenbang at the district level using Grindle's policy implementation framework. Consequently, there remains a need for a more comprehensive understanding of how policy content and implementation context interact to influence the effectiveness of participatory health planning in local government settings.

Therefore, this study aims to analyse the implementation of health-sector Musrenbang policy in Satui District, Tanah Bumbu Regency, by examining the policy content, implementation context, institutional dynamics, and stakeholder participation involved in the planning process. The findings are expected to contribute to the development of more participatory, transparent, and responsive health planning governance while providing empirical insights into the implementation of participatory development policies within Indonesia's decentralised governance system.

2. Method

This study employed a qualitative approach with a descriptive research design to gain an in-depth understanding of the implementation of the Health Sector Development Planning Deliberation (*Musyawarah Perencanaan Pembangunan*, Musrenbang) policy in Satui District, Tanah Bumbu Regency, South Kalimantan, Indonesia. A qualitative approach was considered appropriate because the study focused on exploring policy implementation processes, interactions among stakeholders, and the social and institutional dynamics that influence policy outcomes. The research site was purposively selected based on the presence of distinctive implementation challenges and dynamics within the health-sector Musrenbang process.

Research informants were selected using purposive sampling to ensure that participants possessed relevant knowledge and direct involvement in the implementation of Musrenbang. The informants consisted of the Head of Satui District, village heads, representatives of the Regional House of Representatives (DPRD), officials from the Health Office, and community leaders who actively participated in the Musrenbang process. These informants were expected to provide comprehensive insights into the planning process, stakeholder interactions, decision-making mechanisms, and challenges encountered during policy implementation.

Data were collected through in-depth interviews, direct observation, and document analysis. In-depth interviews were conducted to explore participants' perceptions and experiences regarding the implementation of Musrenbang, the challenges encountered, and the extent of community participation in the planning process. Observation was undertaken to gain a direct understanding of Musrenbang activities and stakeholder interactions during planning forums. Documentary evidence, including

planning documents, meeting minutes, and official reports related to health-sector Musrenbang activities, was also examined to complement and validate the information obtained from interviews and observations.

To ensure the trustworthiness of the findings, data triangulation was employed through the comparison of information obtained from different sources and data collection techniques. The collected data were analysed using the interactive model developed by Miles and Huberman, which consists of three interconnected stages: data reduction, data display, and conclusion drawing and verification. This analytical process enabled the systematic identification of patterns, relationships, and themes emerging from the data.

The analysis was guided by Grindle's (1980) policy implementation framework, which emphasises two principal dimensions: content of policy and context of implementation. The content of policy dimension was used to examine policy objectives, expected benefits, decision-making arrangements, and available resources. Meanwhile, the context of implementation dimension was applied to analyse stakeholder interests, institutional characteristics, power relations, and the responsiveness of target groups. The use of this framework allowed the study to examine the implementation of health-sector Musrenbang not only from a procedural perspective but also from the broader socio-political and institutional contexts that influence policy effectiveness.

3. Results And Discussion

Data analysis was conducted using Merilee S. Grindle's (1980) policy implementation framework, which categorises the determinants of policy implementation success into two principal dimensions: content of policy and context of implementation. The content of policy dimension examines the interests affected, types of benefits, degree of change expected, decision-making arrangements, and available resources. Meanwhile, the context of implementation dimension focuses on the power and interests of actors, institutional characteristics, stakeholder compliance, and responsiveness. This analytical framework enabled a comprehensive examination of the implementation of the Health Sector Musrenbang in Satui District, not only from a procedural perspective but also in terms of the substantive and socio-political factors that influence policy outcomes.

Analysis of Policy Content Dimensions

The content of policy dimension encompasses the interests affected, the types of benefits generated, the degree of change expected, the location of decision-making authority, and the availability of resources.

Table 1. Analysis of the Content of Policy Dimension in the Implementation of the Health Sector Musrenbang

| Indicator (Grindle) | Start Writing | Analysis |
|------------------------------------|--|--|
| Interests Affected | Community members, village governments, district authorities, DPRD representatives, and Health Office officials were involved in the Musrenbang process. | There is multi-stakeholder involvement in the forum. |
| Type of Benefits | Health-related aspirations can be openly communicated. | The benefits are participatory in nature, but have not been fully realised. |
| Degree of Change | Improvements in healthcare services are expected. | The expected changes have not been fully achieved due to budget limitations. |
| Location of Decision- Making | Final decisions are made at the regency level. | The district forum functions in a recommendatory capacity. |
| Resources | Budget limitations constitute the primary constraint. | Programme implementation depends on regional fiscal priorities. |

Source: Author's compilation and analysis, 2024.

Based on Table 1, the implementation of the Health Sector Musrenbang in Satui District demonstrates that the policy has generally accommodated the principles of participatory planning through the involvement of various stakeholders, including community members, village governments, district authorities, DPRD representatives, and Health Office officials. This multi-stakeholder participation provides a forum through which health-related needs and aspirations can be communicated and discussed openly. Such a mechanism is consistent with the objectives of participatory development planning as stipulated in Law No. 25 of 2004 on the National Development Planning System, which emphasises community involvement in determining development priorities.

In terms of policy benefits, the Musrenbang process has enabled communities to propose programmes and activities aimed at improving healthcare services and facilities. However, the benefits generated through participation have not been fully realised because many proposals have not progressed to implementation. Similarly, the degree of change expected from the policy, particularly improvements in healthcare services, has not been achieved optimally. Budgetary limitations have constrained the implementation of proposed programmes, creating a gap between community expectations and actual development outcomes.

Furthermore, the effectiveness of policy implementation is influenced by the location of decision-making authority and the availability of resources. Although district-level Musrenbang forums serve as important platforms for consultation and recommendation, final decisions regarding programme approval and budget allocation remain at the regency level. In addition, the implementation of health development programmes is highly dependent on the availability of the Regional Revenue and Expenditure Budget (APBD) and regency government priorities.

Context of Implementation Dimension Analysis

The dimensions of the implementation context include the power and interests of actors, the characteristics of implementing institutions, and the level of community compliance and response.

Table 2. Contextual Analysis of Implementation in the Health Sector
Musrenbang

| Indicator (Grindle) | Start Writing | Analysis |
|--|--|--|
| Power and interests of actors | There is political interest dynamics influencing the selection of priority proposals. | Political interventions and competing interests among actors influence the selection of development priorities. |
| Characteristics of implementing institutions | The sub-district government plays a role as a facilitator, with fairly good coordination capacity but limited authority. | Coordination capacity is adequate, but limited authority restricts effective implementation. |
| Compliance and community response | Participation is formally present; however, some members of the community do not fully understand the process not yet fully substantive. | Community participation exists at a formal level, but understanding and engagement remain limited budgeting mechanism. |
| Resource Support | Depending on the local budget and district policy. | Fiscal dependency affects program implementation |

Source: Author's compilation and analysis, 2024.

The research findings indicate that the implementation context significantly influences the effectiveness of the Musrenbang process. Although the forum operates in an administrative manner, the dynamics of political interests and the limited authority of the sub-district (*kecamatan*) serve as constraining factors that reduce the extent to which participatory planning can be translated into binding policy outcomes. In practice,

Musrenbang at the sub-district level tends to function more as a consultative arena than a decisive one, where proposals are collected and prioritised, but not necessarily guaranteed inclusion in the final development agenda.

Pressman and Wildavsky (1984) argue that the greater the number of actors and decision-making points involved in a policy process, the higher the likelihood of deviation between policy objectives and actual implementation outcomes. This proposition is clearly reflected in the Musrenbang process, where multi-layered bureaucratic structures create a complex chain of approval. Each layer introduces potential filtering, reinterpretation, and negotiation of proposed programmes, which may ultimately dilute the original aspirations of local communities. Consequently, implementation becomes highly dependent on inter-level coordination and the alignment of interests between different governmental actors.

This finding is particularly relevant to the situation in Satui Sub-district, where final decisions remain at the regency (district) level, meaning that the sub-district forum does not fully determine the final outcomes of the planning process. As a result, there is often a perceptual gap between community expectations and realised development programmes, which may weaken public trust in participatory planning mechanisms. Furthermore, the limited decision-making authority at the sub-district level constrains the capacity of local actors to respond swiftly to contextual needs and priorities.

In light of these conditions, strengthening the effectiveness of Musrenbang requires not only procedural improvements, but also a more substantive redistribution of authority and clearer mechanisms for ensuring that community priorities are carried forward into higher levels of planning. Enhancing transparency in decision-making processes and improving vertical coordination between sub-district and regency governments may help reduce implementation gaps and reinforce the credibility of participatory governance.

Overall, the implementation of the Health Musrenbang in Satui Sub-district can be categorised as procedurally quite effective, yet not substantively optimal. From the policy content perspective, participatory mechanisms have been implemented in accordance with prevailing regulations, indicating that the health development planning process has met the required administrative standards. However, from the implementation context perspective, several factors significantly influence the effectiveness of policy achievement.

Based on the indicators of power and actor interests within Grindle's framework, this study finds that there are dynamics of competing interests in the process of determining and selecting development proposals. Political interventions at certain levels also influence the prioritisation process, meaning that not all community aspirations can be accommodated

proportionately. In addition, budget constraints represent a dominant factor limiting implementation space, resulting in only selected priority programmes being realised.

In terms of implementing agency characteristics, the sub-district government acts as a facilitator in coordinating the Musrenbang process. Its coordination capacity is relatively adequate, but still constrained by limited authority. The Musrenbang forum at the sub-district level is essentially advisory in nature, and therefore does not possess final decision-making power. This condition reflects a hierarchical structure in which final decisions remain at the regency level.

Meanwhile, regarding compliance and community responsiveness, public participation is formally present but not yet substantively optimal. Some members of the community do not fully understand the objectives and mechanisms of the Musrenbang process, resulting in varying levels of active engagement. From the perspective of Arnstein's (1969) participation theory, the level of community participation in the Satui Musrenbang remains at the level of consultation or limited partnership, as although citizens are given space to express their aspirations, final decisions are still made within higher levels of authority.

Thus, this study demonstrates that the effectiveness of implementing the Health Musrenbang is not only determined by adherence to formal procedures, but also by the complex interaction between policy substance, institutional capacity, distribution of authority, and local political dynamics. The gap between community aspirations and the realisation of health development programmes remains a key challenge. Therefore, strengthening community capacity, improving budget transparency, and enhancing sub-district authority are essential to improving the quality of participatory policy implementation.

4. Conclusion

Based on the research findings, it can be concluded that the implementation of the *Musyawah Perencanaan Pembangunan* (Musrenbang) policy in the health sector in Satui Sub-district, Tanah Bumbu Regency, has been procedurally carried out in accordance with the mechanisms stipulated in the national development planning system. The Musrenbang forum has provided space for public participation in expressing aspirations and health development needs, and has involved various stakeholders such as the sub-district government, village governments, the Regional House of Representatives (DPRD), and relevant technical agencies. From the perspective of policy content, participatory mechanisms have been functioning, and policy benefits are reflected in the openness of the forum and the transparency of priority discussions.

However, from the perspective of implementation context, policy effectiveness has not yet been fully optimal. Limited regional budget allocations, political interest dynamics in determining priorities, and

uneven levels of public participation capacity are the main factors influencing the achievement of policy objectives. The Musrenbang forum at the sub-district level remains advisory in nature, meaning that final decisions are still made at the regency level. This condition highlights a gap between community aspirations and the actual realisation of health development programmes.

Therefore, the success of Musrenbang implementation is not only determined by compliance with formal procedures, but also by the availability of resources, consistency of policy actors' commitment, and the quality of public participation. It is recommended that efforts be made to strengthen community capacity, improve transparency in budgeting processes, and enhance the role and authority of the sub-district level to ensure that participatory planning outcomes can be more effectively translated into development policies.

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