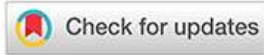


## COLLABORATIVE GOVERNANCE IN IMPROVING HEALTH SERVICES FOR DETAINEES IN CLASS IIB SUKADANA DETENTION CENTER



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### ABSTRACT

*In Corrections, health services are so important, one of which is the application in the State Detention Center. State detention centers, which are then referred to as Rutan for now in several regions and almost throughout Indonesia, have also switched functions to prisons; this is what then makes Rutan require health services. The purpose of the study was to determine the implementation and obstacles of collaborative governance in improving the health services of prisoners at the Sukadana Class IIB State Detention Center. This study uses a qualitative method with primary and secondary data sources obtained from the Sukadana Class IIB Detention Center. The results of the study, namely Collaborative Governance in Improving the Health Services of Prisoners at the Sukadana Class IIB State Detention Center, have been carried out because they meet the initial conditions, institutional design, informative leadership, and collaboration processes.*

**Keywords:** Collaborative Governance; Service; Health; Prisoner



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## INTRODUCTION

Human rights are something that is inherent in humans themselves when they are born, this is a gift from God so that this right can also revoke the rights of humans, namely their own God, therefore human rights which are then used as basic rights inherent in humans if these rights are revoked or reduced by someone, it can be said that the person has been reduced in terms of his humanity, however, without health a person will not get the other rights that they will get later (Health & Corrections, 2021).

Human rights which are then rights that have been attached to the human being itself, no one has the right to take these rights arbitrarily, this clearly proves that in this regard a person has the right to a healthy environment and to have the same health services in order to achieve good health (Ramayani, 2020).

Health is an important part of a person's society. With excellent health a person can carry out their activities indoors and outdoors. Therefore, personal health can be maintained by keeping the existing environment clean so that in the future there are no diseases that attack the body's immunity (Health & Corrections, 2021). At this time, health is the most important factor in fostering a prosperous society. The basic needs of a person themselves must be fulfilled, one of which is health, which is a basic need for every community, therefore efforts are made.

The government regarding public health strives through health services which are used as facilities for health itself, then regarding the quality of health services, this can be assessed from the perfection of systemized health services (Fachrurrozi, 2023). Health services are also very important for people who are attacked by disease. According to Lively Loomba (Telaumbanua, 2020) that health services are an activity in action through a way to emphasize improving health, preventing and recovering from diseases of a good nature for a person or group.

The quality of health services is a perfection for health services which in its implementation must be guided by existing service standards. Because the quality of health services can be assessed from several aspects, one of which is related to the service of organizing and funding the quality, therefore the quality of health services is so important for the quality of health, the quality of health regarding its services can also be known from the form of function of these services so that strategies are needed so that performance in health services can continue to increase and be maintained. Health services are very important for the people in Indonesia because with good services, the motivation regarding the desire to be healthy is also high. However, is still not effective regarding health services in Indonesia. Health services that have developed in correctional center of Indonesia also begin to imitate what the Ministry of Health has developed. Correctional Center itself is a form of activity that implements the development of correctional prisoners who are systematically institutionalized and coaching techniques in the final part of a punishment that is bound to the criminal justice system even the understanding related to this Correctional Center was also introduced for the first time by doctor Saharjo where he initiated a change from the purpose of imprisonment to Correctional Center which then plays a very important role in changing the prisoners so that they can do better deeds which then make them return to the community (Telaumbanua, 2020).

In Corrections, health services are so important, one of which is the application in the State Detention Center. State Detention Centers which are then referred to as Rutan for now in several regions and almost throughout Indonesia have also switched functions to prisons, which then makes Rutan require health services. The existence of detention centers related to the criminal justice system in Indonesia, namely detention centers not

only as buildings in terms of detaining suspects and defendants, but also as a function of prisons to carry out guidance and provide the rights of detainees, also has a very important and even strategic role, namely as a law enforcement agency that plays an important role in ensuring that the criminal justice process is a fair legal process (Lara, 2022).

Health services in the State Detention Center are a form of fulfillment of the rights of correctional prisoners or prisoners in obtaining good services for prisoners because the conditions in correctional facilities are so alarming such as over crowded making prisoners vulnerable to diseases such as skin infectious diseases to diseases caused by sexual deviations. This is also stated in Law Number 22 of 2022 concerning Corrections Article 9 Point D that prisoners have the right to obtain health services and proper food in accordance with nutritional needs in addition to the above Law is also regulated by Government Regulation of the Republic of Indonesia Number 32 of 1999 concerning Conditions and Procedures for the Implementation of the Rights of Prisoners in these regulations have stated that the rights of prisoners to obtain health services are contained in Article 14 that prisoners have the right to obtain proper health services and each prison and detention center is provided with a polyclinic and its facilities and at least one doctor and other health workers.

Based on the Law regarding regulations on health services, health services are also important for prisoners in State Detention Centers because health is so important for a person to carry out other activities in an effort to fulfill their rights and obligations as prisoners. The existence of health services can anticipate the occurrence of disturbance and order problems that exist in detention centers, one of which is the death of prisoners that occurs. Thus, the detention center needs to improve health services so that this does not happen in the future.

Implementation related to health services that are required to establish a polyclinic with a doctor and other health workers has actually been carried out in prisons, especially in State Detention Centers, namely in Cipinang Class I Detention Center where there are 6 doctors in the polyclinic with good medical equipment that makes handling and health services in Cipinang Class I Detention Center quite effective (Ramayani, 2020). The good quality of health services then makes security and order in the detention center also conducive.

Class IIB Sukadana Detention Center is a Correctional Technical Implementation Unit located in the East Lampung Regency area of Lampung Province. Class IIB Sukdana Detention Center has currently implemented a health service program for prisoners. The purpose of this service is of course to fulfill the right to obtain good health services for prisoners. For this reason, Class IIB Sukadana Detention Center has fulfilled the rights of the prisoners, one of which is the existence of a Polyclinic in the Detention Center. In the Polyclinic, there are several rooms such as inpatient rooms for prisoners and for examinations for prisoners, but the quality standards of facilities and infrastructure in the Class IIB Sukadana Detention Center do not meet good standards. The Sukadana Class IIB Detention Center Polyclinic for now also still lacks the number of health workers, this is evidenced by the table 1.

**Table 1**  
**Data on the Number of Health Workers of Class II Sukadana Detention Center**

NO	Number Of Health	Workers
1.	Doctor	-
2.	Nurse	2 People

Source : Class II Sukadana Detention Center, 2024

Based on data on the number of health workers in Sukadana Class IIB Detention Center, the number of doctors there is zero and the number of nurses is only 2 people. In this condition, of course the Sukadana Class IIB Detention Center is so lacking in human resources related to health workers in addition to this as well as facilities and infrastructure as described above so that this becomes a problem for handling prisoners who have a history of complex and dangerous diseases for security and order in the Sukadana Class IIB Detention Center. However, in overcoming problems related to the lack of health workers, the Class IIB Sukadana Detention Center has collaborated with the Puskesmas in an effort to fulfill the rights of prisoners related to health services.

Collaborative Governance in the Sukadana Class IIB Detention Center has been running, namely through the cooperation between the Sukadana Class IIB Detention Center and the Sukadana Health Center, which is running well, apart from being an alternative health service because the facilities and infrastructure in the Sukadana Class IIB Detention Center are not optimal because the distance between the detention center and the Health Center is still so close. This cooperation in addition to helping the detention center in covering the shortage of health workers also covers the facilities and infrastructure in the Sukadana Class IIB Detention Center Polyclinic such as medical devices and drugs needed by prisoners. In the implementation of this collaboration, although it has been running since 2020, it still experiences problems, one of which is related to the working hours of the Puskesmas which does not provide services for 24 hours so that when there are prisoners who need help and are outside the working hours of the puskesmas, the detention center cannot directly bring the prisoners to the puskesmas. Meanwhile, in general, cooperation between third parties and prisons already exists in Indonesia, one of which is the Cipinang Class I Prison which implements this cooperation, namely with a successful hospital to anticipate the lack of infrastructure in medical equipment for prisoners who need treatment and health services which require medical equipment and more professional nurses so that cooperation with third parties is needed by the prison or detention center so that health services are guaranteed, especially for the Sukadana Class IIB Detention Center (Ramayani, 2020). These problems are then the background to make researchers raise topics related to health services at the Sukadana Class IIB Detention Center to then be used as research on the title. "Collaborative Governance In Improving The Health Services Of Prisoners In Class IIB Sukadana Detention Centers".

## LITERATURE REVIEW

Collaborative Governance, often referred to as "Tata Kelola Kolaboratif," represents a shift from traditional government structures to a more inclusive form of governance. This shift emphasizes public administration and involves not just government institutions but also non-state stakeholders, such as communities and other external groups, in decision-making processes. Ansell and Gash (2007) defined Collaborative Governance as a formal, consensus-oriented, and deliberative process where public agencies collaborate with non-state stakeholders to make or implement public policies and manage programs. This

governance model aims to bring various groups together in collective decision-making to foster better outcomes through collaboration. The core dimensions outlined by Ansell and Gash are essential for understanding the dynamics and structure of collaborative governance.

One key dimension is the Initial Conditions that motivate stakeholders to engage in collaboration. Ansell and Gash (2007) argue that shared experiences, including both successes and failures, create a sense of solidarity and the desire to work together. The conditions that prompt collaborative efforts often stem from prior challenges that stakeholders have faced together, fostering trust and a shared commitment to achieving collective goals. These conditions create a foundation for collaboration, encouraging various actors to come together in pursuit of common objectives.

The second important aspect is the Institutional Design, which involves clear rules and procedures for collaboration. Ansell and Gash (2007) emphasize that fairness, transparency, and openness are crucial in ensuring that stakeholders trust the process and feel that their participation is meaningful. Clear rules prevent hidden agreements and ensure that negotiations and discussions are genuine. Without a well-structured institutional framework, the collaborative process may lack credibility, reducing the willingness of stakeholders to engage in meaningful dialogue.

Facilitative Leadership is another critical factor influencing the success of collaborative governance. Leaders in this context must possess the ability to bring together diverse stakeholders, facilitating discussions that build mutual trust and understanding. According to Ansell and Gash (2007), facilitative leaders are essential in guiding the collaborative process, fostering commitment to shared goals, and helping stakeholders navigate the complexities of collective decision-making. Effective leadership encourages all parties to remain engaged and work toward achieving a consensus that benefits all.

The final dimension is the Collaborative Process itself, which involves ongoing communication, trust-building, and commitment to the collaborative effort. Ansell and Gash (2007) describe how communication is central to collaboration, starting with face-to-face dialogues that build trust among stakeholders. Through consistent communication, stakeholders develop a deeper understanding of each other's perspectives, which enhances mutual trust and commitment to the process. This dimension highlights that collaboration is not a one-time event but an evolving process that requires continuous effort, dialogue, and adaptation to achieve desired outcomes.

To assess the healthcare services provided by Rutan Klas IIB Sukadana to inmates, the theory of Service Quality (Servqual) by Zeithaml, Parasuraman, and Berry serves as the theoretical foundation. According to Zeithaml, Parasuraman, and Berry (1990), service quality can be evaluated based on five key dimensions: tangibles, reliability, responsiveness, assurance, and empathy. These dimensions collectively capture the various aspects of service delivery that impact customer satisfaction. The application of this theory in the context of healthcare services at Rutan Klas IIB Sukadana aims to identify how well the institution meets the needs of its inmates through these different dimensions.

The first dimension, Tangibles, refers to the physical aspects of service delivery, including the office environment, administrative processes, and facilities such as waiting areas and information desks. In the context of healthcare, this includes the cleanliness and organization of the healthcare facilities and the availability of medical equipment. These tangible factors contribute significantly to the overall perception of service quality,



as they provide visible evidence of the institution's commitment to providing adequate care and services.

Reliability is another critical dimension of service quality. This refers to the ability of service providers to consistently deliver dependable and trustworthy services. In the case of healthcare at Rutan Klas IIB Sukadana, reliability would be demonstrated through the consistent availability of medical professionals, accurate diagnoses, and timely treatment for inmates. Reliable service is essential for building trust between service providers and consumers, particularly in settings where individuals rely heavily on the services being offered.

The third dimension, Responsiveness, highlights the importance of prompt and efficient service. In healthcare settings, responsiveness involves the ability of medical staff to quickly address the needs of inmates and provide timely medical attention. A responsive healthcare service ensures that patients do not experience long waiting times and that their concerns are addressed in a timely manner, ultimately improving overall satisfaction with the service provided.

Assurance refers to the confidence and trust that service providers can instill in their customers. In healthcare, this involves the professionalism, courtesy, and knowledge of the staff. At Rutan Klas IIB Sukadana, assurance is demonstrated through the medical staff's ability to communicate effectively with inmates, provide accurate medical information, and offer reassurance during treatment. This dimension of service quality is crucial for building a sense of security and confidence among the inmates regarding the care they receive.

Lastly, Empathy involves the ability of service providers to show care and attention to the individual needs of their customers. In a healthcare context, this means that medical staff at Rutan Klas IIB Sukadana must demonstrate compassion and understanding toward the inmates, offering personalized care and considering the unique challenges that each patient faces. Empathy is especially important in correctional facilities, where inmates may feel vulnerable and isolated. By providing empathetic care, healthcare providers can help improve the overall well-being and mental health of the inmates, contributing to a more positive perception of the healthcare services offered.

## **METHOD**

Qualitative research methods are often referred to as naturalistic research methods due to their foundation in studying phenomena in their natural context. These methods are also sometimes known as ethnographic, as they were first utilized in cultural anthropology studies. As noted by Sugiyono (2019), qualitative methods are used because the collected data and analysis are qualitative in nature, focusing on understanding the dynamics of social contexts. Qualitative research operates within the interpretive and constructive paradigms, often associated with post-positivist philosophy, which views social reality as complex, interconnected, and constantly evolving. This approach acknowledges the researcher as the key instrument in data collection, emphasizing the importance of a broad theoretical understanding to interpret and analyze the social situations being studied.

In qualitative research, the researcher must engage directly with the environment and participants, aiming to understand the subjects without influencing them. The objective of this approach is not to manipulate or alter the research environment but to observe naturally occurring behaviors and interactions. Researchers must be adept at interpreting social realities through observation, interviewing, and data analysis. This requires them to possess both a theoretical vision and a deep comprehension of the social

phenomena under investigation. Data collection in qualitative research is typically conducted using multiple techniques simultaneously, allowing for a more comprehensive and nuanced understanding of the social setting. The analysis is inductive, meaning that it evolves from the data itself, helping the researcher to construct hypotheses or theories based on field observations.

Qualitative research is particularly suited for studies that aim to uncover in-depth and meaningful insights rather than broad generalizations. Unlike quantitative methods, which prioritize statistical analysis and generalization, qualitative research focuses on understanding specific phenomena in their natural context. Transferability, rather than generalizability, is a key concept in qualitative research, enabling researchers to apply findings to similar contexts rather than making broad assumptions. This method is often used in areas such as community studies, organizational behavior, cultural analysis, and more. The inductive nature of qualitative research allows for the emergence of new insights that can deepen the understanding of complex human experiences and social phenomena.

Research design plays a crucial role in the success of any study, providing a framework for collecting and analyzing data. In this research, the chosen design is a case study, selected for its ability to reveal the unique characteristics of the case being examined. This study focuses on analyzing the healthcare service collaboration between Puskesmas Sukadana and the Sukadana Class IIB Detention Center, seeking to uncover distinctive features of this partnership. A case study design allows for an in-depth exploration of the specific conditions and practices of healthcare service delivery within this unique setting. By focusing on a particular case, the research can provide detailed insights into the factors that influence healthcare collaboration in a detention center environment.

Data collection is a fundamental stage in any research process, and in qualitative research, multiple techniques are used to gather comprehensive information. In this study, data was collected through interviews, observations, and document analysis, ensuring a rich and diverse dataset. Observation, for example, involved a systematic analysis of healthcare service activities within the detention center, allowing the researcher to witness firsthand the dynamics of healthcare delivery. Document analysis provided additional context, drawing on records of healthcare services provided at the Sukadana Class IIB Detention Center. Through these various techniques, the research gathered reliable data that could be thoroughly analyzed to draw meaningful conclusions.

## **RESULTS AND DISCUSSION**

### **Collaborative Governance of Class IIB Sukadana Detention Center Health Services Based on Collaborative Governance Theory**

The collaboration between Puskesmas Sukadana and Rutan Kelas IIB Sukadana plays a crucial role in addressing the healthcare needs of inmates, as mandated by Indonesian law. According to Law No. 22 of 2022 on Corrections, inmates have the right to receive adequate healthcare services within detention facilities. However, the available healthcare resources at Rutan Kelas IIB Sukadana fall short of the standards set by the Ministry of Law and Human Rights, which requires the presence of a doctor, dentist, nurses, pharmacist assistants, nutritionists, psychologists, and administrative staff. Currently, the prison only has two nurses, with no doctor available, which makes it impossible to meet the healthcare demands of the facility's population, particularly given the overcrowding. In response to this shortfall, Rutan Kelas IIB Sukadana entered into a partnership with Puskesmas Sukadana, an initiative aimed at supplementing the limited

medical personnel within the prison. This collaboration, under the framework of collaborative governance, allows the prison to leverage the expertise and resources of the Puskesmas to ensure that the healthcare rights of the inmates are fulfilled.

Collaborative governance theory has been narrowed down by researchers to focus specifically on the personnel at the Sukadana Class IIB Correctional Facility. This includes the warden, security chief, prisoner service sub-section head, health service staff, and security staff. Observations indicate that collaborative governance can be effectively achieved if certain factors are well implemented by both parties involved. One crucial factor is the initial condition, as outlined by Ansell and Gash (2007), which can ignite the desire among stakeholders, including government bodies and other institutions, to engage in collaboration. The impetus for collaboration often arises from shared experiences of hardship or failure, fostering a sense of solidarity through joint efforts. In the case of the Sukadana Class IIB Correctional Facility, the previous inadequacies in healthcare resources motivated the establishment of a partnership with the Sukadana Health Center. The facility lacked sufficient medical facilities and personnel, leading to service delivery challenges that impacted the quality of healthcare provided to inmates. Such conditions underscored the need for cooperation to ensure optimal health services, an understanding echoed by the facility's management.

The design of institutional frameworks is another critical aspect of collaborative governance, according to Ansell and Gash (2007). Clear rules and procedures are essential to ensure fairness and transparency, enabling stakeholders to engage in meaningful dialogue rather than superficial negotiations aimed at masking hidden agreements. The cooperation between Sukadana Class IIB Correctional Facility and the local health center was initiated as a strategic policy decision by the leaders of both institutions to address the shortcomings in healthcare delivery at the facility. The health staff at the correctional facility were insufficient to meet the needs of the inmate population, prompting the management to establish a cooperative agreement with the health center. This arrangement allows the correctional facility to improve health services for inmates while the health center gains additional resources and opportunities to meet its own operational goals, such as securing blood supplies through donation programs conducted within the correctional facility.

The collaborative partnership has proven beneficial for both the Sukadana Class IIB Correctional Facility and the local health center, creating a dual advantage that enhances service delivery and resource availability. While formal written agreements may not exist, the collaborative relationship established between the facility and the health center has facilitated a more effective approach to inmate healthcare. This partnership not only aids in addressing the healthcare needs of inmates but also allows the health center to achieve its operational objectives, such as improving its performance metrics. Ultimately, the synergy created through this collaboration reflects the importance of community engagement and resource sharing in improving public health services, particularly in settings where institutional constraints limit operational capacities.

The development of this cooperative relationship is underpinned by sound policies and decisions made by the leadership of Rutan Kelas IIB Sukadana. Acknowledging the inadequacies in previous health service delivery to inmates, the leadership recognized the need for collaboration with Puskesmas Sukadana. This proactive approach aims to bridge gaps in healthcare provision, particularly in light of the limited availability of healthcare personnel within the facility. The leaders' commitment to improving health outcomes has led to a policy that emphasizes the



necessity of external partnerships, highlighting that such collaborations are not only beneficial but essential for meeting the healthcare needs of inmates. This strategic decision reflects an understanding of the operational challenges faced by correctional facilities and demonstrates a commitment to ensuring that the rights of inmates to adequate healthcare are upheld.

The collaboration between Rutan Kelas IIB Sukadana and Puskesmas Sukadana has been significantly influenced by past experiences, particularly during the COVID-19 pandemic, which exposed vulnerabilities in health service delivery within the prison system. The surge of health issues among inmates during this period prompted a reevaluation of existing healthcare protocols and a recognition of the urgent need for comprehensive healthcare support. By learning from these challenging experiences, the leadership of Rutan Kelas IIB Sukadana initiated a partnership with Puskesmas Sukadana, which had already been established in 2019. This collaboration has since evolved into a robust support system for inmate healthcare, showcasing the importance of adaptive leadership that responds to crises with decisive action to improve conditions. The continuous engagement and coordination between these two entities exemplify a successful model of collaborative governance aimed at enhancing public health outcomes, particularly in challenging environments like correctional facilities.

The concept of reliability, which refers to the dependability and consistency of healthcare services, is another critical factor influencing the quality of care at Sukadana Prison. The effectiveness of medical personnel in administering treatment is pivotal for ensuring that inmates receive the necessary healthcare interventions. In this facility, the handling of non-severe cases is manageable within the prison environment, where initial assessments and medications can be provided. However, when it comes to more complex health issues, the lack of adequate medical resources and trained professionals often necessitates transferring inmates to the local health center. This transfer is often limited to daytime hours, which creates additional barriers to timely medical care for inmates experiencing acute health crises after hours. The resulting delays can lead to dissatisfaction among inmates, who may feel their healthcare needs are not being met. Furthermore, the absence of medical professionals, particularly doctors, raises concerns about the quality of care delivered within the prison. The reliance on external health services underscores the necessity for a more robust healthcare framework within the prison system.

In addition to the assurance conveyed through interpersonal interactions, the medical staff's competence is vital for delivering effective care to inmates, particularly those facing severe health issues. The necessity for reliable medical services is underscored by the diverse range of health problems that may arise within a correctional environment. Inmates depend on the skills of healthcare professionals to navigate their medical needs, and their confidence in these professionals is paramount for optimal healthcare delivery. However, constraints such as limited resources and personnel can hinder the quality of care provided. Many healthcare providers at correctional facilities find themselves stretched thin, leading to challenges in addressing inmates' health needs adequately. Such limitations may necessitate collaboration with external healthcare facilities to ensure that inmates receive comprehensive medical attention. The commitment to improving healthcare services through strategic partnerships highlights the recognition of these challenges and the ongoing efforts to enhance the quality of care in correctional settings, ensuring that inmates receive the necessary attention and support for their health and well-being.

## **Obstacles in the implementation of Collaborative governance in health services at class IIB Sukadana detention center**

The implementation of collaborative governance in healthcare services at the Class IIB Sukadana prison reveals several challenges that hinder the effectiveness of health services provided to inmates. A significant issue identified is that the existing facilities and infrastructure do not meet the required health service standards. Observations indicate that the conditions of the polyclinic within the prison are inadequate, impacting the quality of healthcare delivery. The polyclinic lacks sufficient space for patient care and examination, leading to suboptimal treatment conditions for inmates. Moreover, the sterilization levels of the clinic are questionable, with unauthorized individuals frequently entering the premises. The limited medical equipment and staffing further exacerbate these challenges. With only two nurses available and no resident doctor, the healthcare system struggles to accommodate the overcrowded inmate population. This deficiency in medical resources has prompted the prison to establish collaborations with the Sukadana community health center (Puskesmas) to enhance healthcare services for inmates.

Another critical aspect affecting healthcare quality is the competency level of the medical staff at the Sukadana health center in managing the health issues of inmates. Although the health center is staffed with a number of qualified doctors, their availability is limited, as they only conduct weekly visits to the prison. This situation poses a significant problem, particularly when inmates experience health crises outside the scheduled visits. While the prison has attempted to compensate for its inadequate medical staff through partnerships with the health center, the reliance on external medical assistance remains insufficient due to the restrictive availability of medical personnel. The inability of prison staff to focus solely on inmate care is further complicated by their dual responsibilities, which detracts from their capacity to provide adequate medical attention. The health conditions within the prison thus remain a pressing concern, as the collaborative efforts between the prison and the health center struggle to meet the inmates' needs effectively.

The operational hours of the Sukadana health center present additional complications for healthcare service delivery within the prison. With the health center operating for only eight hours a day, discrepancies arise between its availability and the continuous healthcare demands of the inmates. This limited access to medical services often forces prison staff to transport sick inmates to distant hospitals during emergencies, which can lead to delays in receiving necessary care. The disparity in working hours between the health center and the prison complicates the collaboration, making it challenging to provide timely medical assistance when it is most needed. Additionally, the infrequent visits by medical personnel hinder comprehensive health management within the prison, leaving inmates vulnerable to untreated health issues. As the number of sick inmates continues to grow, the lack of a 24-hour healthcare provision exacerbates the already critical situation in the Class IIB Sukadana prison.

Lastly, the absence of a formal written Memorandum of Understanding (MoU) between the Class IIB Sukadana prison and the Sukadana health center creates uncertainty in their collaborative efforts. While the partnership aims to improve healthcare services, the lack of a documented agreement raises concerns about the clarity of roles, responsibilities, and expectations for both parties. This informal arrangement may lead to misunderstandings and inconsistencies in service delivery, as communication and decision-making often rely on the personal rapport between leadership figures rather than established protocols. Without a clear framework outlining

the terms of their cooperation, the relationship between the prison and the health center remains tenuous, potentially compromising the quality of care provided to inmates. Additionally, the absence of a written agreement hampers the ability to hold parties accountable for their commitments, further jeopardizing the collaborative governance necessary for effective healthcare delivery in the prison context.

## CONCLUSION AND SUGGESTION

Collaborative governance in healthcare services at the Class IIB Sukadana Prison is realized through a partnership between the Sukadana Community Health Center (Puskesmas) and the prison itself. Observations and document studies indicate that this collaborative effort aims to enhance health services for the inmates. The cooperation, formalized through a meeting held on March 26, 2024, focuses on delivering quality healthcare to ensure that inmates receive appropriate medical attention. The partnership is motivated by a shared commitment to improving health outcomes for the inmates, making it essential for both parties to work closely. This collaboration aims to create a supportive environment where the health needs of inmates can be effectively addressed, leading to better overall health management within the prison facility.

However, there are several challenges that hinder the effective implementation of collaborative governance in health services at Class IIB Sukadana Prison. One major issue is the inadequate healthcare infrastructure within the prison, which fails to meet the necessary standards for inmate health services. Limited medical supplies, such as essential equipment for treating sick inmates, pose significant barriers to effective care, especially considering the overcrowding of inmates. Additionally, the medical staff at the Sukadana Community Health Center may not always be equipped to handle urgent health cases that arise outside regular consultation hours, which typically occur only once a week. The limited operational hours of the health center, functioning for only eight hours a day, further complicate timely medical responses to the needs of the inmates. Moreover, the absence of a formal written memorandum of understanding (MoU) regarding the cooperation creates ambiguity in the roles and responsibilities of each party, undermining the potential for a successful partnership. Lastly, the shortage of personnel available to accompany sick inmates for treatment outside the prison limits the effectiveness of care, as staff often have competing responsibilities within the facility.

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