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THE EFFECTIVENESS OF THE ONE RW ONE HEALTH WORKER (R1N1) PROGRAM IN FULFILLING PUBLIC HEALTH SERVICES IN SURABAYA CITY: CASE STUDY AT MOJO HEALTH CENTER

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Abstract

The One RW, One Health Worker (R1N1) program is a community-based health service innovation launched by the Surabaya City Government in 2024 to expand access to basic health services for the public. This study aims to analyze the program's effectiveness in improving health services at the neighborhood level, using a case study in the working area of the Mojo Community Health Center (*Puskesmas*). The research uses a descriptive qualitative method, with data collected through in-depth interviews and observation. The analysis applies program effectiveness theory, which includes five indicators: understanding of the program, target accuracy, timeliness, goal achievement, and tangible impact. The results show that the R1N1 program is quite effective in making health services more accessible to the community and raising awareness about the importance of routine health checkups. However, the program still faces challenges, such as a limited number of health workers, unequal facilities at neighborhood halls, and a lack of specific, measurable achievement indicators. This study recommends strengthening the distribution of health workers, improving infrastructure, and establishing more concrete performance indicators to enhance the program's sustainability and effectiveness in the future.

Keywords: Program Effectiveness, Health Services, R1N1 Program

A. INTRODUCTION

Healthcare is a fundamental human right guaranteed by the State, as stated in Article 34, Paragraph (3) of the 1945 Constitution of the Republic of Indonesia. To fulfill this right, the Ministry of Health launched the Primary Health Service Integration (ILP) initiative with the issuance of Ministerial Decree No. 2015 of 2023. This decree outlines technical guidelines for integrating primary health services at Community Health Centers (*Puskesmas*), Auxiliary Community Health Centers (*Puskesmas Pembantu* or *Pustu*), and integrated health posts (*Posyandu*) (Endrawati et al., 2025). The goal is to provide equitable and easy access to healthcare for all citizens.

To reinforce this commitment in Surabaya, the city government launched the One RW, One Health Worker (R1N1) program in June 2024. The program aims to simplify medical access for residents and reduce the workload on Puskesmas. According to an article from the East Java Provincial Communication and Information Office (2024), Surabaya Mayor Eri Cahyadi stated that the city's residents rely heavily on Puskesmas for their healthcare needs. With the R1N1 program, which provides health services in every Citizens Association (*Rukun Warga* or *RW*), people can get immediate medical attention for even minor symptoms before their condition worsens (Prihatiningsih, 2021).

The R1N1 service includes consultation, screening, and treatment for minor illnesses. The Surabaya City Government provides facilities such as examination beds and blood glucose meters for check-ups. The service primarily focuses on preventative care to keep symptoms from escalating. The program, which is planned to be implemented at all RW halls across Surabaya, requires the cooperation of various stakeholders and presents challenges in meeting the demand for health workers and providing adequate facilities for each location.

Table 1. Data on RWs that have implemented the R1N1 program based on Puskesmas work areas in Surabaya.

NO	PUSKESMAS	RW HALL DATA
1	ASEMROWO	13
2	BALAS KLUMPRIK	8
3	BALONGSARI	24
4	BANGKINGAN	8
5	BANYU URIP	16
6	BENOWO	34
7	BULAK BANTENG	8
8	DR SUTOMO	21
9	DUKUH KUPANG	25
10	DUPAK	5
11	GADING	25
12	GAYUNGAN	24
13	GUNDIH	18
14	GUNUNGANYAR	29
15	JAGIR	31
16	JEMURSARI	6
17	JERUK	7
18	KALIJUDAN	25
19	KALIRUNGKUT	37
20	KEBONSARI	24
21	KEDUNGDORO	14
22	KEDURUS	29
23	KENJERAN	21

24	KEPUTIH	11
25	KETABANG	12
26	KLAMPIS NGASEM	11
27	KREMBANGAN SELATAN	30
28	LIDAH KULON	16
29	LONTAR	21
30	MADE	9
31	MANUKAN KULON	24
32	MEDOKAN AYU	35
33	MENUR	27
34	MOJO	25
35	MOROKREMBANGAN	9
36	MULYOREJO	17
37	NGAGELREJO	15
38	PACARKELING	23
39	PAKIS	10
40	PEGIRIAN	11
41	PENELEH	37
42	PERAK TIMUR	44
43	PUCANGSEWU	26
44	PUTAT JAYA	15
45	RANGKAH	28
46	SAWAHAN	24
47	SAWAHPULO	13
48	SEMEMI	26
49	SIDOSERMO	21
50	SIDOTOPO	24
51	SIDOTOPO WETAN	14
52	SIMOLAWANG	14
53	SIMOMULYO	22
54	SIWALANKERTO	5
55	TAMBAK WEDI	4
56	TAMBAKREJO	33
57	TANAH KALIKEDINDING	12
58	TANJUNGSARI	14
59	TEMBOK DUKUH	25
60	TENGGILIS	23
61	WIYUNG	20
62	WONOKROMO	8
63	WONOKUSUMO	16
	TOTAL	**1.226**

ARTICLE

Source: Data processed by researcher, 2024

Currently, the health workers needed for the R1N1 program are sourced from local Community Health Centers (*Puskesmas*). These health workers have to manage services at the RW halls in addition to their main duties at the Puskesmas. This increases their workload. According to Sulistyo et al. in (Weraman, 2024), a limited number and quality of health workers can affect the quality of healthcare provided to the public. Health workers find it difficult to focus on serving residents within a limited time. This lack of focus can negatively impact the goal of meeting the community's healthcare needs. The findings of a study by Galuh Winata et al. (2024) found that chronic disease patients and people with disabilities in Surabaya were dissatisfied with the services of their caregivers and "Surabaya Hebat" Cadres at the Puskesmas because they felt they were not receiving optimal and individualized care.

Considering these conditions, the distribution of health services under the R1N1 program is at risk of being unequal because not all RWs have the same conditions or facilities. With only one health worker assigned per RW, the healthcare needs of communities, which vary in population size, visit frequency, and public demand, may not be met equitably. The competencies of health workers must also be uniform to ensure every RW receives equally good care. According to research by Adiputro et al. (2025), most Puskesmas patients have low knowledge of their symptoms. They tend to consider their symptoms as normal and ignore early check-ups and treatment. Compounded by a public mindset that still trusts traditional medicine more than modern healthcare, health workers have the added task of educating and encouraging the community to use health services to maintain their health and treat symptoms before they worsen.

The goal of the R1N1 program is excellent, so it needs to be supported by easily accessible and relatable public outreach. To ensure the sustainability and future development of the R1N1 program, its effectiveness must be measured. Putra Bafelannai & Wahyuni (2021) argue that measuring a program's effectiveness is essential to avoid suboptimal service, such as a lack of education about the program's benefits and purpose, and to properly handle implementation issues. By understanding how effective the program is, the city government can find solutions to help the R1N1 program run as intended and develop with new innovations that are friendly to all members of society.

Based on this background, this study aims to describe the program's implementation and assess its effectiveness in improving healthcare at the RW level. The research questions, therefore, cover two main aspects: a general overview of the R1N1 program's implementation and the level of its effectiveness. To answer these questions, this study will investigate the program's effectiveness by analyzing its implementation and identifying its impact on the community. This research is expected to provide a deeper understanding of the program's success and the factors influencing it.

B. LITERATURE REVIEW

Public Policy

According to Thomas Dye in (Gerston, 2015), public policy is the study of what the government does, why it does it, and what makes it different. Gerston concludes that public policy is the culmination of fundamental choices, promises, and actions made by those in

power. These regulations are typically the result of interactions between those affected by the policy, the decision-makers, and those demanding change. Individuals in legitimate positions of power, typically one or more public offices, can alter their decisions in response to internal and external pressures (Labolo, 2023).

Obikeze and Anthony in (Kristian et al., 2023) assert that policy is the primary directive that guides an organization in achieving its goals. By establishing a critical link between organizational characteristics, physical elements, human resources, and commercial objectives, policies assist management in planning (Sunarsi, 2018). Ideally, a policy should be fully publicized so that everyone can access and understand it (Wahab, 2021). Without a stated policy, there may be multiple interpretations, which can lead to miscommunication that should be avoided. A policy is a broad framework composed of various programs intended to achieve a specific goal (Yuliah, 2023). In this sense, a policy incorporates programs. The government establishes a number of initiatives to implement social policies in the areas of poverty, health, and education. A program is a series of actions intended to achieve a government policy objective (Santie & Wahono, 2018).

Program Effectiveness

Kurniawan in (Faradiba et al., 2021) states that effectiveness can be defined as the ability to perform an organization's tasks, functions (operational activities, programs, or missions) without experiencing pressure or tension. Robin and Tika in (Anis et al., 2021) define effectiveness as the achievement of both short- and long-term goals for an organization. Effectiveness can be summarized as an organization's ability to optimally carry out its tasks, functions, or programs without excessive pressure and to achieve its established short- and long-term goals (Putri, 2017). In other words, effectiveness does not only focus on the successful execution of an activity but also on the resilience and continuity of achieving organizational objectives.

A program is considered effective if it can achieve its established goals. The success of a program must be evaluated to determine the extent of its impact and benefits, as an organization's success in achieving its stated goals is a measure of a program's effectiveness (Anis et al., 2021). Sutrisno (2010) explains that there are five indicators to measure program effectiveness:

1. Program Understanding: Refers to the extent to which the public can understand and comprehend the program's implementation.
2. Target Accuracy: Examines whether the expected results can be achieved in accordance with the established goals.
3. Timeliness: Looks at how the program affects the time efficiency of its implementation.
4. Goal Achievement: Measured by the extent to which the program's intended goals can be realized.
5. Tangible Impact: Assessed by how much the program provides significant influence, benefits, and changes for the community.

The One RW, One Health Worker (R1N1) Program is an initiative launched by the Surabaya City Government and implemented in July 2024 to expand access to health services for the community. In its implementation, one health worker is placed in each Citizens

Association (*Rukun Warga* or *RW*) at the local community hall. The presence of this health worker allows residents to receive medical services closer to home without having to go to a community health center (*Puskesmas*) (KumparanNews, 2024).

The program is designed to make it easier for people to get healthcare, reduce queues at health facilities, and improve the early detection of various diseases. To ensure the program runs optimally, the Surabaya City Government is collaborating with the Indonesian Midwives Association (*IBI*) and the Indonesian National Nurses Association (*PPNI*) of Surabaya (Kompas.com, 2024). The R1N1 service is also supported by basic medical equipment, such as blood glucose and cholesterol meters (JawaPos, 2024). Looking ahead, the Surabaya Health Department plans to add a supervising doctor to each primary health service starting in 2025 to improve service quality at the RW level.

The program has covered 1,177 RW halls throughout Surabaya, making each one a more accessible health service center. With this community-based healthcare system, it is hoped that the public can receive faster, more efficient, and more equitable services across the entire city (surabayapagi.com, 2024).

C. RESEARCH METHODOLOGY

This is a descriptive qualitative study that aims to analyze the effectiveness of the One RW, One Health Worker (R1N1) Program in Surabaya. A qualitative approach was used to gain a broader understanding of the program's implementation and to identify its obstacles and influencing factors. Data was collected from various sources, including key informants, policy analysis, and related documentation. Primary data was gathered through in-depth interviews with officials from the Health Department, health workers involved in the program, and residents who received the services. Secondary data was obtained from official government documents, program evaluation reports, and health policy regulations in Surabaya. The sampling technique used was purposive sampling, selecting informants considered most knowledgeable and representative of the program's implementation. Field observations were also conducted to directly see how health workers provide services at the RW level.

The data analysis technique used the interactive model of Miles and Huberman, which includes data reduction, data display, and conclusion drawing. This analysis was based on Sutrisno's (2010) Theory of Effectiveness, which measures the aspects of program understanding, target accuracy, timeliness, goal achievement, and tangible impact to evaluate the R1N1 program's effectiveness in improving health service access and quality in Surabaya.

D. RESULT AND DISCUSSIONS

Program Understanding

The One RW, One Health Worker (R1N1) program was established by the Surabaya City Health Department with the primary goal of making healthcare more accessible, especially for those who live far from Community Health Centers (*Puskesmas*). This initiative addresses the fact that a single *Puskesmas* often serves an entire sub-district, leaving residents in other neighborhoods struggling to access health services. Through the R1N1 program, basic health

ARTICLE

services are provided at the local community halls (*Balai RW*), which are community-owned facilities and are easier to reach.

The R1N1 program began with a cross-sector meeting involving the Health Department, *Puskesmas*, district, and sub-district offices. This socialization aimed to encourage neighborhood leaders to inform residents about the available health services. Official social media accounts, like the Surabaya City Health Department's Instagram, *Puskesmas* and sub-district accounts, and *Puskesmas* WhatsApp stories, were also used to spread information.

Each RW has a designated person-in-charge from the *Puskesmas* who is responsible for scheduling services, communicating with RW management, and acting as a contact point for emergencies. Since the community hall is used for various activities, R1N1 services are not available every day; they are scheduled in agreement with RW management. The health workers in this program do not require special training as the services provided are basic. Interviews with the Head of Mojo *Puskesmas* show that an average of 10-20 residents use the service daily. In addition to free health check-ups, residents receive education and advice from health workers, which generally shows an improvement in their health over time.

Target Accuracy

To determine where to place health workers, the Surabaya City Health Department stipulated that the R1N1 program could only be implemented in RW halls with adequate infrastructure and supporting facilities. This is because not all RW halls in Surabaya have suitable facilities, such as sufficient space or stable internet access. Therefore, in practice, some RW halls are used as a combined service point for several nearby RWs.

To date, the number of RWs receiving health workers through the R1N1 program is still limited. Although the department has conducted extensive outreach, implementation is still phased, depending on the readiness of the location and available resources. A number of RWs have not yet been reached by the program, primarily due to facility limitations, such as insufficient space and a lack of necessary supporting equipment for basic health services. The limited number of available health workers is also a major obstacle to the equitable distribution of the program.

To ensure that placed health workers match the needs of each RW, the Health Department collaborates with local *Puskesmas* and sub-district offices to map needs based on the area. Before placement, an assessment of the community's health and environmental conditions is carried out. This ensures that the assigned health workers have the capacity to provide basic health services that meet the needs of the residents in that area.

Since the program's implementation, the Health Department has made several adjustments to its priority targets. Initially, the focus was on RWs with high rates of stunting and significant population density. However, as the program progressed, the priority was expanded to include RWs with a high prevalence of non-communicable diseases like hypertension and diabetes, as well as areas with low-active health cadres. This adjustment was based on routine evaluations and annual reviews of community health data and the performance of placed health workers. According to the official Instagram account of the Surabaya City Health Department, the R1N1 program was inaugurated by the Mayor of

Surabaya on July 17, 2024, as a way for the Health Department to get closer to the community.

The R1N1 schedule is set through an agreement between the *Puskesmas* and each cooperating RW chairman to avoid interfering with pre-existing RW activities. This means that the RW hall is not open every day for the R1N1 program. Residents who want to know the schedule can check the official Instagram accounts of the *Puskesmas* or sub-district. Each RW has one designated health worker who serves as the person-in-charge of health services and has their own rotational schedule. The health worker is required to be on duty according to the schedule, even if no residents show up for service. Outside of their duty at the RW hall, the health worker continues to perform their main functions at their *Puskesmas*.

A key obstacle in the R1N1 program is the limited number of health workers that can be assigned to each RW hall. The number of RW halls under each *Puskesmas* in Surabaya varies from a dozen to several dozen. This results in an uneven distribution of health workers. The limited number of health workers can also affect the regularity of services at the community hall. This lack of regularity can be worsened by the low interest of some residents in using the R1N1 services. For example, residents living in affluent areas may prefer to go directly to a *Puskesmas* or hospital, and in areas where the community hall is located close to a *Puskesmas*, residents feel it is more efficient to just go to the main health center.

The Surabaya City Health Department, which oversees the program, has taken steps to address these obstacles by conducting monthly monitoring and evaluation of all RW halls participating in the R1N1 program. They check the completeness and suitability of facilities and infrastructure in each hall and the presence or absence of health service activities as a performance indicator. Based on these findings, the Health Department coordinates with the respective *Puskesmas* to find effective and efficient solutions to the existing obstacles. It is a significant challenge for the Health Department to monitor and evaluate over 1,000 RW halls participating in the R1N1 program, as not all of them have supporting infrastructure, such as a dedicated building or adequate facilities.

Goal Achievement

The Surabaya City Health Department has not yet set any specific, measurable, or quantitative targets for the R1N1 program. This means success isn't measured by a specific number of participants, service coverage percentage, or a direct increase in certain health indicators.

Instead, the department conducts regular monthly evaluations by monitoring the program's progress in various locations. This evaluation is more reflective and responsive. If an obstacle or problem is found at a specific location, the Health Department provides immediate support with technical or administrative solutions to ensure the issue is resolved and doesn't disrupt the overall program.

Mojo Community Health Center (*Puskesmas*) has set a minimum target of 10 to 20 people attending each R1N1 session. To meet this target, it uses online pamphlets or posters to remind the public a day before the scheduled session at a specific community hall (*Balai RW*). The services offered are focused on basic preventative care and early detection, including blood pressure checks, blood sugar tests, body mass index (BMI) measurements,

and general health consultations. In short, the program is not for advanced or specialized treatments but rather for providing easy and affordable early access to basic health check-ups.

Tangible Impact

The most noticeable impact of the R1N1 program is the improved access to health services. This encourages people to get routine check-ups at their community hall, which helps prevent serious diseases like hypertension, diabetes, and tuberculosis. The health workers assigned to the program can track residents' health progress, and those who get regular check-ups have seen their health improve.

People who feel minor symptoms are now more likely to seek medical help from the health worker on duty, which reduces the risk of their condition worsening. Residents feel very grateful for the presence of health workers through the R1N1 program. Neighborhood leaders have also welcomed the program and are helping to spread awareness, which has increased participation.

Additionally, the program helps reduce the workload on *Puskesmas* by decentralizing health services. Due to the public's enthusiasm and the positive health results, the Surabaya City Health Department and *Puskesmas* will continue and improve the R1N1 program by addressing on-the-ground issues, such as a shortage of health workers and inadequate facilities.

E. CONCLUSION

The One RW, One Health Worker (R1N1) Program, an initiative from the Surabaya City Health Department, is an innovative community-based health service. Its goal is to make basic healthcare more accessible, especially for people who live far from Community Health Centers (*puskesmas*). A case study at the Mojo *Puskesmas* found that the program is quite effective at improving access to care and raising public awareness about the importance of regular health check-ups. By using community halls (*Balai RW*) as service locations and involving health workers from the *puskesmas* and support from local neighborhood leaders, the program has encouraged residents to use preventative and early detection services like blood pressure and blood sugar checks and basic consultations. Despite its success, the program still faces several key challenges. These include a limited number of health workers, uneven infrastructure and facilities at the community halls, and a lack of specific and measurable performance indicators. The program's effectiveness also depends heavily on the characteristics of each area and the level of community participation. Overall, the R1N1 program has had a positive impact by making services easier to access, improving residents' health, and reducing the workload at the *puskesmas*. This success is supported by the Health Department's routine evaluations and target adjustments. However, to boost the program's future effectiveness, it's crucial to strengthen the distribution of health workers, provide proper infrastructure at the community halls, and create more concrete and measurable success indicators.

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