

Prisons and Detention Facilities Preparedness in Indonesia for Preventing and Control of Covid-19

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ABSTRACT

The outbreak of a pandemic or the massive spread of Corona Virus Disease throughout the world and Indonesia since the end of 2019 has been concern to occur in prison and detention centers. Correctional Institution (prisons) and State Detention Center are institutions considered to be very vulnerable to the spread of Covid-19. Prison overcrowding add to the high risk of rapid and massive infection. Necessary measures and policies can minimize the risk of Covid-19 rapid spreading. Not only to the inmates, custody, and child prisoners, Covid-19 is also brings risks for every correctional officer. This study aims to explore the readiness of Prisons and Detention Centers in addressing the spread of Covid-19 on the Correctional Office and the clerk. It also attempts to know the implementation of the assessment and management of risk in prisons and detention in the face of Covid-19. Further, it intends to investigate the officers' understanding of the implementation of the protocol system of referral and clinical management for the trained citizens and detainees identified as positive suspect. This study also discusses a contingency plan to face Covid 19, to understand how correctional officers handle Covid-19, to know coordination between prisons and detention by the stakeholders' policies related to Covid-19, to measures preventive and control action to tackle Covid-19 performed by prisons and detention facilities, and also to know the implementation of the case management by the prisons and detention. The results showed that 74% of prisons and detention centers in Indonesia have a moderate level of preparedness for Covid-19. Additionally, 13% of the prisons and detention centers have a high level of preparedness, while 13% have a low level of preparedness. The research was carried out quantitatively by emphasizing the analysis of data in the form of numbers that are processed statistically. This is done to understand the general pattern in several prisons and detention centers so that conclusions can be drawn to improve policies related to the handling of Covid-19.

Keywords: Preparedness, Prisons, Preventing, Control, Covid-19, Indonesia.

1. INTRODUCTION

Covid-19 is a disease transmitted by a type of coronavirus that is recently discovered. New viruses and illnesses that caused it were unknown before it was discovered in Wuhan, China, in December 2019. Currently, Covid-19 cases have been found in many countries around the world [1]. The most common symptoms of Covid-19 are fever, dry cough, and the feeling of fatigue. Other symptoms experienced by some patients include a sense of aches and pain, stuffy nose, sore head, conjunctivitis, sore throat, diarrhea, loss of sense of taste or smell,

a rash on the skin, or a change in color of the fingers or toes [1]. The symptoms are usually mild and appear gradually. Most (approximately 80%) people who are infected managed to recover without the need of specific medical care [1]. Around 1 out of 5 individuals who are contaminated with Covid-19 endure extreme torment and trouble of breathing. Elderly people, and people with existing medical condition such as pressure, high blood, disturbance of heart and lungs, diabetes, or cancer have the possibility of a more substantial experience in more serious pain [1]. However, anyone can be infected with COVID-19 and experience severe pain. People of all ages may suffer from a fever and cough

accompanied by breathing difficulty, chest pain/pressure, or loss of speech [1].

The record of Covid-19 cases in Indonesia is growing rapidly. The of the task force on 28 June 2020 [2] showed that when the number of patients tested positive of Covid 19 increase to 1,198 people, bringing up the total number of positive cases of Corona to 54,010 cases. Patients' recovery rate increased by 1,027 patients, with a accumulative total of 22,936 people. Unfortunately, the death toll increased by 34 2,754 people. This means that the risk of infection and death from the virus still require careful attention [1]. Those who lost their freedom and are in prisons and detention are very susceptible to the Covid-19.

The WHO states that those prisoners who infected can be a source of amplification, and spread of the disease infection to another prisoners and detainees. Globally, evidence of the spread of Covid-19 in prisons has occurred in China, Brazil, India, and several countries in Africa [3]. Situation getting worse by the lack of sharing of knowledge among prison, system health of the shortage of funds, and facilities handling Covid-19 in the prisons of the world [4]. Prisons and detention must be considered as areas of public health to decrease the risk of virus transmission. Without a robust virus control strategy in prisons and detention centers, the government's efforts to reduce the increased risk of infection will be difficult [1].

In this condition, the process of Covid-19 transmission in prisons and detention centers in each region can be different. Prison and detention center that has a history of virus circulation could be infected by officers correctional or individual coming from out of the area of prisons and detention without specific screening. Prisons and other detention places with a recorded case will face much more severe risk. By now, several prisons and detention centers have been confirmed in several mass media, such as the Bojonegoro Prison [5], Pondok Bambu Prison [6], and Sungguminasa Women's Prison [7].

Indonesia has made various attempts to reduce the spread of the virus's in prisons, and detention, such as a policy to replace masks every four hours works within a block of residential, washing hands, keep a safe distance between a person, applying ethics while coughing or sneezing and others. Every positive case shall be referred to the health referrals facility outside the prison or hospital [8]. Even though this policy has been implemented, the spread of Covid-19 continues to increase. By 22 July 2020

covid-19 task force data shows that 448 detainees and prisoners have been tested positive, 53 of whom were under supervision. Of these, 66 people have been sent to receive intensive treatment and 114 had been recovered [9].

2. RESEARCH METHOD

The research instrument was adopted from the WHO 8 (eight) dimensions of prison and detention preparedness such as human rights, risk assessment, and risk management, referral system and clinical management, contingency planning, correctional officer training, communication risks, actions prevention and management of cases.

This study uses the survey design to find the incidence, distribution, and interrelation relative of the variables used [10]. The research survey is also used to make the accurate estimates regarding the characteristics of the entire population to examine the samples drawn from the populations. The results of this study serve as claims about the potential risks that exist in the population. The survey was carried out by a cross-sectional (period specified) to see the difference in scores from several prisons and detention. The samples in the study, selected using stratified random sampling, consisted of 40 prisons and detention centers throughout Indonesia. To measure the readiness of prisons and detention centers, researchers use index analysis, which is a type of analysis based on several indicators to describe the population's differences based on scores [11]. Items in different measuring instruments in each dimension are equalized first (Z-score), and then the index score is calculated based on the range and weight of each dimension [12].

Table I
Sample Characteristics

No.	Category	Characteristics	Frequency	%
1.	Type of Correctional Office	Prison	27	54%
		Detention Center	13	46%
2.	Province	Bali	1	2%
		Banten	1	2%
		Bengkulu	2	4%
		DKI Jakarta	2	4%

Jambi	1	2%	Prepared Enough	$M - 1SD \leq X < M + 1SD$	36	74%
Jawa Barat	5	10%				
Jawa Tengah	8	16%	Very Prepared	$M + 1SD \leq X$	7	13%
Jawa Timur	3	6%				
Kalimantan Selatan	2	4%	<p>The WHO in Europe assesses prisons and detention centers' readiness in the prevention of a pandemic from several factors such as human rights, assessment, and management risk, referral and management clinical systems, contingency planning, trained correction officer, risks communications, prevention actions, and management.</p> <p>As seen in figure 1. our research found that many prison and detention facilities not prepared the staff with Covid-19 knowledge (training dimension). Meanwhile, the human rights dimension provides high preparedness among other dimension.</p>			
Kalimantan Tengah	1	2%				
Lampung	2	4%				
NTB	1	2%				
Riau	3	6%				
Sulawesi Selatan	1	2%				
Sumatera Selatan	2	4%				
Sumatera Utara	4	8%				
Yogyakarta	1	2%				

3. FINDINGS AND DISCUSSION

3.1. Preparedness for Preventing and Controlling Covid-19

To manage the Covid-19 pandemic, correctional officers need to understand a comprehensive strategy including hygiene, the etiquette of sneezing and coughing, distancing, being aware of the symptoms and signs of covid-19, keeping a distance from the confirmed patient, and the requirement for the officer to remain at home when feeling sick [12]. Applying self-isolation from the outside world, just like the case in Italy, is not enough [13] for the needs of the visit could affect the security of prisons and detention as in Brazil [14]. Some inmates think that this pandemic is an advantage in themselves to be released earlier [15].

Table II

Overall Score of Covid-19 Preparedness

Category	Formula	Frequency	Percentage
Low Preparedness	$X < M - 1SD$	7	13%

Table III

Aspects to Improved In Indonesia Prisons and Detention Centers Dealing With Covid-19

No	Item	Dimension
1.	Detailed recording of people in and out at the correctional office (temperature, contact history, travel history, symptoms)	Risk Management
2.	Selected areas for risk assessment at the entrance/exit of the correctional office	
3.	Quick swab access for those who are reactive	Referral System & Clinical Management
4.	Contingency planning if a case arises in the correctional office which is communicated to every official and officer at the correctional office	Contingency Planning
5.	Basic Covid-19 training for officers (how to use PPE and preventive measures)	Training

The results on each dimension show that most prisons and detention centers have prepared enough to face Covid-19. The case management dimension, which measures the management of prisoners and detainees who infected with Covid-19, has six units; 15.38% for those that have high readiness, 29 units or 74.35% being quite ready, and four units or 10.25% for those that are not ready. In the prevention measure dimension, which measures preventive measures taken, such as personal protection, use of masks, and physical distancing, there are six distinct units; 15.38% (high readiness), 29 units or 74.35% (quite ready), and four units or 10, 25% (not ready). The risk communication dimension measures how to inform the Covid-19 pandemic to prisoners/detainees and the public and the communication strategies used to inform clearly and accurately about the signs of Covid-19 and the medical efforts taken. The results showed that 36 units (92.30%) were quite alert, and three units (7.69%) were not ready to face the Covid-19 pandemic.

The training dimension measures how well trained and how much knowledge officers have in dealing with the Covid-19. The results showed that eight units (20.51%) had high readiness, 21 units (53.84%) were quite alert, and ten units (25.64%) were not ready to face the Covid-19 pandemic. The contingency planning dimension measures continuous action in managing the impact of Covid-19 and preparedness for emergency conditions. The results showed that seven units (17.94%) had high readiness, 27 units (69.23%) were quite alert, and five units (12.82%) were not ready to face the Covid-19 pandemic.

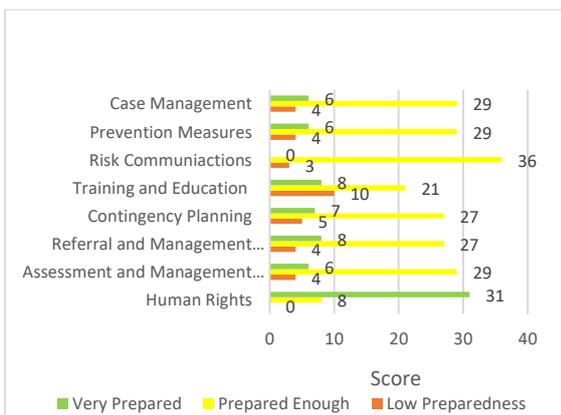


Fig. 1. Index Measurement Score of Preparedness in Prison and Detention Center in Indonesia.

Referral and clinical management dimensions in dealing with Covid-19 are measured through the

availability of laboratories and isolation rooms according to established protocols. The results showed that eight units (20.51%) had high readiness, 27 units (69.23%) were quite ready, and four units (10.25%) were not ready. The assessment and management risk dimension is measured through a risk assessment process for everyone in prisons and detention centers, and contact tracing with suspected Covid-19 sufferers is carried out. The results showed that six units or (15.38%) had high readiness, 29 units (74.35%) were quite ready, and four units (10.25%) were not ready. Human rights dimension were used to measure the standard of care and health facilities provided by prisons/detention centers. The results showed 31 units of preparedness or 79.48% have been prepared, while eight units or 20.52% were quite ready.

3.2. Prison and Detention Facility Preparedness

Punishment, concurring to Van cave Haag in Louis P. Carney [16] as " a hardship or enduring, forced by law " or "hardship or enduring, forced by law. Jackson Toby in Stanley E. Grupp [17] expressed that punishment have three capacities: to avoid or preventing crime, a tool for keeping up the assurance of those who comply, and as an instrument for changing offenders behavior. This view of this judgment spawned a category of concepts punishment applied as Retribution, Deterrence, or Reformation (reform). It is hoped that the Correctional Institution (prison) function as a place only to convict people and as a place to foster or educate prisoners so that after serving their sentences, they can adjust to life outside prison as good and obedient citizens. [18]

Correctional as the philosophy of implementing punishment in Indonesia focuses on integration as the foundation for treating prisoners and detainees in prisons and detention centers. The state has no right to make prisoners and detainees to became worse than before entering correctional institutions/detention. Through this principle, every prisoner and detainee must be treated humanely and according to dignity. Therefore, smooth handling is expected to avoid and deal with prisoners/detainees from the threat of the Covid-19 pandemic.

The inhibiting factor in dealing with Covid-19 in correctional institutions/detention is the high level of overcrowding. Despite the policy of releasing prisoners through assimilation and integration programs, the fact is that the overcrowded rates of prisons and detention centers are still high. This is because narcotics convicts sharing 54% of the total population of correctional institutions/detention are not given assimilation and

integration due to provisions that prohibit them to receive it. This condition is, certainly, a high-risk factor for the spread of the Covid-19 cluster, and it becomes more difficult to take action and control.

People who deprived of their liberty, such as people in prisons and other places of detention, are likely to be more defenseless to the coronavirus ailment (Covid-19) flare-up than the common masses since of the restricted conditions in which they live together for many days. Prisons, detention, and similar settings where people are gathered close may act as a source of infection, amplification, and spread of infectious diseases within and beyond prisons. Prison wellbeing is hence broadly considered as public wellbeing. The reaction to Covid-19 in jails and other places of detainment is especially challenging, requiring a whole-of-government and whole-of-society approach, for the taking after reasons.

The exceptional reality of being denied of freedom infers that individuals in jails and other places of detainment live close to one another, which likely results in an increased chance of person-to-person transmission of pathogens like Covid- 19. In expansion to statistic characteristics, individuals in detainment facilities regularly have a more noteworthy basic illness burden and more regrettable wellbeing conditions than the common population. They regularly confront more prominent presentation to dangers such as smoking, destitute cleanliness, and frail safe defense due to push, destitute sustenance, or predominance of coexisting infections, such as bloodborne infections, tuberculosis, and medicate utilize clutters. In these circumstances, the avoidance of importation of the infection into detainment facilities and other places of detainment is a fundamental component in maintaining a strategic distance from or minimizing disease and genuine episodes in these settings and past.

Correctional facilities and other places of detainment are encased circumstances where people (tallying staff) live adjoining. Each country contains a commitment to amplifying its level of status, alert, and response to recognize, oversee, and care for cases of Covid-19. Nations ought to get prepared to answer particular open prosperity scenarios, recognizing that there's no one-size-fits-all approach to supervising cases of Covid-19. Four transmission scenarios experienced by countries at the subnational level have been characterized for Covid-19, and countries need to change and tailor their approach to the neighborhood setting.

4. CONCLUSION

The results show that three approaches can be used to prepare for preventing and controlling covid-

19 in prison and detention facilities. First of all, health facilities for prisoners and detainees are not similar to those obtained by the regular people (human rights). Secondly, there is a need to specify the records of the correctional office people (temperature, contact history, railway at trip, symptoms, etc.) (risk management). Third, provide a particular risk assessment area at the entrance/exit of the correctional office (risk management). Fourth, detect symptoms up to seven days before arrival to the correctional office (Risk Management). Fifth, expand the network to accelerate access to swab test for those who are positive (system referral & clinical management). Sixth, make an emergency plan if a case occurs and inform every officer in the correctional office (contingency planning). Seventh, provide training on basic knowledge of Covid-19 to officers, how to use PPE, and preventive measures in the environment (cleaning and disinfection). Eighth, create a standard operating procedure to manage officers who are suspected of Covid 19. Ninth, differentiate eating facilities (containers) and special bathrooms for suspected prisoners or detainees.

REFERENCES

- [1] W. H. O. Regional Office for Europe, "Preparedness, prevention, and control of Covid-19 in prisons and other places of detention: Interim Guidance." WHO Regional Office for Europe, Copenhagen, 15-Mar-2020.
- [2] M. Online, Ed., "Melonjak Tajam, 1.027 Pasien Sembuh Dalam Sehari & Catatan Tertinggi Selama Pandemi," merdeka.com, 29-Jun-2020. [Online]. Available: <https://www.merdeka.com/peristiwa/melonjak-tajam-1027-pasien-semuh-dalam-sehari-catatan-tertinggi-selama-pandemi.html>. [Accessed: 08-July-2020].
- [3] C. Franco-Paredes, K. Jankousky, J. Schultz, J. Bernfeld, K. Cullen, N. G. Quan, S. Kon, P. Hotez, A. F. Henao-Martínez, and M. Krsak, "COVID-19 in jails and prisons: A neglected infection in a marginalized population," *PLOS Neglected Tropical Diseases*, vol. 14, no. 6, 2020.
- [4] A. G. Montoya-Barthelemy, C. D. Lee, D. R. Cundiff, and E. B. Smith, "COVID-19 and the Correctional Environment: The American Prison as a Focal Point for Public

- Health,” *American Journal of Preventive Medicine*, vol. 58, no. 6, pp. 888–891, 2020.
- [5] Correctional Covid-19 Task Force, “Data Covid-19 di UPT Pemasarakatan.” Direktorat Jenderal Pemasarakatan, Jakarta, 2020.
- [6] D. Meiliana, “Seorang Napi LP Bojonegoro yang Terjangkit Covid-19 Dinyatakan Sudah Sembuh,” *KOMPAS.com*, 12-May-2020. [Online]. Available: <https://nasional.kompas.com/read/2020/05/12/12194071/seorang-napi-lp-bojonegoro-yang-terjangkit-covid-19-dinyatakan-sudah-sembuh>. [Accessed: 08-July-2021].
- [7] C. N. N. Indonesia, “24 Warga Binaan Rutan Pondok Bambu Terindikasi Positif Corona,” 24 Warga Binaan Rutan pondok Bambu Terindikasi positif Corona. [Online]. Available: <https://www.cnnindonesia.com/nasional/20200512115111-20-502416/24-warga-binaan-rutan-pondok-bambu-terindikasi-positif-corona>. [Accessed: 08-July-2020].
- [8] S. I. Padmasari, “244 Napi Lapas Perempuan Gowa Tes Swab, 110 Positif Covid-19,” *merdeka.com*, 23-Jun-2020. [Online]. Available: <https://www.merdeka.com/peristiwa/244-napi-lapas-perempuan-gowa-tes-swab-110-positif-covid-19.html>. [Accessed: 08-July-2020].
- [9] Y. H. Laoly, “Kebijakan Pembebasan Narapidana,” in *MAHUPIKI Nasional Webinar Seri 2 Kebijakan Pembebasan Narapidana*, 29-Jun-2020..
- [10] S. Azwar, *Metode Penelitian*. Yogyakarta: Pustaka Pelajar, 2016.
- [11] F.N. Kerlinger, *Asas-asas Penelitian Behavioral*. Yogyakarta: Universitas Gadjahmada, 2004.
- [12] A. Hawken and G. L. Munck, “Cross-National Indices with Gender-Differentiated Data: What Do They Measure? How Valid Are They?,” *Social Indicators Research*, vol. 111, no. 3, pp. 801–838, 2012.
- [13] E. R. Babbie, in *The practice of social research*, Boston, MA: Cengage, 2021.
- [14] M. J. Akiyama, A. C. Spaulding, and J. D. Rich, “Flattening the Curve for Incarcerated Populations — Covid-19 in Jails and Prisons,” *New England Journal of Medicine*, vol. 382, no. 22, pp. 2075–2077, 2020.
- [15] M. Cingolani, L. Caraceni, N. Cannovo, and P. Fedeli, “The COVID-19 Epidemic and the Prison System in Italy,” *Journal of Correctional Health Care*, p. 107834582092973, 2020. [16] Carney, Louis P. *Corrections Treatment and Philosophy*. 1 ed. New Jersey USA: Prentice Hall, Inc., 1980.
- [17] S. E. Grupp, *Theories of punishment*. Bloomington: Indiana University Press, 1972.
- [18] Novian, Rully, Supriyadi Widodo Eddyono, Ajeng Gandini Kamilah, Sustira Dirga, Carla Nathania, Erasmus A.T. Napitupulu, Syahrial Martanto Wiryawan, & Adhigama Andre Budhiman. *Strategi Menangani Overcrowding di Indonesia: Penyebab, Dampak dan Penyelesaiannya*. Jakarta: Institute for Criminal Justice Reform (ICJR), 2018.