

Analysis of the Implementation of Adequate Access to Health Care Based on a Human Rights Perspective: Case Study at Class II A Penitentiary in Padang, Indonesia

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ARTICLE HISTORY

Received: March 20, 2025

Revised: May 10, 2025

Accepted: May 25, 2025

DOI

<https://doi.org/10.52970/grsse.v5i1.1197>

ABSTRACT

This research was conducted to analyze the implementation of adequate health access in the Class II A Padang Correctional Institution from a Human Rights (HR) perspective. The study employed a qualitative research method with a descriptive-analytical approach. The results indicate that the provision of health services in the Class II A Padang Correctional Institution has not been guided by HR principles and Human Rights-Based Public Service Standards (P2HAM). Limitations in human resources, inadequate medical facilities and infrastructure, especially for pregnant and breastfeeding women and children, as well as a lack of effective regulations in the application of health standards, are the main factors hindering the fulfillment of health rights for inmates. Furthermore, strengthening regulations and oversight from the authorities is also an essential factor in ensuring that the health rights of inmates can be optimally fulfilled in the Correctional Institution to realize a more humane and just correctional system.

Keywords: Human Rights, Health Services, Correctional Institutions, Public Services, P2HAM.

I. Introduction

As seen in many other correctional facilities, the conditions in the Class II A Padang Correctional Institution reveal serious challenges related to fulfilling health services. Common issues faced by inmates include limited health facilities, a shortage of medical personnel, and restricted access to healthcare. These limitations are the cause-and-effect relationship that leads to suboptimal health services for correctional residents. Comprehensive health services encompass promotional, preventive, curative, rehabilitative efforts, maternity care, and emergency medical services, including support such as simple laboratory tests and pharmaceutical services, as required by applicable regulations. Health service activities include prevention, healing, recovery, and health improvement. However, medical staff face obstacles such as inadequate facilities and a limited number of personnel. To optimize performance, medical personnel strive to equip the necessary facilities. As a solution to the shortage of medical staff, implementing online clinics (Telemedicine) is recommended (Cahyaning, 2020).

There are indications that the right to health services for prisoners in Class II A Padang Prison has not been appropriately fulfilled. This can potentially violate the provisions of Article 14, paragraph (1), letter f of



Law Number 22 of 2022 concerning Corrections, which emphasizes that every prisoner has the right to receive adequate health services while serving their sentence. From a human rights (HAM) perspective, international standards such as the UN basic principles regarding the treatment of prisoners also emphasize that they have the right to receive health services equal to those of the general public. This principle aligns with Article 28H Paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which states that every individual has the right to live in prosperity, live in a healthy environment, and receive adequate health services. Therefore, based on the findings of this study, prisoners, as human beings with fundamental rights, must be guaranteed their welfare, including access to adequate health services.

Based on the concept of public service in accessing health services, Levesque et al. formulated five dimensions that determine the accessibility of these services, namely: (1) ease of accessing information (approachability), (2) acceptance by the community and groups in need (acceptability), (3) availability and readiness of services to accommodate patient needs (availability and accommodation), (4) cost affordability (affordability), and (5) appropriateness of services to patient needs (appropriateness). Additionally, five individual capabilities interact with the dimensions of health service accessibility, which are: (1) the ability to recognize health service needs (ability to perceive), (2) the ability to seek appropriate services (ability to seek), (3) the ability to reach health service facilities (ability to reach), (4) the ability to pay for the services provided (ability to pay), and (5) the ability to engage in the healthcare process (ability to engage) (Levesque, 2013).

The main obstacle in health services at the Class II A Padang Correctional Institution lies in the minimal number of medical personnel compared to the number of inmates. Currently, only one general practitioner must serve more than 500 inmates, while supporting medical facilities such as isolation rooms for infectious diseases, and the availability of medications often faces shortages. Data from 2023 indicates that more than 30% of inmates in the Class II A West Sumatra Correctional Institution suffer from chronic health issues, such as skin diseases, respiratory disorders, and hypertension. Unfortunately, the medical services provided are not optimal due to the lack of available health facilities. Additionally, the condition of overcrowding in the correctional facility, where the ideal capacity should only be for 300 individuals, but is instead occupied by more than 900 inmates, exacerbates the state of health services. This overpopulation increases the risk of the rapid spread of infectious diseases and creates an environment that is less than adequate in terms of health (Putra, 2024).

This discrepancy creates an imbalance between *"das sein"* and *"das sollen"*, where the rights of detainees and inmates, as stipulated in Law Number 22 of 2022 concerning Corrections, state that detainees are entitled to health services and care. As mentioned in the previous statement, they must be granted access to adequate medical care and health services by applicable standards, regardless of their legal status. Furthermore, the phenomenon of health service provision in the Class II A Padang Correctional Institution in West Sumatra is not yet fully realized in fulfilling the rights of inmates when viewed from the perspective of providing access to health services by Law Number 22 of 2022 concerning Corrections, aimed at delivering appropriate medical care as per the Decision of the Director General of Corrections of the Ministry of Law and Human Rights Number: PAS-36.OT.02.02 of 2020 concerning Standards for Correctional Services, which provides guidelines for health services within the Ministry of Law and Human Rights (Kemenkumham) to achieve optimal health levels for staff, families, and correctional residents (WBP). The question is:

- a. How is the health service system regulated in the Class II A Padang Correctional Institution in West Sumatra, based on Law Number 22 of 2022 concerning Corrections?
- b. How is the health service system in the country? Has the Class II A Padang Correctional Institution in West Sumatra implemented a Human Rights-Based Public Service?

This research seeks to answer these questions. This study focuses on implementing health services in the Class II A Padang Correctional Institution, emphasizing the fundamental principles of Human Rights.

II. Literature Review and Hypothesis Development

This research is based on several foundational theories that serve as a framework for analyzing the issues. The foundational theories include:

2.1. Public Administration Theory

For Marshall Edward Dimock and Gladys Ogden Dimock (1964), who quoted W.F. Willoughby's definition, namely: "Administrative function is the function of actually administering the law as declared by the legislative and interpreted by the judicial branches of government", which means the administrative function is the function to regulate the implementation of laws made by the legislative and interpreted by the judicial (Dimock & Dimock, 1964). Although Willoughby showed that public administration is only concerned with the function of implementing the law, he also stated that "public administration as a field is mainly concerned with the means for implementing political values" (public administration as a field of study is mainly concerned with the means for implementing political values) (Dimock & Dimock, 1964). For Woodrow Wilson, the goal of public administration is to find out what the government can do well and successfully. Moreover, the government can do the right things with maximum efficiency in terms of cost and energy. This efficiency is primarily achieved through the theory of public administration, which is the backbone of the concept. (State, 2018).

2.2. Public Policy Implementation Theory

According to George C. Edward III (in Turhindayani, 2020), analysis of factors influencing policy implementation can be reviewed through four elements as the main perspectives. The first perspective is communication, which includes how much information about the policy is conveyed accurately and effectively to the relevant parties. The second perspective is resources, which involves the adequacy and availability of human, financial, technological, and facility resources needed to support policy implementation. The third perspective relates to the disposition or response tendencies of individuals or groups responsible for implementing the policy, including their attitudes, commitments, and levels of acceptance of the policy. The last perspective is bureaucratic structure, which includes organizational patterns, work procedures, and coordination mechanisms that affect the efficiency and effectiveness of policy implementation. The combination of these four perspectives plays an important role in determining the success or failure of a policy implementation.

2.3. Human Rights-Based Public Service Theory (P2HAM)

Head of the Banten Regional Office of the Ministry of Law and Human Rights, Tejo Harwanto, explained that P2HAM was designed to create public services based on human rights principles, including fast, precise, quality services, and free from all forms of extortion, bribery, corruption, collusion, and nepotism (Kemenkumham, 2023). The main objective of implementing P2HAM is to create a work unit that can provide certainty and satisfaction to service recipients while increasing accountability for public service performance. This is expected to build public trust in government institutions that provide public services. Furthermore, according to the Head of the Banten Regional Office of the Ministry of Law and Human Rights, Tejo Harwanto, P2HAM is implemented based on five main criteria, namely accessibility and availability of facilities and infrastructure, adequacy of human resources, compliance of officers with service standards, innovation in public services, and integrity (Kemenkumham, 2023).

2.4. Human Rights Theory

John Locke, Jean-Jacques Rousseau, and Immanuel Kant viewed human rights as universal rights inherent in every individual. This view was later reinforced in the modern context by Eleanor Roosevelt, the main initiator of the Universal Declaration of Human Rights (UDHR) 1948. She says, "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family" (Little, 2020). Human rights include universal rights inherent in every individual. The Universal Declaration of Human Rights (UDHR) 1948 is the global foundation for guaranteeing these rights, including the right to adequate health as stated in Article 25 Paragraph (1) of the UDHR which states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (UN, 1948).

This study has been reviewed based on several previous studies discussing the problem of fulfilling adequate access to health, as a study conducted by Rozakiya (2019) entitled Legal review of the provision of health and food services to prisoners with a case study at the Tanjung Gusta Medan Penitentiary. The results of his study stated that the fulfillment of the rights of inmates at the Tanjung Gusta Medan Penitentiary to obtain health and food services was by applicable laws and regulations. However, due to overcapacity, health and food services were less than optimal. The obstacles Tanjung Gusta Medan Prison officers faced were the large number of inmates who were not registered as BPJS holders, overcapacity, which caused health and food services and skills training for inmates to be less than optimal (Rozakiya, 2019). The main difference lies in the approach and focus of the study. This study uses a Human Rights (HAM)-based perspective to analyze the implementation of health access at the Class II A Padang Penitentiary, emphasizing the principles of social justice and human rights-based public services. Meanwhile, Rozakiya's research focuses more on the legal review of the fulfillment of health and food rights in Tanjung Gusta Prison, Medan, without using an explicit human rights-based approach. In addition, this study explores health conditions beyond technical aspects, such as the relationship with national and international human rights policies, which are not the primary concern in Rozakiya's study.

Further research conducted by Hutasoit (2020) entitled Fulfillment of the right to adequate health and food services for inmates and detainees according to Law Number 12 of 1995 concerning Corrections. This study's results state that the Evaluation of Health Services assessment for prisoners, detainees, and correctional students. This study was conducted in 2018 with loci in the Provinces of DKI Jakarta, North Sumatra, West Java, South Kalimantan, and North Sulawesi. The implementation of health services, both promotive health services, preventive health services, and curative health services, as well as rehabilitative health services, has been carried out well, as evidenced by the satisfaction of recipients of health services for prisoners, detainees, and correctional students (Hutasoit, 2020). The main difference between this study and Hutasoit's (2020) study lies in the focus of the locus and the analytical approach. Hutasoit's research includes evaluating health services in several provinces with a broad scope, while this study focuses specifically on the Class II A Padang Penitentiary. In addition, Hutasoit's research highlights the satisfaction of service recipients in general. In contrast, this research is more in-depth with a Human Rights (HAM)-based approach, examining the suitability of implementing health services with human rights principles as the leading indicator.

Another study reviewed by the researcher is a study conducted by Salis Prastika Zamzani (2023) entitled Implementation of the fulfillment of health service rights for prisoners in Class I Surabaya Penitentiary. The results of this study state that Class 1 Surabaya Penitentiary is not yet perfect in implementing prisoners' rights to medical care based on Regulation M.HH.02.UM.06.04 of 2011 concerning Guidelines for Health Services of the Ministry of Law and Human Rights. This means more prisoners than available beds, more prisoners than capacity (Zamzani, 2023). The explicit difference lies in using the Human Rights (HAM) perspective based on Human Rights-Based Public Services (P2HAM) as the main analytical framework for assessing health access in Class II A Padang Penitentiary. At the same time, previous studies have focused more on evaluating the general condition of health access in prisons without special emphasis on the human

rights approach. In addition, this study focuses on a specific area in West Sumatra, providing different contextual insights from previous studies that are generally conducted in other areas, such as Medan or Surabaya. This study also offers innovative recommendations to improve health services in prisons based on an analysis of structural constraints and the implementation of human rights-based policies.

III. Research Method

This study uses a qualitative approach with a descriptive-analytical method to understand the implementation of health access in correctional institutions based on human rights (HAM). This approach allows for in-depth exploration of the experiences of prisoners, prison officers, and related parties regarding implementing the P2HAM Program in health services. With a descriptive method, this study describes the real conditions in the field. At the same time, the analysis is carried out in the context of human rights theory and public services to understand the fulfillment of prisoners' health rights and the obstacles faced.

This study's primary and secondary data sources are primary and secondary data. Primary data were obtained through in-depth interviews with prisoners, health workers, prison officers, and officials from related agencies, as well as direct observation at Class II A Padang Prison. Informants were selected purposively based on their involvement in health issues in prison. Secondary data includes official documents such as laws, government regulations, reports from non-governmental organizations, and related scientific articles to analyze regulations and policy implementation in the field. Other data sources were obtained through observations developed based on human rights and public service theories. Interviews focused on access to health services, quality of services, obstacles to implementing P2HAM, and the role of related officers. Observations were conducted to assess the condition of health facilities in prisons. The instrument's validity was tested through trials at other prisons, while its reliability was tested using triangulation techniques, namely comparing interview results with observations and secondary data. The data collected were analyzed using qualitative descriptive methods, from interview transcription to coding and analysis of central themes.

Triangulation was conducted to ensure the validity of the findings by comparing data from various sources. The conclusion-drawing technique is inductive, where patterns found from the data are analyzed to answer the research questions. The inductive technique concludes empirical data obtained through interviews, observations, and document analysis. The results provide an overview of the implementation of health access in prisons and recommendations for improving health services for prisoners.

IV. Results and Discussion

4.1. Regulation of Health Service System in Class II A Penitentiary in Padang, West Sumatra, Based on Law Number 22 of 2022 Concerning Corrections

The prison health service system is regulated in Article 9, letter d of Law Number 22 of 2022 concerning Corrections, which states prisoners can obtain health services and decent food. This service is the government's obligation to guarantee the fundamental rights of every person in a society based on the Human Rights (HAM). As described above, the health service system at Class II A Penitentiary in Padang, West Sumatra, is regulated through various legal bases that affirm the fulfillment of human rights (HAM) related to health. Law Number 22 of 2022 concerning corrections is an important foundation for implementing the prison health service system. Article 9 letter (d) states that prisoners have the right to "obtain health services and decent food according to nutritional needs." The same thing is emphasized for prisoners in Article 7 letter (d) and children in foster care in Article 12 letter (d) of Law Number 22 of 2022 concerning Corrections, showing the importance of health services as a fundamental right for all prison inmates.

Fulfilling the right to proper health services for correctional inmates is part of the constitutional guarantee of human rights, which is also regulated in national laws and regulations. One of the regulations that regulates this is Government Regulation of the Republic of Indonesia Number 32 of 1999 concerning the

Requirements and Procedures for the Implementation of the Rights of Correctional Inmates. Article 14 of this regulation states that:

1. Every prisoner and correctional student has the right to receive proper health services.
2. Every Correctional Institution must provide a polyclinic and its facilities, and be equipped with at least one doctor and one other health worker.

Furthermore, the Decree of the Director General of Corrections Number PAS-36.OT.02.02 of 2020 concerning Correctional Service Standards regulates in detail the health facilities and infrastructure standards that must be available in every prison. These standards are designed to ensure the continuity of optimal health services for inmates. The following is a list of the minimum requirements for health facilities and infrastructure that must be available in every prison:

1. General Service Room: Used to conduct basic health checks on inmates.
2. Dental Service Room: Explicitly provided for dental health checks and treatments.
3. Emergency Room: Functions as a place for medical treatment for emergency conditions.
4. Mother and Child Service Room: Designated for health services for mothers and children who are part of the inmates.
5. Medicine Room: Is a place to store medicines used in medical services.
6. Waiting and Administration Room: This area includes the patient registration and waiting rooms, ideally separated for convenience and service efficiency.
7. Infectious Disease Isolation Room: Prepared to separate and treat patients with infectious diseases to prevent the spread of infection.
8. Laboratory: Used to support examinations such as blood tests, urine tests, and so on.
9. Water Installation: A supporting facility for providing clean water in the health service environment.
10. Air Installation: Functions to ensure good air circulation in health service rooms.
11. Standard Instructions and Evacuation Facilities: These are required as guidelines and evacuation aids in emergencies such as fires or riots.
12. Information and Communication Systems: Support efficient communication and information delivery between medical personnel.
13. Health Waste Disposal Installation: Used for medical waste management to prevent polluting the surrounding environment.
14. Ambulance: Provided to transport patients who need referral to external health facilities.
15. General Health Equipment (1 set): Includes basic equipment for general examinations such as stethoscopes, tensiometers, and thermometers.
16. Dental Health Equipment (1 set): Is a special device for dental health services, including dental drills and sterilization equipment.
17. Maternal and Child Health Equipment (1 set): Includes tools that support pregnancy checks, immunizations, and child health.
18. Consumables (1 package): Includes gloves, cotton, alcohol, and other disposable tools for daily medical services.
19. Basic Medicines (1 package): This supply of essential medicines is for handling mild to moderate medical cases.

Implementing the principle of human rights-based public services in the correctional system is strengthened through the Regulation of the Minister of Law and Human Rights of the Republic of Indonesia Number 25 of 2023 concerning Human Rights-Based Public Services (P2HAM). Article 7 states that the implementation of P2HAM is carried out through four main stages, namely:

1. Launching, as a form of initial commitment to human rights principles in service.
2. Verification, to ensure readiness and compliance with implementation standards;
3. Assessment, to evaluate the effectiveness and fulfillment of P2HAM indicators;
4. Guidance and Supervision, as a continuous control and improvement mechanism.

Furthermore, Article 8, paragraphs (1) and (2) of the same regulation state that the implementation of P2HAM must meet several criteria, namely:

1. Accessibility for inmates;
2. Availability of supporting facilities and infrastructure; and
3. Availability of competent human resources or authorized officers.

Health services are a fundamental right that the state must guarantee to every citizen, including prisoners. This right is guaranteed in various national and international legal instruments, such as Law Number 22 of 2022 concerning Corrections, Government Regulation Number 32 of 1999 concerning the Requirements and Procedures for the Implementation of the Rights of Prisoners, and the Human Rights-Based Public Service (P2HAM) policy. Class II A Padang Prison, one of the correctional institutions in Indonesia, must ensure that every prisoner has access to proper health care by established standards. In practice, fulfilling the right to health services at Class II A Padang Prison still faces various obstacles. Starting from the lack of medical personnel, limited health facilities, and the problem of overcapacity, which impacts limited access to health services. In this context, the theory of Human Rights (HAM), Public Administration, Policy Implementation, and P2HAM-Based Public Services are relevant analytical tools to assess how the health service system in this prison works and the obstacles faced in its implementation.

The basic principles of Human Rights (HAM) affirm that everyone, without exception, has the right to adequate health. Article 28H paragraph (1) of the 1945 Constitution affirms that "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and has the right to obtain health services." In corrections, the right to health for prisoners is affirmed in Article 9, letter d of Law Number 22 of 2022 concerning Corrections, which states that prisoners have the right to receive adequate health services and food according to their nutritional needs. Article 14 of this regulation states that prisoners must be provided with health facilities that meet applicable medical standards. However, in reality, access to health in Class II A Padang Prison still experiences various obstacles, such as the minimal number of doctors and health workers, limited stock of medicines, and the unavailability of special services for prisoners with chronic health conditions.

Based on the Public Administration Theory perspective, correctional institutions' health services should be managed with the principles of efficiency, accountability, and transparency. Corrections as state institutions must ensure that the administrative system implemented can guarantee effective health services for prisoners. In this case, the principle of good governance must be the primary foundation in managing health services in correctional institutions. Good public administration in the context of health services in correctional institutions must include the management of human resources, infrastructure, and a strict monitoring system for the quality of health services. However, based on findings at Class II A Padang Correctional Institution, the number of medical personnel is very limited, health facilities are inadequate, and the budget for health services is often insufficient. These limitations cause health services to be less than optimal, so that many prisoners do not receive the care they should receive.

Human Rights-Based Public Services (P2HAM) is a service concept that upholds the principles of justice, non-discrimination, and legal certainty in the provision of public services. P2HAM demands that every prisoner receive equal access to health without discrimination, according to applicable medical standards, in the context of health services in prisons. In addition, the health service system in prisons is also integrated with the principles of human rights-based public services as regulated in Article 2 and Article 3 of the Decree of the Director General of Corrections Number PAS-36.OT.02.02 of 2020 concerning Correctional Service

Standards. These principles include non-discrimination, respect for human dignity, and adequate facilities and infrastructure availability. For example, in implementing health services, there should be no discrimination based on prisoners' social status, religion, or health condition. This aims to ensure that every individual, without exception, receives equal and dignified services.

This decision also emphasizes the importance of supervision and evaluation in implementing health services. Decree of the Director General of Corrections of the Ministry of Law and Human Rights of the Republic of Indonesia Number: PAS-36.OT.02.02 of 2020 concerning Correctional Service Standards states that each technical implementing unit (UPT) is required to conduct periodic verification and assessment of the implementation of health services to ensure that the established standards can be met. This step aims to improve the quality of services and identify and overcome obstacles that may arise in the service system.

This regulation also includes specific standards related to medical facilities, such as the need for general health equipment, dental health equipment, basic medicines, and consumables. The table of facility and infrastructure needs regulated through this regulation states that each prison must have a special room for general services, dental services, maternal and child services, and an isolation room for infectious diseases. This standard aims to create an environment that supports the recovery of prisoners' health while preventing the spread of infectious diseases in prisons.

4.2. Implementation of the Health Service System Applied in Class II A Penitentiary, Padang, West Sumatra, Based on Human Rights-Based Public Services

After the researcher conducted interviews and observations, the researcher found that the above as a form of procedure was by Law Number 22 of 2022 concerning Corrections which is a form of the results of the Memorandum of Understanding (MOU) Number 443/9500/DKK/2022 between the Class II A Padang Correctional Institution as the First Party and the Padang City Health Service as the Second Party. The creation of this agreement is sound for prisoners so that they can obtain convenience in obtaining health care and services for people with disabilities and mental disorders, for prisoners, detainees, and children, as stated in Article 1 of MOU Number 443/9500/DKK/2022.

Article 4 concerning the Responsibilities of the First Party and the Second Party in the MOU Number 443/9500/DKK/2022, which briefly stipulates that the FIRST PARTY and the SECOND PARTY agree to strengthen coordination between the Padang Class IIA Penitentiary and the Padang City Health Office in health services, including the care of prisoners, detainees, and children with mental disorders in local mental hospitals. The polyclinic at the Penitentiary will support optimal health services. In addition, prison health officers will be involved in training, supervision, monitoring, and evaluation related to handling infectious diseases. The SECOND PARTY also appealed to the Padang City infectious disease program manager to provide supervision and technical guidance and conduct training for correctional officers in handling people with disabilities and mental disorders (Padang, 2022).

Based on the results of observations at the Class II A Padang Prison Polyclinic, researchers found that the health facilities at Class II A Padang Prison provide medical personnel consisting of several medical personnel that researchers classify as shown in the following table:

Table 1. Number of Medical Personnel at Class II A Penitentiary Padang

No.	Medical Personnel	Number of Personnel
1.	General Practitioner	2 Personnel
2.	Dentist	2 Personnel
3.	Nurse	2 Personnel

Source: Processed from interviews and observations

Table 1 shows that the internal polyclinic in Class II A Padang Prison only provides medical personnel with two general practitioners, two nurses, and two dentists. Accompanied by medicines provided according to the basic needs of prisoners.

The results of the following observation were that the researcher traced the provision of health facilities at the Class II A Padang Prison Polyclinic. The following is data on rooms for prisoners in Class II A Padang Prison, especially those related to health access, as can be seen in Table 2:

Table 2. Number of Medical Facility Room Units in Class II Padang Prison

No	Room Name	Number of Units	Description
1	Post-Treatment Room	1 unit	For prisoners undergoing intensive care outside the prison before returning to their primary cell.
2	Prison Clinic	1 unit	Basic medical facilities for examination and minor treatment.
3	Medical Isolation Room	1 unit	Used for prisoners with infectious diseases or special conditions.
4	Counseling and Rehabilitation Room	1 unit	A place for mental health services and rehabilitation for prisoners with psychological disorders or addictions.

Source: Interview and Observation Results

Before conducting observations regarding medical facilities at this Polyclinic, the researcher interviewed Pandu Puji Wibowo, as the Head of Administration. According to him, health facilities in this prison are still limited. The available prison clinic has a post-treatment room for prisoners who have received intensive care outside the prison. However, the main problems faced are the limited health equipment units, medical isolation rooms, and the number of health workers that are not sufficient for the needs of prisoners. With the lack of availability of these facilities, the process is, of course, several stages long. The following medical references for referrals in Class II A Padang Prison in this section are divided into two categories:

1. Emergency cases (emergency) in the form of inmate patients with acute conditions such as serious injuries or serious complications will be referred immediately without having to wait for administrative approval;
2. Planned cases (non-emergency) are inmate patients who require further treatment and must go through several stages, namely initial examination by a general practitioner, coordination with the family to provide guarantee documents, and approval from the Correctional Observation Team (TPP).

After the guarantee documents are completed, the case is processed through the Correctional Observation Team (TPP) hearing for further approval. However, this referral process has encountered obstacles. Based on an interview with Bayu Permana Putra on December 20, 2024, the health referral process in this prison still experiences various obstacles, including:

1. Complex administrative process. Various parties require approval before a prisoner can be referred to an outside hospital. This often causes delays in medical treatment.
2. Limited escort. Every prisoner referred to an outside hospital must be escorted by security officers. However, the limited number of officers often slows down the referral process.
3. Impact on the health of prisoners. Due to the long administrative and escort process, many prisoners cannot receive the necessary treatment immediately. Sometimes, the patient's condition has deteriorated when the referral permit is finally approved.

Class II A Padang Prison has formed health cadres in each room to support sustainable health services. These cadres are tasked with monitoring other health conditions, detecting early disease symptoms, and reporting urgent cases to health workers. These health cadres are trained to provide first aid and conduct socialization regarding healthy lifestyles, environmental cleanliness, and how to prevent infectious diseases. In addition, they are the primary liaison between the incident and health workers, mainly when an emergency occurs outside regular service hours..

Like the "Jemput Bola" Program, to ensure that all prisoners have equal access to health care, the prison implements a "jemput bola" program. This program involves regular visits by health workers to the repair room blocks to conduct direct health checks. This program is scheduled once a week and accompanied by security officers. The response from Dewi Amalia, as an inmate at the Class II Padang Prison, whom the researcher interviewed on December 20, 2024, the "Jemput Bola" Program, which is scheduled once a week, is one of the efforts to increase access to health services for prisoners. However, this program still has limitations regarding the frequency of services and the number of health workers involved. Based on an interview with Dewi Amalia, health checks carried out only once a week are insufficient to handle emergency conditions requiring a quick response. In addition, the limited number of medical personnel means that not all prisoners receive a comprehensive examination. From a policy analysis perspective, this program can potentially improve the prison's health services. Still, the frequency of services and the scope of examinations need to be improved. Solutions that can be implemented are adding examination schedules, increasing the number of medical personnel, and expanding the types of services provided, including specialist examinations.

Researchers found that Padang Class II A Prison has not provided emergency inpatient facilities, so referrals must be made to hospitals that are partners with Padang Class II A Prison. As a result of the researcher's interview on December 20, 2024, with an inmate named Bayu Bermana Putra, according to him, this condition causes inmates with serious illnesses to have to wait for referrals to outside hospitals. The referral process often takes a long time because it has to go through various administrative stages, including approval from the Correctional Observation Team (TPP). From a health service management perspective, the absence of emergency inpatient rooms is a significant obstacle in providing fast and optimal health services. To overcome this problem, there needs to be a policy that allows the establishment of emergency inpatient rooms with basic medical facilities. In addition, the referral administration process needs to be simplified so inmates who need immediate care can be treated quickly.

There are other findings that Class II A Padang Prison has not provided health services that specifically handle pregnant women, breastfeeding, or even the children themselves. The statement was obtained by the researcher from another inmate whom the researcher interviewed on December 20, 2024, named Dewi Amalia, who proved that the absence of special facilities such as delivery rooms or baby care caused female inmates with special health needs to feel that they were not getting the attention they deserved. When viewed from the perspective of public health services in prisons, this is a serious problem, considering that vulnerable groups such as pregnant women and babies require more intensive medical attention. Prisons should provide adequate maternal and neonatal health services, such as emergency delivery rooms, routine check-ups for pregnant women, and access to health workers with expertise in obstetrics and pediatrics.

These statements align with the data that researchers have described in the data above; there are only two general practitioners, two dentists, and nurses, and medical facilities that are relatively minimal, and few with a capacity of up to 900 inmates. Of course, this is worrying for the safety of inmates who have chronic, infectious diseases such as TB/PLWHA or HIV/AIDS, to babies and pregnant women, as well as for children who are in the Class II A Padang Prison itself, of course this is not by the Classification of Implementation of Types of Correctional Services in Prisons based on the Decree of the Director General of Corrections, Ministry of Law and Human Rights of the Republic of Indonesia Number: PAS-36.OT.02.02 of 2020 Concerning Correctional Service Standards.

The right to privacy is also often violated. Information about prisoners' health status, such as HIV or TB diagnoses, is sometimes not kept confidential. The leaking of this information causes prisoners to experience additional discrimination, both among fellow prisoners and from prison officials. Violations of privacy not only impact physical health but also the mental well-being of prisoners.

The unfriendly public services in this prison hinder prisoners' access to health and violate the principle of non-discrimination, which should be prioritized in public services, by the mandate of Law Number 22 of 2022 concerning Corrections. The state should ensure that prisoners' rights, including health, can be adequately fulfilled through prison management. Based on a human rights perspective, this condition can be

categorized as a violation of the Principle of Non-Discrimination, which emphasizes that all individuals, including prisoners, have the right to receive health services equal to those of the general public. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) states that the state must ensure the availability and accessibility of health services for all its citizens, including vulnerable groups such as prisoners. However, the implementation in Class II A Padang Prison is still far from this principle, where all inmates' access to health services is still limited and uneven.

According to the policy implementation theory developed by George C. Edward III, four main components determine the success of implementing a policy: the communication aspect, availability of resources, the attitude of the implementer (disposition), and the bureaucratic organizational structure. In the context of the provision of health services at Class II A Padang Penitentiary, these four elements face various obstacles that directly impact the quality of medical services for inmates.

1. Suboptimal Communication

One of the fundamental challenges faced in implementing health policies in Class II A Padang Prison is the weak synergy between correctional institutions and related agencies, especially the Health Office and other external parties. Although a cooperation agreement has been formed through MoU Number 443/9500/DKK/2022, its implementation at the technical level has not shown adequate effectiveness. This is reflected in the frequent delays in drug delivery, especially for chronic diseases such as tuberculosis and hypertension. This condition indicates that communication between agencies has not been running smoothly, ultimately affecting the continuity and quality of prison health services.

2. Limited Health Resources

Another significant obstacle is the shortage of medical personnel and health facilities that do not meet minimum service standards. Padang Class II A Prison is currently only supported by two general practitioners, nurses, and dentists to treat around 900 inmates. Compared to the service ratio at community health centers (puskesmas), this composition is inadequate. The lack of inpatient facilities also causes prisoners who need intensive care to be referred to external hospitals, which often face administrative obstacles that slow down the medical treatment process.

3. Low Commitment and Awareness of Implementers

The attitude of prison officials towards the importance of health services oriented towards Human Rights (HAM) is still lacking. This can be seen from the less-than-optimal understanding of officers regarding the needs of vulnerable groups such as women, pregnant women, children, and people with infectious diseases. Discriminatory practices against prisoners with HIV/AIDS or TB are still found. The lack of guidance in standard operating procedures (SOPs) worsens this condition, so services for these groups are often ignored. Capacity building and training are needed to ensure that all officers provide inclusive and equal health services.

4. Less Flexible Bureaucratic Structure

Bureaucratic governance in prisons that is too rigid and procedural also slows the response to urgent medical needs. For example, the referral permit application process can take several days, even for emergencies. This situation often causes the patient's condition to worsen before receiving proper help. This reflects that the implemented bureaucratic system is not yet adaptive enough to respond to medical urgency. Administrative reform is needed to create a more responsive, fast, and efficient health service mechanism.

Several breakthroughs have been identified to address various obstacles that arise in implementing health services at Class II A Padang Prison. Some strategic ideas that can be implemented are as follows:

1. **Digitalization of Health Services through e-Health and Online Clinics**
Using digital technology in the form of electronic medical records and telemedicine consultation services can improve the effectiveness and efficiency of health services. Digital medical records make accessing inmates' health data easier for internal and external medical personnel, so treatment and monitoring can be carried out more accurately. The digital prescription system allows the drug distribution process to be faster without administrative obstacles. This innovation is in line with the provisions of Article 47 of Law No. 36 of 2009 concerning Health and the Decree of the Director General of PAS Number PAS-36.OT.02.02 of 2020. Similar practices have been implemented in developed countries such as the United States, where telemedicine services in prisons have been shown to expand the reach of medical services for inmates.
2. **Total Integration with BPJS Health and Referral Hospitals**
Many prisoners are still not registered as BPJS Kesehatan participants, thus hampering their access to health facilities outside prisons. Therefore, re-registration is crucial to ensure that all prisoners are registered in the national health insurance system. With an integrated system, the referral process to the hospital will be faster and will not entirely depend on the prison budget. This effort supports the mandate of Presidential Regulation No. 82 of 2018 and PP No. 32 of 1999, which guarantees the rights of all citizens to equal health services.
3. **Implementation of Special Standards for Medical Personnel and Prison Health Standards**
In order to address the shortage of medical personnel, it is necessary to implement health service standards based on the Prison Health Standard. This standard includes a minimum ratio of one doctor per 150 inmates and specialized medical personnel such as psychologists, psychiatrists, midwives, and nurses. In addition, increasing the capacity of prison officers through training on human rights-based health services needs to be prioritized. This principle is also contained in Article 9 of Law No. 22 of 2022 concerning Corrections, which emphasizes the rights of inmates to receive proper care, including mental health. Countries such as Sweden have proven the effectiveness of this standard by providing permanent medical personnel in prisons, so that the quality of service is better maintained.

V. Conclusion

The health service system at Class II A Padang Penitentiary is regulated by Law Number 22 of 2022 concerning Corrections. Article 9 letter d states that prisoners have the right to receive proper health services and food that meets their nutritional needs. This regulation is reinforced by Government Regulation Number 32 of 1999, which requires providing health facilities in every prison, including sufficient medical personnel. However, in its implementation, there are still obstacles such as limited medical personnel, inadequate health facilities, and administrative obstacles in referring patients to outside hospitals. Implementing the health service system at Class II A Padang Penitentiary based on Human Rights-Based Public Services (P2HAM) still faces significant challenges. Decree of the Director General of Corrections Number PAS-36.OT.02.02 of 2020 emphasizes that prison health services must be based on the principles of non-discrimination, respect for human dignity, and accountability. However, in practice, access to health services for prisoners is still limited due to budget constraints, minimal medical personnel, and complex bureaucratic procedures. Therefore, system improvements through integration with BPJS Kesehatan, implementation of e-Health, and addition of health facilities must be implemented immediately to ensure optimal health rights for prisoners.

References

- Cahyaning, P. (2020, November). Pelayanan Kesehatan Berbasis Ti Dalam Proses Pemenuhan Hak-Hak Tahanan Dan Narapidana. *Syntax Literate: Jurnal Ilmiah Indonesia*, 5(11), 1395-1396.
- Dimock, M., & Dimock, G. O. (1964). *Public Administration*. New Delhi: Oxford & LHB Publishing Co.

- Hutasoit, R. C. (2020). Pemenuhan Hak Pelayanan Kesehatan Dan Makanan Yang Layak Bagi Warga Binaan Dan Tahanan Menurut Undang-Undang Nomor 12 Tahun 1995 Tentang Pemasyarakatan. *Indonesia Sosial Teknologi*, 1(5), 435. Retrieved From [Http://jurnal.unw.ac.id/index.php/ljpn](http://jurnal.unw.ac.id/index.php/ljpn)
- Kemenkumham, A. (2023). P2ham, Komitmen Kemenkumham Berikan Pelayanan Berkeadilan, Tanpa Diskriminasi Dan Berkepastian Hukum. <https://banten.kemenkumham.go.id/berita-utama/p2ham-komitmen-kemenkumham-berikan-pelayanan-berkeadilan-tanpa-diskriminasi-dan-berkepastian-hukum>
- Levesque, J.-F. (2013). Patient-Centred Access To Health Care: Conceptualising Access At The Interface Of Health Systems And Populations. *International Journal For Equity In Health*, 12(8), 4. Retrieved From [Http://www.equityhealthj.com/content/12/1/18](http://www.equityhealthj.com/content/12/1/18)
- Little, B. (2020). How Eleanor Roosevelt Pushed For A Universal Declaration Of Human Rights. Retrieved From History.Com: <https://www-history-com.translate.goog/news/eleanor-roosevelt-universal-declarationhumanrights? x tr sl=en& x tr tl=id& x tr hl=id& x tr pto=sge#:~:text=orang%20orang%20yang%20terus%20dmenerus,sebagai%20hari%20hak%20asasi%20manusia.&text=ini%20adalah%20j>
- Padang, L. P. (2022). Perjanjian Kerjasama Lembaga Pemasyarakatan Kelas li A Padang Dengan Dinas Kesehatan Kota Padang: Tentang Pelayanan Kesehatan Umum, Penyandang Distabilitas, Pelaksanaan Program Pengendalian Hiv/Aids Dan Kolaborasi Tb-Hiv, Program Pelayanan Kesehatan Gigi. *Pengayoman*(443/9500/Dkk/2022).
- Pbb, M. U. (1948). Deklarasi Universal Hak-Hak Asasi Manusia . Komnas Ham, 5.
- Putra, B. B. (2024, Oktober 17). Wawancara Peneliti Dengan Pihak (Narapidana) Lembaga Pemasyarakatan Kelas li A. (D. Hassan, Interviewer) Padang Sumatera Barat: Desi Hassan.
- Rozakiya, A. (2019). Tinjauan Hukum Terhadap Pemberian Pelayanan Kesehatan Dan Makanan Terhadap Narapidana (Studi Kasus Di Lembaga Permasyarakatan Tanjung Gusta Medan. *Universitas Medan Area Medan* , 1-76.
- State, K. (2018, Agustus 17). Woodrow Wilson: The Father Of Public Administration. Retrieved From Kent State Online: <https://onlinedegrees.kent.edu/blog/father-of-public-administration>
- Turhindayani. (2020). Analisis Implementasi Pengelolaan Barang Milik Daerah (Studi Pada Pemerintah Daerah Bangka Tengah). *Jurnal Universitas Gajah Mada*, 2.
- Zamzami, S. P. (2023, November). Implementasi Pemenuhan Hak Pelayanan Kesehatan Bagi Narapidana Di Lembaga Pemasyarakatan Kelas I Surabaya. *Jurnal Judiciary*, 12(2), 54-70.