

DECENTRALIZATION OF HEALTH IN THE ERA OF EXTENSIVE AUTONOMY IN NORTH KONAWE DISTRICT

Lusia Indrastuti¹, Abdul Kadir Jaelani², Nurhidayatulloh³

^{1,2}*Universitas Slamet Riyadi, Surakarta – Indonesia*

³*Universitas Sriwijaya, Palembang – Indonesia*

Abstract-- The police of the North Konawe District Government in the health sector consist of. First after the enactment of regional anatomy, the North Konawe District government has exercised the authority to regulate it either by issuing laws and regulations in the form of regional regulations or by making health service programs whose arrangements are carried out in regional planning documents. Second, the implementation of regulatory authority in North Konawe Regency when viewed from the legal products produced is still very limited, both in terms of quantity and substance, although it has been given the authority to regulate, but the dependency of the North Konawe District regional government in health sector regulation to the guidelines given by the central government still very high. Third, the policies adopted by the North Konawe District Government in the health sector are the stand by village program policies and the one nurse and one midwife program policies in one village

Keywords—*Health Decentralization, Konawe Utara and Desa Dana.*

I. Introduction

Health is one of the elements of human rights and well-being that must be realized as stipulated in the 1945 Constitution states that every person has the right to live in physical and spiritual prosperity to live, to have a good and healthy environment and to have health services. Health as a human right, contains an obligation to heal the sick and try to maintain the healthy to stay healthy. Law of the Republic on Indonesia Number 36 Year 2009 concerning Health states that health development must be aimed at increasing the awareness, willingness and ability to live a healthy life in the community as high as an investment for the development of human resources that are socially and economically productive. This law confirms that the government has a number of responsibilities that must be carried out, which include the responsibility to plan, organize, organize, foster, and oversee the implementation of health efforts that are equitable and affordable to the community. In addition, the Government of the Republic of Indonesia is also one of the states parties which states their commitment to the international world to commit themselves to international conventions governing the issue of economic, social and cultural rights or the International Convenan on Economics, Social and Cultural Rights (ICESCR). The Covenant has been ratified through Law Number 11 Year 2005 concerning Ratification of the International Covenant on Economic, Social and cultural Rights (ICESCR). Article 12 of Law Number 11 Year 2005 states that states parties to the Covenant recognize the right of everyone to enjoy the highest standards that can be achieved for physical and mental health.(1)

Significant changes during the health decentralization period are seen in Article 9 paragraph (1) of Law Number 23 Year 2014 classifying government affairs consisting of absolute government affairs, concurrent government affairs and general government affairs. The absolute government affairs include foreign policy, defense, security, justice, monetary and national fiscal and religion. The implementation of absolute affairs is carried out solely by the central government or delegates it to vertical agencies in the region or the Governor as a representative of the Central government based on the principle of deconcentration. Article 9 paragraph (3) states that concurrent government affairs as referred to in paragraph (1) are Government Affairs which are divided between the central government and the Provincial Region and Regency / City Region. Article 9 paragraph (4) states that concurrent government affairs submitted to the regions become the basis for the implementation of regional autonomy. (2)

Concurrent government affairs are divided into to namely compulsory and optional governmental affairs. One of a number of mandatory affairs is the handling of the health sector. The granting of authority to regulate the health through North sector to local government aims to improve services to the community. The authority to regulate local government in the health sector in this context is manifested both in the form of regulations and legislation product that are expected to have implications for the expansions of policy choices at the local level, so that the government has broad scope to address health problems in the region according to conditions and regional capability. The North Konawe District Government is one of the district that has an active role in the process of empowering rural and urban communities in the region through North Konawe District Regulation Number 16 of 2017 concerning Technical Guidelines for the One Nurse and One Midwife Program in a Village in North Konawe District. The placement of nurses and village midwives will be carried out simultaneously in the regions and they will be assigned to each village for one years. One nurse and Midwife program in one village in Konawe Utara Regency according to Law Number 5 of 2014 concerning state civil apparatus is referred to as a Government Employee with a Work Agreement (PPPK). Government employees with work agreements, here in after referred to as PPPK, are Indonesian Citizens who meet certain conditions, who are appointed based on work agreements for a certain period in order to carry out governmental duties. In order to under go the One Nurse and Midwife program in One Village in Konawe Utara Regency, the Provincial Government has the role of providing budgets and other resources for the operational sustainability of village nurses and midwives. For the North Konawe District Government, the role is also to provide policy support, infrastructure and fund allocation. Article 16 paragraph (1) of North Konawe Regent Regulation Number 16 Year 2017 states that the role of village government is to provide policy support, infrastructure and the allocation of village funds.

The authority of the Regional Government of North Konawe Regency to make policies in the health sector is not limited to the level of the Regulations of the regent, in implementing the authority to regulate them, the regional government is limited only that the policies made must not be in autonomy granted to the regions must not be excessive and exceed the unitary state line. For this reason, the central government always monitor the policies made by the regional government in the context of executing the autonomy it has. In practice, supervision of policies made by the North Konawe District Government is only a formality that is actualized by the use of regulatory authority in the form of regional regulations that are delegated because the material of Regents Regulations is contrary to higher laws and regulation, this is seen in the material content regarding the allocation of the village fun budget for the One Nurse Program and One Midwife in One Village in Konawe Regency through North Konawe Regent Regulation Number 16 of 2017 contrary to the Minister of Home Affairs Regulation of the

Republic of Indonesia Number 113 of 2014 concerning village financial management and regulation of the minister of villages, regional development disadvantaged and transmigration number 22 years 2016 concerning determination of priority use of village funds in 2017

Article 13 regulation of the minister of Home Affairs of the Republic of Indonesia number 113 of 2014 concerning village financial management states that the classification of village expenditures consist of the administration of the Village Government, implementation of village development, village community development, empowerment of village communities and unexpected expenditure. Village Government implementation activities consist of personnel expenditure, goods and services and capital. The employees referred to in this Article are the Village Head and Village Official (Village Secretary, Treasurer, Regional Head) and BPD benefits. Article 4 and 5 of the Regulation of the Minister of Villages, Development of Disadvantaged Regions and Transmigration Number 22 of 2016 concerning Determination of Priority of the Use of Village Funds in 2017 states that the priority of using village funds to finance the implementation of programs and activities in the field of village development and empowerment of rural communities includes the residential, transportation environment, energy, information and communication, education and culture, agricultural empowerment, disaster management and environmental preservation. Village financial management based on the regulation creates legal uncertainty because normatively and theoretically, the formation of laws and regulations is based on Article 7 of Law Number 12 of 2011 concerning Formation of Laws and Regulations. Besides contradicting the higher laws and regulations, North Konawe District Regulations Number 16 Year 2017 has not produced results on the performance of health sector development as measured by improving health status. Although in general the aim of Article 2 of North Konawe District Regulations (perbub) No. 16 of 2017 states that the goal of one village program is one nurse and one midwife to bring access to and quality of health / nursing and basic midwifery services in rural areas while maintaining the sustainability of nursing services, moving empowering rural communities and can provide nursing and midwifery services that are able to create healthy, independent and equitable rural communities.[5]

Konawe Utara Regency is a district in Southeast Sulawesi, which has 170 villages and wards, to improve health services, the village government is required to provide honorarium funds and village nurse salaries of Rp. 1,000,000 per month with a year of service. Budgeting if charged to the North Konawe Regency APBD is 1,908,000. In addition to funding the midwife's honorarium, the benchmarks for success in meeting the objectives of the program of one nurse and one midwife in one village can be seen through two criteria, namely: Human Development Index (HDI) or Human Development Index and fulfillment of MDGs (Millennium Development Goals). HDI is a comparative measurement of three aspects of human well-being, namely life expectancy, education and living standards. HDI is used to classify a developed, underdeveloped and frontier area. HDI is also usually used to measure the effect of policies taken by the government on quality of life, while MDGs are measured through child mortality, maternal health, HIV, AIDS, malaria and measles. Inequality in financial and health management as illustrated in the regulation above, certainly is a serious problem because it involves the sustainability of village governance and based on the description above, the authors are interested in reviewing the North Konawe District Government's policy in the health sector and efforts to improve the Regulations of the Regent (Perbub) North Konawe Number 16 of 2017 concerning Technical Guidelines for the One Nurse and One Field Program in One Village to improve health in North Konawe District. [6]

II. Research Method

This type of research used in compiling this research is normative legal research. Normative legal research places more emphasis on library research. According to Soerjono Soekanto, normative legal research is research consisting of research on legal principles, legal systematics, law synchronization, legal history and legal comparison. This research is descriptive in nature, namely describing and analyzing the Implementation of the Minister of Domestic Affairs Regulation No. 113 of 2014 concerning Village Financial Management, to the Honorarium of One Nurse and One Midwife in One Village in North Konawe Regency. Descriptive research is research that aims to classify the symptoms described. [7]

This research uses secondary data. Secondary data is legal material in research taken from library studies consisting of primary legal material, secondary legal material and non-legal materials. Secondary data were obtained from documentation studies and literature searches relating to the implementation of traditional land protection and the theories that support it. Data sources used in this study are secondary data sources, namely data sources that are private and public. Secondary data obtained through library research (library research) or study documentation. Literature research is conducted to get the conception of policy theory or doctrine, the principles of law and conceptual thinking as well as preliminary research related to the object of this study which can be in the form of scientific writing literature and so forth. The legal materials are collected through an inventory procedure and identification of laws and regulations, as well as the classification and systematization of legal materials in accordance with the research problem.[8]

III. Discussion

1. *Realization of Health Sector Regulation in the Era of Wide Autonomy and Its Implications for Health Services in North Konawe District*

The adoption of decentralization in state organizations does not mean abandoning the principle of centralization, because the two principles are not dichotomous, but continuum. In principle, decentralization is not possible without centralization. Because decentralization without centralization will bring disintegration, therefore regional autonomy essentially contains freedom and freedom of initiative, requiring government guidance and supervision, so it does not turn into sovereignty. Provisions regarding the distribution of authority are regulated in Law Number 23 of 2014 concerning Regional Government which states that government affairs are divided into absolute government affairs, concurrent government affairs and general government affairs. Concurrent affairs are divided into two, namely compulsory governmental affairs related to basic services, and compulsory government affairs that are not related to basic services and optional governmental affairs. The enactment of Law Number 36 of 2009 concerning Health and Law Number 23 of 2014 concerning Regional Government have an impact on the transfer of some authority from the central government to the provincial and district / city areas, including in the health sector. Article 167 of Law number 36 Year 2009 concerning Health states that health management is carried out by the Government, regional government and / or community through the management of health administration, health information, health resources, health efforts, health financing, participation and empowerment of the community, science knowledge and technology in the field of health, as well as health management carried out in stages at the central and regional levels.[9]

The responsibility for health management is accompanied by the obligation to allocate a minimum budget of 5% of the state revenue and expenditure budget excluding salaries for the central government and 10% of the

regional income and expenditure budget outside of salaries for provincial, district / city government. Konawe Utara Provinsi Regency Southeast Sulawesi allocates 2016 health budget of Rp. 19,058,510,282 of the total APBD totaling Rp. 407,097,501. 210 and 2017 allocate a health budget of Rp. 18,928,836,340 of the total APBD totaling Rp. 783.166.309,250. Based on the total health budget in 2017 and 2018, North Konawe Regency does not meet the provisions of Article 171 paragraph (2) of Law Number 36 Year 2009 concerning Health which requires the allocation of at least 10% of the regional income and expenditure budget outside of salaries for the provincial, district / city for the health sector.[10]

The decrease in the health budget and the non-fulfillment of the minimum budget allocation in the health sector will certainly have a direct impact on the quality of services and health care in the community. The regional government as the party that is given responsibility of course must give serious attention and consistency in providing community services especially in the health sector. Reviewing various data for the period of 2007 to 2017, there is a Regent Regulation which was established by the North Konawe District government in the field of health, the unclear legal umbrella in the form of a Regional Regulation seemed to justify what was stated by Meilinda Eka Yuniza in her dissertation, namely that the region did not have the ability and willingness to regulate the health sector, whereas Article 7 and 8 of Law Number 12 of 2011 concerning Formation of Legislation, Law Number 23 of 2014 concerning Regional Government and Law Number 6 of 2014 concerning Villages, provides an opportunity for Regency / City Governments to formulating and making regional policies to provide health protection to the community. With this regulation, the Regional Government of North Konawe Regency actually has the opportunity to make regional policies oriented to the protection and guarantee of health in the region.[11]

Health management in North Konawe, Southeast Sulawesi Province is carried out with the North Konawe Regent's Regulation (perbub) No. 16 of 2017 concerning Technical Guidelines for the One Nurse and One Midwife Program in One Village in Konawe Utara Regency. This regulation is one of the legal basis for implementing health decentralization in North Konawe Regency. The implementation of decentralization provides a significant change to the role of regions in the health sector. The regional government which was previously only implementing the policy from the center is now the policy maker. Another significant change is where regional offices and departmental offices that were once local ministry agents in the regions are then eliminated and replaced with provincial offices responsible for regional governments. Changes in authority should provide broad access for regional governments to improve the quality of health services as a goal of health decentralization.

The Decree is for North Konawe Regency as a strategic policy in order to improve services, and accelerate development, as well as community empowerment in North Konawe Regency. Through this policy, it is expected to reduce disparities between regencies in Southeast Sulawesi Province, as well as provide opportunities for the people of North Konawe to take part in their areas as actors as well as development targets. Regent Regulation No. 16 of 2017 guarantees that every North Konawe resident receives health services health services with the lowest burden – as low as. the North Konawe Government is obliged to set quality standards and provide health services to residents to prevent and treat endemic diseases and diseases that endanger the survival of the population. The Konawe District Government also plans and implements programs to improve and improve population nutrition, life expectancy and its implementation involves community institutions, non-government organizations and businesses that meet the requirements.[12]

Health development policy through North Konawe District Head Regulation (perbub) Number 16 Year 2017 is aimed at increasing the reach and quality of health services through: disease eradication programs, prevention and prevention of the Human Immunodeficiency Virus (HIV), improvement of human resources in the health sector both medical and medical, services puskesmas, hospital services, provision of medicines, nutrition improvement, neonatal health service for newborns and environmental sanitation. This policy is directed at six issues, namely the establishment of government and private cooperation in the provision of health facilities and infrastructure, improvement of the level of public health, an increase in life expectancy to 70 years and the recruitment and development of medical and paramedical and paramedical personnel towards professionals.

Examine the juridical basis, data and facts in the field. There are many things that are lacking in health services in Konawe Utara Regency. First, in terms of juridical basis, the lack of regulations which become the legal umbrella for the implementation of health services, secondly, in the budgeting of health funds. The North Konawe District Government is inconsistent and even does not meet the minimum budgeting of 10%, this indicates a lack of seriousness in handling basic community services namely health. According to Fimer and Prichett, the magnitude of the health budget plays a major role in increasing the degree of public health, so there are three things that must occur: Public budgets spent must create effective health services for the community. Effective health services must change the total number of health services utilized by the community. And additional services consumed by the community must be cost effective in improving health. Third, the increase in population is not followed by an increase in health service facilities and infrastructures. From these problems, the North Konawe local government should have improved itself in providing and improving the quality of health. The legal basis is the most important part is the political will of leaders from the regions themselves. (13)

2. Honorarium Financing Policy for One Nurse and One Midwife Program in One Village Through Village Funds to Improve Health in North Konawe District

One example of the implementation of the authority to regulate regional governments in the health sector is the formation of Regional Regulation No 9 of 2014 concerning the Fourth Amendment to Regional Regulation No. 3 of 2008 concerning the Establishment of Organization and Work Procedures of the North Konawe Regency, which regulates the Health Service. In this Regional Regulation, a health service organization and work procedure has been established and is in accordance with regional needs. Article 4 of Regional Regulation No. 9 of 2014 states that the formation of new fields, namely basic health insurance, Family health and nutrition health in North Konawe District Health office, as a follow up of North Konawe District Regulation No 19 of 2012 concerning Plans North Konawe District Mid -Term Development (RPJMD) for 2012 -2016. In the implementation of this Perda, the Regent stipulated North Konawe Regent's Regulation (Perbub) Number 16 of 2017 concerning Technical Guidelines for the One Nurse Program and One Midwife in One Village. Article 2 of North Konawe Regent's Regulation (Perbub) No 16 of 2017 state that, the One Nurse and One Midwife Program in One Village aims to bring access to and quality of basic health / nursing and midwifery services in rural areas while simultaneously maintaining the sustainability of nursing service, mobilizing community empowerment rural and can provide nursing and midwifery services that are able to create healthy, independent and equitable rural communities. The regulation is a follow up to the imbalance between population and health facilities in North Konawe Regency. (14)

North Konawe Regent's Regulation (Perbub) Number 16 Year 2017 gives the role of health officials and stakeholders to implement a program of one nurse and one field in on village to bring health services closer to the community. The types of health services charged to health staff and stakeholders to create healthy rural communities in North Konawe include : First, the role of the Puskesmas is to monitor and oversee basic health services in the village, develop a commitment to the guidance and corporation of health workers in the village, facilitate the development the polindes became a poskesdes, monev and training of village nurses and conducted referral services from villages nurses and poskesdes to puskesmas. Second, the role of the District Health Office is to develop commitment and teamwork at the district level, revitalize puskesmas and networks in rural areas, recruit and provide village midwife nurses, facilitate the increase of Polindes to Poskesdes, organize training for health workers such as nurses and village midwives, conduct advocating to various parties, providing budget and resources, conducting monitoring evaluation and technical guidance and conducting monitoring and evaluation.

Third, the role of the Provincial Health Service is to develop the commitment and cooperation of the provincial government with PPNI and IBI, assist the District/ City Health Office through management, technical training, help the District / City Health Office develop the capabilities of nurse and village midwives, conduct advocacy to various provincial level parties , provide budgets and other resources for operational sustainability of nurses and village midwives and conduct training for trainers and conduct monitoring and evaluation. Fourth, the role of the Regency Government is a joint understanding between the provincial / district regional government with the DPP PPNI and IBI, providing policy support, infrastructure and fund allocation, increasing the status of polindes to poskesdes and coordinating with the village government regarding the provision of ADD for nurses and village midwives, poskesdes service. Fifth, the role of the Village Government is to provide policy support, infrastructure and allocation of village funds, provide honorarium funds /salary for village nurses, poskesdes and UKBM services both through village fund allocations, together with village nurses carry out community development related to health, play an active role in facilitate the implementation of the duties of nurses and village midwives, conduct coaching and coordination for the implementation of activities of village nurses and midwives. The cost consequences of this policy are borne by the Southeast Sulawesi Province, North Konawe District and Village Fund Budgets in the Konawe Utara regency. This integrated and tiered budgeting is carried out because the village midwife and village nurse program is one of the points of nawacita that states that developing Indonesia from the periphery by strengthening regional and village areas within the framework of a unitary state and improving the quality of human life, which is further elaborated in the President's mission of realizing society developed, sustainable and democratic based on the rule of law. (15)

However, in the implementation of North Konawe Regent's regulation (Perbub) No 16 of 2017 has several legal issues including. First, the PERBUB has not fully aimed at solving the problem and is in conflict with the higher regulation. Second, the regulation is not aspirational and participatory, the substance of the regulation and distribution of authority for the allocation of its financing in the field of health between the Provincial, Regency and Village Regional Governments is unclear. Third, the compilation of PERUB has not been based on clear, integrated and systematic planning, and is often not related to the RPJPD,RPJMD /SKPD Renstra (Regional Regulation framework). Especially related to health development planning at the national level (national regulatory framework). Perbub's conflict with higher laws and regulation can be found in Article 15 of the Regent's Regulation (Perbub) which regulated the use of village fund allocations for honoraria / salaries for

village nurses and midwives, poskesdes services and UKBM. The allocation of village funds for operational nurses and village midwives contradicts Article 13 of the Minister of Home Affairs Regulation of the Republic of Indonesia Number 113 of 2014 concerning Village Financial Management stating that the classification of village expenditure consist of the administration of the Village Government, implementation of village development, Village community development, empowerment of village communities and unexpected shopping, Village Government implementation activities consist of personnel expenditure, goods and service and capital. The employees referred to in this Article are the Village Head and Village Official (Village Secretary, treasurer, regional head) and BPD benefits. (16)

A good rule must be followed by a correct manufacturing procedure and its contents do not conflict with higher rules. The carefulness of the regional government in making a product of legislation is very important because the purpose of the regulation itself will return to society. In the health sector, local governments must demonstrate commitment and willingness to guarantee good health service in term of legal foundation and implementation in the field. In addition to regulatory issues another thing that must be considered is the fulfilment of the program of nurse and one midwife in one village. In term of budgeting the Regional Financial Management Policy in the health sector should ideally be based on a performance approach, namely a budget system that prioritizes efforts to achieve the results of the planned cost allocation. Therefore, the budget for the program of one nurse and one midwife in one village must be arranged based on certain targets to be achieved in one fiscal year. (17)

IV. Conclusion

Based on the result of the discussion, the following conclusions can be drawn. first, the North Konawe District Government Policy in the health sector consists of, First, after the enactment of regional autonomy, the North Konawe Regency has exercised the authority to regulated it either by issuing laws and regulations in the form of regional regulations or by creating health service programs that the arrangements are made in regional planning document. Second, the implementation of regulatory authority in North Konawe Regency when viewed from the legal products produced is still very limited, both in terms of quantity and substance, although it has been given the authority to regulation to the guidelines given by the central government still very high. Third, the policies adopted by the North Konawe District Government in the health sector are the standby village program policies and the one nurse and one midwife program policies in one village, Second, efforts to improve North Konawe District Head Regulation No.16 of 2017 concerning Technical Guidelines for the one Nurse and One field Program in one Village to improve health in North Konawe Districts can be done with several actions, namely, first, planning the budget of one nurse program and one midwife in one village that focuses on authority as an effort to improve health through the use of village funds which is focused on the implementation of Village Government, implementation of village development, village community development and village community empowerment, while the health budget is allocated through the North Konawe District Government Budget, because of the authority in the health sector is a shared responsibility between the regional government and the central government . The authority which becomes the joint responsibility is based on law Number 36 of 2009 concerning Health and Appendix B of law Number 23 of 2014 concerning Regional Government. Second, monitoring and evaluating existing programs and the continuity of the program of one nurse and one midwife in one village as an effort to improve health

References

- (1) Marpaung, L., *Asas-Teori-Praktek Hukum Pidana*. Jakarta : Sinar Grafika, 2005
- (2) Sudikno M. *Mengenal Hukum Suatu Pengantar* .Yogyakarta: Liberty, 1990
- (3) Attamimi, A.H.S. Peranan Keputusan Presiden Republik Indonesia dalam Penyelenggaraan Pemerintahan Negara; Suatu Studi Analisa Mengenai Keputusan Presiden yang Berfungsi Pengaturan dalam Kurun Waktu Pelita I – Pelita IV. 1990
- (4) Jaelani A.K, Basuki U, “*Problematika Pelaksanaan Putusan mahkamah konstitusi Nomor 100/PUU-xi/2013 dalam Mendudukkan Pancasila sebagai dasar Negara*”. Jurnal Wacana Hukum, Volume 24, Nomor 2 Tahun 2018
- (5) Sidharta,B.A, *Refleksi Tentang Struktur Ilmu Hukum*. Bandung: Mandar Maju, 1999
- (6) Rahardjo, S. *Masalah Penegakan Hukum, Suatu Tinjauan Sosiologis*. Bandung: Sinar Baru, 1993
- (7) Sudharto, *Kapita Selektta Hukum Pidana*. Bandung: Alumni. 1986
- (8) Saleh, R. *Penjabaran Pancasila dan UUD 1945 Dalam Perundang-undangan* Jakarta: Sinar Grafika, 1991
- (9) Ramadhan, A.C. *Membangun Politik Hukum Sistem Ketahanan Nasional Terhadap Ancaman Ekspansi Ideologi Transanasional Syiah Iran*. Disertation .Universitas Sebelas Maret Surakarta, 2016
- (10) Jaelani A.K, ”*Implikasi Berlakunya Peraturan Daerah Provinsi Nusa Tenggara Barat Nomor 2 Tahun 2016 tentang Pariwisata Halal di Kota Mataram dan Kabupaten Lombok Timur*” Tesis, *Postgraduate Program of Law, Faculty of Law, Universitas Gadjah Mada*, 2017
- (11) Erwin, M. *Filsafat Hukum: Refleksi Kritis Terhadap Hukum*. Jakarta: Rajawali Press, 2011
- (12) Mertokusumo, Sudikno, *Teori Hukum*. Yogyakarta: Universitas Atma Jaya, 2011
- (13) Achmad Ali, *Menguak Tabir Hukum (Suatu Kajian Filosofis dan Sosiologis)*. Jakarta: gunung Agung,2002
- (14) Jaelani A.K, “*Pengembangan Destinasi Pariwisata Halal pada era Otonomi Luas di Provinsi Nusa Tenggara Barat*”, Jurnal Pariwisata , Vol V, No 1, April 2018
- (15) Raharjo A, Sudrajat T., Bintoro R.W, Saefudin Y., *The sinking ship policy to the perpetratorof illegal, unregulated and unreported fishing in criminal law perspective. E3S Web of Conferences 47,2018,06002*
- (16) Raharjo A, Saefudin Y, Fidiyani R, *The influence of Technology determinism in forming criminal act of legislation, E3S Web of Conferences 73, 2018, 12011*
- (17) Jaelani A.K, Handayani, Handayani I.G.A.K.R, Isharyanto, “*Regulation of Regional Government on Halal Tourism Destination in West Nusa Tenggara Province after Constitutional Court Decision Number 137/PUU-XIII/2015*”, *Proceeding Atlantis Press: Advances in Social Science, Education and Humanities research*, Volume 358, Tahun 2019