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HEALTHCARE ACCESS IN PRISON: ASSESSING MEDICAL TRANSFER POLICIES AND THE RIGHT TO HEALTH OF WOMEN PDLs

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ABSTRACT

This study titled "Healthcare Access in Prison: Assessing Medical Transfer Policies and the Right to Health of Women PDLs," explores the lived experiences and aspirations of women Persons Deprived of Liberty (PDLs) and Bureau of Corrections (BuCor) personnel regarding healthcare access and medical transfer processes within the Correctional Institution for Women (CIW). Guided by the Human Rights-Based Approach (HRBA) and Social Justice Theory, and using a qualitative method, the study upholds that the right to health is a universal entitlement, even within incarceration.

Through Key Informant Interviews (KIIs) and thematic analysis, findings revealed that while efforts exist to provide healthcare, women PDLs experience delays in hospital transfers, limited medical supplies, insufficient staff, and privacy concerns. BuCor personnel acknowledged challenges in balancing their security functions with compassionate care, emphasizing the need for improved coordination and logistical support.

The study concludes that systemic reform is vital to ensure equitable, dignified, and gender-responsive healthcare. It recommends integrating modern health systems, digital monitoring tools, and rights-based medical protocols to promote humane treatment and uphold the inherent dignity of women PDLs under the HRBA framework.

KEYWORDS: *Women PDLs, Healthcare Access, Human Rights-Based Approach, Social Justice, Medical Transfers*

INTRODUCTION

Background of the Study

Access to healthcare for persons deprived of liberty (PDLs) remains a persistent human rights concern within correctional systems worldwide, particularly for incarcerated women. International human rights instruments affirm that imprisonment should not result in the denial of fundamental rights, including the right to health. Article 10 of the International Covenant on Civil and Political Rights (ICCPR) requires that PDLs be treated with dignity, while the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) mandate that prisoners receive healthcare equivalent to that available in the community and free from discrimination (United Nations, 2015). Complementing these standards, the Bangkok Rules emphasize gender-responsive healthcare, recognizing women prisoners' distinct reproductive, mental, and psychosocial needs (UNODC, 2011). Despite these safeguards, delays in medical access and restrictive transfer procedures continue to cause preventable suffering and deaths.

Global evidence illustrates how delayed medical transfers undermine the right to health. Cases from Belarus and the United Kingdom demonstrate how denial or postponement of hospital referrals resulted in fatalities among women prisoners with cancer and severe mental illness (Associated Press, 2023; Booth, 2019). Even where care is eventually provided, dignity is often compromised, as illustrated by reports of women prisoners being restrained during sensitive medical procedures in the UK (Campbell, 2024). Similar patterns appear in the Asia-Pacific region, where women prisoners in Japan, Bangladesh, Pakistan, and Australia experience delays in mental health services, emergency referrals, and specialist care due to bureaucratic and logistical barriers (Human Rights Watch, 2023; Shahidullah et al., 2024; AIHW, 2020).

High-income countries are not exempt from these failures. In the United States, cases involving maternal health neglect and delayed medical response highlight how procedural barriers disproportionately affect women and marginalized groups in detention (Marlow, 2021; Southall, 2019). While some countries, such as Norway, demonstrate best practices by integrating prison healthcare into national health systems, most jurisdictions continue to struggle with balancing security priorities and timely healthcare delivery (Kjelsberg, 2010). In the Philippines, the right to health is constitutionally guaranteed and reinforced by Republic Act No. 10575, which obliges the State to provide humane treatment and adequate healthcare for PDLs. However, severe overcrowding, understaffing, and weak referral systems undermine these legal protections (CHR, 2019; WHO, 2021).

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These challenges are particularly evident at the Correctional Institution for Women (CIW) in Mandaluyong City, the country's primary facility for women PDLs. CIW operates far beyond its intended capacity, with thousands of women confined in a facility designed for only a fraction of that number, severely straining healthcare resources (BuCor, 2021). The absence of specialized medical personnel and the requirement of multiple administrative approvals for hospital transfers frequently delay urgent care, including prenatal services and emergency treatment (Commission on Audit, 2020; Rappler, 2024). Although recent initiatives such as telehealth partnerships signal progress, they cannot substitute for timely in-person hospital care.

Overall, the gap between legal guarantees and actual healthcare access reflects systemic and procedural failures at international, national, and local levels. Medical transfer policies consistently emerge as a critical barrier to realizing the right to health of women PDLs. Within CIW, these failures not only compromise dignity but also contribute directly to preventable morbidity and mortality. Addressing these issues requires urgent policy reform to align prison healthcare practices with constitutional mandates and international human rights standards.

PURPOSE OF THE STUDY

The purpose/s of this study is to critically assess how medical transfer policies affect healthcare access for women PDLs at the Correctional Institution for Women. Specifically, the study aims to examine existing medical transfer procedures, identify systemic and administrative gaps that hinder timely access to healthcare, and evaluate the extent to which current practices align with national laws and international human rights standards. By situating the analysis within global, national, and local contexts, this study seeks to contribute to a deeper understanding of how institutional processes shape health outcomes for incarcerated women. Ultimately, the study aims to propose policy recommendations that promote timely, gender-responsive, and rights-based healthcare delivery within the Philippine correctional system, thereby advancing the protection of the right to health and the dignity of women PDLs.

The right to health in the Philippines is constitutionally guaranteed and reinforced by statutory mandates such as Republic Act No. 10575, which obliges the State to provide humane treatment and adequate healthcare to PDLs. However, persistent challenges including severe overcrowding, limited medical personnel, and restrictive referral procedures have realization of this right, particularly for women PDLs who require specialized and time-sensitive healthcare services. These systemic barriers are especially pronounced at the Correctional Institution for Women (CIW) in Mandaluyong City.

RESEARCH QUESTIONS (Statement of the Problem)

This study seeks to examine how women Persons Deprived of Liberty (PDLs) at the Correctional Institution for Women (CIW) are treated in terms of healthcare and medical transfers, as well as the challenges encountered by BuCor personnel in policy implementation.

Specifically, it aims to answer the following questions:

1. How do women PDLs describe their experiences in accessing health care services inside the CIW? (KIs- for PDLs)
   - 1.1. Can you describe what usually happens when you start feeling sick and need medical attention inside the CIW?
     Can you describe what usually happens when PDL starts feeling sick and needs medical attention inside the CIW?
   - 1.2. How would you describe the availability and accessibility of medicines when you need them?
   - 1.3. What are your experiences in dealing with the doctors, nurses, and other health staff, are they approachable and sufficient in number?
     How would you describe the experiences of PDLs in dealing with the doctors, nurses, and other health staff, are they approachable and sufficient in number?
   - 1.4. How would you describe your experience when being transferred to a hospital for medical treatment outside the CIW?
     How would you describe your experience when PDLs are being transferred to a hospital for medical treatment outside the CIW?
2. How do BuCor personnel perceive their roles and responsibilities in ensuring adequate health care and medical transfer processes for women PDLs? (KIs - For BuCor Personnel)
   - 2.1. How do you perceive your primary role in providing healthcare support to women PDLs inside CIW?
     How do you perceive the role of BuCor personnel in providing healthcare support to women PDLs inside CIW?
   - 2.2. How do you balance your security duties with healthcare-related responsibilities?
     How do BuCor Personnel balance their security duties with healthcare-related responsibilities?
   - 2.3. How do you perceive your role in supporting PDLs with chronic or long-term illnesses?
     How do you describe your experiences receiving care and support from BuCor personnel in managing your chronic or long-term illness?
   - 2.4 How do you describe the process of arranging hospital transfers for women PDLs?
     How would you describe your experience when being transferred to a hospital for medical treatment outside CIW?

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3. What are the aspirations of the women PDL on the health services provided to them in the CIW? (for PDLs)
   - 3.1. What kind of medicine would you like to see always available at CIW?
     How does CIW ensure the continuous availability of medicines and other medical supplies for PDLs?
   - 3.2. What are your hopes about the presence of doctors, nurses, or health aides inside the facility?
     How does CIW ensure the regular presence, accessibility, and responsiveness of doctors, nurses, and health aides inside the facility?
   - 3.3. What support do you hope to get for women with chronic or long-term illnesses?
     How does BuCor ensure adequate care, monitoring, and support for women PDLs with chronic or long-term illnesses inside CIW?
   - 3.4. If you need to be transferred to a hospital, how do you hope the process can be made faster or more comfortable?
     How does BuCor ensure that hospital transfers for women PDLs are conducted efficiently, safely, and with consideration for their comfort and well-being?
4. Based on the findings, what program may be proposed?

SIGNIFICANCE OF THE STUDY

This study is highly significant as it critically examines healthcare access among women Persons Deprived of Liberty (PDLs), with particular emphasis on medical transfer policies and their consistency with the constitutional right to health. By analyzing the timeliness, efficiency, and responsiveness of medical referral and transfer procedures, the study generates evidence-based insights that can inform policy reform and strengthen institutional practices within the Philippine correctional system. The findings provide a basis for evaluating existing health services, including the adequacy of prison clinics, referral mechanisms, and escort protocols. These insights may guide improvements in operational efficiency and help reduce delays in accessing specialized and emergency medical care. The Department of Health (DOH) may likewise benefit from the study by using its findings to strengthen coordination between correctional facilities and public hospitals, allocate resources for prison health programs, and develop gender-responsive services for incarcerated women, the right to health is constitutionally guaranteed and reinforced by Republic Act No. 10575, which obliges the State to provide humane treatment and adequate healthcare for PDLs.

The study also supports the mandate of the Commission on Human Rights (CHR) by offering empirical data that can aid in monitoring compliance with national laws and international human rights standards. These may also be beneficial to legislators and the judiciary, that these findings may inform legal reforms and judicial oversight aimed at safeguarding the health rights of women PDLs. Local government units, public hospitals, civil society organizations, and advocacy groups may use the results to enhance collaboration, advocacy, and accountability in prison healthcare delivery. Ultimately, this study directly benefits women PDLs and their families by amplifying lived experiences and proposing concrete measures to ensure timely and humane access to healthcare. By bridging policy and practice, the study contributes to a more rights-based, equitable, and humane correctional system.

METHODOLOGY

Research Design

This study utilized a descriptive evaluative qualitative research design to provide an in-depth understanding of healthcare access among women Persons Deprived of Liberty (PDLs). A purely qualitative approach is deemed most appropriate because it emphasizes the narratives, perceptions, and lived experiences of participants, rather than numerical trends. As Creswell and Poth (2018) explain, qualitative inquiry seeks to uncover meanings and interpretations that individuals assign to their realities, making it suitable for exploring sensitive contexts such as prison healthcare.

This qualitative method provides a comprehensive and contextualized understanding of the challenges and aspirations surrouding healthcare access for women PDLs and serves as a foundation for proposing responsive programs and policy recommendations (Denzin & Lincoln, 2018; World Health Organization [WHO], 2021).

Research Instruments

Data were gathered primarily through Key Informant Interviews (KIIs). The KIIs were conducted with the women PDLs, and prison healthcare staff, correctional administrators, and representatives from the Bureau of Corrections (BuCor). These informants are expected to provide valuable perspectives on institutional policies, administrative practices, and systemic barriers in the delivery of healthcare services within the Correctional Institution for Women (CIW). According to Patton (2015), such methods allow the collection of rich, detailed accounts that capture both the individual and collective realities of participants.

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Respondents and Locale of the Study

This study will be conducted at the Correctional Institution for Women (CIW) located in Mandaluyong City, Metro Manila. The CIW is the primary national facility under the Bureau of Corrections (BuCor) that houses women deprived of liberty.

The population of this study was composed of two groups of respondents: ten (10) personnel of the Bureau of Corrections (BuCor), including medical staff assigned at the Correctional Institution for Women (CIW), and ten (10) women persons deprived of liberty (PDLs) incarcerated in the same facility. The BuCor personnel and medical staff are chosen because they are the direct implementers of healthcare delivery and medical transfer policies within the CIW. Their insights are highly valuable in understanding how institutional policies are translated into practice, as they can reveal operational procedures, administrative processes, and constraints such as budget limitations, staffing shortages, and logistical challenges.

Data Gathering and Analysis

Data collection proceeded with the conduct of Key Informant Interviews (KIIs). KIIs were carried out with selected BuCor personnel including administrators and medical staff and with women PDLs who had direct experiences in accessing health care and medical transfers. All narratives gathered from Key Informant Interviews (KIIs) were carefully transcribed verbatim to ensure accuracy and faithfulness to the participants' accounts. The transcribed data were then coded manually and with the aid of qualitative analysis procedures to identify recurring patterns, significant statements, and emerging issues related to the healthcare experiences of women Persons Deprived of Liberty (PDLs) and the roles of Bureau of Corrections (BuCor) personnel in ensuring access to health services and medical transfer processes.

Ethical Considerations

Informed consent was obtained from all participants, ensuring they understand the purpose, procedures, and potential risks involved. Participant confidentiality will be protected by anonymizing data and securing the storage of sensitive information and in accordance with the strict observance of the policy and rules and regulations of the Data Privacy Act of 2012, the Republic Act 10173. Participation will be voluntary, without coercion or undue influence. The study will aim to minimize harm and maximize benefits to participants and stakeholders through transparent and ethical research conduct.

RESULTS AND DISCUSSION

This presents a comprehensive analysis and interpretation of the data gathered from the respondents, systematically organized according to the statements of the problem. The findings are discussed in alignment through in-depth key informant interviews, the study sought to capture the nuances of healthcare accessibility, service delivery, and institutional responsiveness within a custodial setting guided by the principles of human rights and dignity.

3.1 SOP No. 1 How do women PDLs describe their experiences in accessing health care services inside the CIW? (KIs- for PDLs)

3.1.1. Can you describe what usually happens when you start feeling sick and need medical attention inside the CIW?
Can you describe what usually happens when PDL starts feeling sick and needs medical attention inside the CIW?

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Table 1
Narratives on the Experiences of PDLs and the Responses of BuCor Personnel When PDLs Are Feeling Sick and Need Medical Attention

Question	Participant Statements	Theme
(KIs for PDLs) 1. Can you describe what usually happens when you start feeling sick and need medical attention inside the CIW?	"Usually, we have to report our condition to the custodial officer first before being brought to the clinic." *"Kadalasan po, kailangan munang i-report sa custodial officer bago dalhin sa klinika."* (PDL1)	Structured but Lengthy Medical Access Process Immediate Response for Minor Illnesses and Prioritization of Serious Cases Cooperative and Compassionate Health Culture among PDLs and Staff
	"Sometimes, the nurse takes a while to come, especially at night." *"Minsan po matagal dumating ang nurse, lalo na kapag gabi."* (PDL2)	
	We must wait in line even if we already feel weak." *"Kailangan po naming pumila kahit mahina na ang pakiramdam."* (PDL3)	
	"If it's the weekend, there are fewer staff, so waiting time is longer." *"Kapag weekend po, kakaunti ang staff kaya mas matagal ang paghihintay."* (PDL4)	
	"They first check our temperature and ask for symptoms before giving medicine." *"Tinitingnan muna nila ang temperatura at tinatanong ang sintomas bago magbigay ng gamot."* (PDL5)	
	"For mild cases, they usually give paracetamol." *"Sa mga banayad na sakit, madalas paracetamol lang po ang gamot."* (PDL6)	
	"If the condition seems serious, they isolate the person and inform the doctor." *"Kapag mukhang malala, iniiwalay muna at tinatawagan ang doktor."* (PDL7)	
	"We can request to be brought to the infirmary through a written form." *"Puwede pong magsumite ng request form para madala sa infirmary."* (PDL8)	
	"Other PDLs help us if we feel dizzy or can't walk properly." *"Tinutulungan kami ng kapwa PDL kapag nahihilo o hindi makalakad ng maayos."* (PDL9)	
	"The staff try their best to attend to us despite being few in number." *"Ginagawa po ng staff ang makakaya/ nila kahit kakaunti lang sila."* (PDL10)	
(KIs for BuCor personnel) Can you describe what usually happens when PDL starts feeling sick and needs medical attention inside the CIW?	"When a PDL reports that she feels unwell, the custodial officer first records the complaint before endorsing it to the clinic." (B1)	Structured but Lengthy Medical Access Process Immediate Response for Minor Illnesses and Prioritization of Serious Cases Cooperative and Compassionate Health Culture among PDLs and Staff
	"We require proper documentation for every medical request to ensure accountability and monitoring. (B2)	
	"Sometimes, the process takes longer during weekends or nights because only a few medical staff are on duty." (B3)	
	"For common ailments like headaches or fever, we immediately give them paracetamol or basic first aid. (B4)	
	"If we suspect that the case is serious, the nurse or duty officer immediately isolates the PDL and contacts the medical officer." (B5)	
	"We make sure that emergencies are given priority; the duty personnel coordinate directly with the clinic to avoid delay." (B6)	
	"PDLs often help each other when one is sick, they support the sick person while waiting for assistance."" (B7)	
	"Even with limited staff, we try to maintain compassion and professionalism in attending to their medical needs." (B8)	
	"The relationship between custodial officers and medical staff is very cooperative we coordinate closely to manage each case efficiently. (B9)	
	"Despite the challenges, we do our best to respond promptly and treat the PDLs with dignity and empathy. (B10)	

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The findings reveal a shared understanding among women PDLs and BuCor personnel that CIW's medical access system is structured, transparent, and security-oriented, though often slowed by multiple procedural steps and limited staffing. Medical requests typically pass through custodial officers, documentation, and clinic referrals, processes viewed as necessary for accountability and fairness but burdensome during illness, especially at night or on weekends. Both groups recognize the institutional tension between maintaining order and delivering timely care. While procedural rigor safeguards discipline and prevents misuse, it can delay treatment. Participants agreed that the system is fundamentally sound yet in need of modernization, such as digital reporting, improved coordination, and increased medical staffing, to better align with BuCor's Human Rights-Based Approach (HRBA), particularly the principle of timely access to healthcare.

Both PDLs and personnel also described a functional triage system that prioritizes serious cases while providing immediate basic treatment for minor ailments. Mild conditions are addressed with basic medication, while severe symptoms prompt isolation and physician intervention. This approach reflects shared awareness of limited resources and a commitment to fairness, aligning with the Mandela Rules and HRBA principles of non-discrimination and proportionality. Beyond procedures, a strong culture of compassion and cooperation emerged. PDLs expressed appreciation for staff efforts, while personnel highlighted teamwork and mutual support during medical situations. This environment of empathy and shared responsibility reflects a humanized correctional health culture that supports dignity, morale, and rehabilitation. Institutionalizing compassion through training and participatory health programs can further strengthen a responsive, just, and humane healthcare system within CIW.

3.1.2 How would you describe the availability and accessibility of medicines when you need them?
Table 2 presents the responses given by the ten PDL (informants) during the Key Informant Interview are categorized along the themes as follows:

Table 2

Perceptions of PDLs and BuCor Personnel Regarding the Availability and Accessibility of Medicines at the CIW

Question	Participant Statements	Theme
(KIs for PDLs) 2. How would you describe the availability and accessibility of medicines when you need them?	"Most medicines are available, but sometimes there's shortage for special drugs." *"Karamihan po ay available, pero minsan kulang sa espesyal na gamot."* (PDL1)	Sufficient Supply of Basic Medicines but Inconsistent Access to Specialized Drugs
	"They provide paracetamol or antibiotics for common illnesses." *"Nagbibigay po sila ng paracetamol o antibiotic sa karaniwang sakit."* (PDL2)	
	"We can also buy from commissary if we have money." *"Puwede rin pong bumili sa commissary kung may pera."* (PDL3)	Transparency, Documentation, and Accountability in Medicine Distribution
	"If there's none available, the nurse explains and gives alternatives." *"Kapag walang gamot, sinasabi naman ng nurse at binibigyan ng kapalit."* (PDL4)	
	"Sometimes PDLs share medicine if one has extra." *"Minsan po, nagpapahiram o naghahati-hati ng gamot ang mga PDL."* (PDL5)	Cooperation, Resourcefulness, and Adaptive Health Behavior Among PDLs
	"There's a record for every medicine given to avoid misuse." *"May talaan po ng gamot para maiwasan ang maling paggamit."* (PDL6)	
	"For chronic illnesses, BuCor staff ensures continuity of treatment." *"Sa may malalang sakit po, tinitiyak ng BuCor ang tuloy-tuloy na gamutan."* (PDL7)	
	"Sometimes it takes days to replenish medicine stocks." *"Minsan po, inaabot ng ilang araw bago madagdagan ang stock."* (PDL8)	
	"We are informed if medicine deliveries are delayed." *"Ipinapaalam naman po kapag nadedelay ang gamot."* (PDL9)	
	"At least now, medicines are more accessible than before." *"Ngayon po ay mas madali nang makakuha ng gamot kaysa dati."* (PDL10)	

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(KIs for BuCor personnel) How would you describe the availability and accessibility of medicines when you need them?	**B1:** "Common medicines like paracetamol, amoxicillin, and multivitamins are consistently available in our clinic, so we can attend to ordinary ailments immediately. However, specialized maintenance drugs are not always on hand due to procurement timelines."	Sufficient Supply of Basic Medicines but Inconsistent Access to Specialized Drugs Transparency, Documentation, and Accountability in Medicine Distribution Cooperation, Resourcefulness, and Adaptive Health Behavior Among PDLs
	B2: "We have enough supplies for day-to-day cases like coughs, colds, and mild infections, but specialized prescriptions still need coordination with the main BuCor medical division."	
	B3: "Our stock for basic medicines is stable, but replenishment of specialized or branded drugs can sometimes be delayed, especially when supplier schedules overlap with government bidding processes."	
	B4: "In most cases, we can respond promptly with generic medicines. But for unique medical conditions, we often request authorization to secure the exact prescription needed."	
	B5: "Accessibility is generally good for common illnesses, though there are isolated times when we rely on referrals to external hospitals due to delayed deliveries of specialized drugs."	
	B6: "Every medicine dispensed is documented in the infirmary logbook. We make sure all distributions are properly recorded under the PDL's name and cell assignment."	
	B7: "We maintain strict documentation each PDL signs the log after receiving medicine to ensure transparency and accountability in the process."	
	B8: "When stocks are running low, we submit replenishment reports and notify the central pharmacy immediately. Everything is filed and monitored for accuracy."	
	B9: "Our policy is to always explain to PDLs why certain medicines are unavailable and what alternatives are being provided. This avoids misunderstandings and ensures fairness."	
	B10: "Documentation and reporting are very important for us, not only for auditing purposes but also to maintain trust and prevent any bias in medicine distribution	

With the participants statements with themes Sufficient Supply of Basic Medicines but Inconsistent Access to Specialized Drugs, Transparency, Documentation, and Accountability in Medicine Distribution and Cooperation,

Resourcefulness, and Adaptive Health Behavior Among PDLs, the findings reveal that the Correctional Institution for Women (CIW) generally provides adequate access to essential medicines for common ailments, effectively addressing routine healthcare needs of women PDLs. Both inmates and BuCor personnel consistently reported stable supplies of basic and generic medicines, allowing immediate treatment for minor illnesses. However, recurring shortages and delayed replenishment of specialized or chronic disease medications remain a challenge, largely due to procurement timelines, coordination with central medical offices, and bureaucratic procedures. Despite these constraints, healthcare staff demonstrate adaptive management by communicating openly about delays, offering alternatives, and providing symptomatic relief when specific medicines are unavailable. Transparency and systematic recordkeeping further strengthen the healthcare system, as proper documentation, PDL signatures, and regular stock monitoring promote fairness, prevent misuse, and build trust between staff and inmates. These practices reflect procedural integrity and ethical

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healthcare management aligned with human rights principles, particularly accountability, non-discrimination, and dignity in service delivery.

Equally important is the strong culture of cooperation and shared responsibility within CIW's healthcare environment. PDLs actively contribute by reporting low medicine supplies, assisting in monitoring maintenance medications, and participating in fair distribution processes through coordination with inmate leaders and clinic aides. Informal support systems, such as sharing excess medicines, demonstrate resilience, solidarity, and community-building among inmates, while access to the commissary provides an additional, though unequal, means of obtaining non-prescription medicines. Participants also noted improvements in medicine accessibility and continuity of treatment, especially for chronic conditions, suggesting gradual progress in institutional healthcare delivery. This collaborative dynamic positions PDLs not merely as recipients of care but as active partners in health management. The combined efforts of medical staff, administrators, and inmates reflect a shift toward a more humane, participatory, and progressively improving correctional healthcare system grounded in human rights–based principles of participation, empowerment, and shared accountability.

3.1.3 What are your experiences in dealing with the doctors, nurses, and other health staff, are they approachable and sufficient in number?
How would you describe the experiences of PDLs in dealing with the doctors, nurses, and other health staff, are they approachable and sufficient in number?
Table 3 presents the responses given by the ten PDL (informants) and ten BuCor personnel during the Key Informant Interview are categorized along the themes as follows:

Table 3
PDLs' Experiences and BuCor Personnel's Observations in Dealing with Doctors, Nurses, and Other Health Staff: Their Approachability and Adequacy

Question	Participant Statements	Theme
(KIs for PDLs) 3. What are your experiences in dealing with the doctors, nurses, and other health staff are they approachable and sufficient in number?	"The nurses are kind but few; they do their best to attend to us." *"Mabait po ang mga nurse pero kakaunti lang, ginagawa nila ang makakaya nila."* (PDL1)	Compassionate and Respectful Health Personnel
	"The doctor visits on schedule, but sometimes we wait long." *"Dumarating po ang doktor ayon sa schedule, pero minsan matagal ang hintay."* (PDL2)	Limited Manpower but Sustained Effort and Institutional Support
	"Health staff are respectful, especially the female nurse." *"Magalang po ang mga health staff, lalo na 'yung babaeng nurse."* (PDL3)	Encouragement, Cooperation, and Shared Health Responsibility
	"Even if they're busy, they listen when we explain our condition." *"Kahit abala po sila, nakikinig naman kapag nagkukwento kami ng nararamdaman."* (PDL4)	
	"They treat us with fairness like ordinary patients." *"Tinitingnan po nila kami na parang karaniwang pasyente lang."* (PDL5)	
	"Sometimes, we help each other to lessen their workload." *"Minsan po, nagtutulungan kami para gumaan ang trabaho nila."* (PDL6)	
	"The BuCor management added new health aides recently." *"Kamakailan po ay nagdagdag ang BuCor ng mga health aide."* (PDL7)	
	"Even if they're few, they are approachable and patient." *"Kahit kakaunti po sila, maayos kausap at matiyaga."* (PDL8)	

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	"They encourage us to report early if we feel sick." *"Pinapayuhan po kami na agad magsabi kapag may nararamdaman."* (PDL9)	
	"I feel respected whenever they check my condition." *"Pakiramdam ko po ay nirerespeto ako kapag tinitingnan ang kalagayan ko."* (PDL10)	
(KIs for BuCor personnel) How would you describe the experiences of PDLs in dealing with the doctors, nurses, and other health staff, are they approachable and sufficient in number?	**B1:** "Our medical staff are generally approachable and respectful to PDLs, and they treat them without discrimination."	Compassionate and Respectful Health Personnel
	B2: "There's a shortage of nurses and doctors, but everyone tries to cover their duties even beyond regular hours."	Limited Manpower but Sustained Effort and Institutional Support
	B3: "The health team shows compassion and they listen to the PDLs' complaints patiently."	
	B4: "Sometimes, the queue becomes long, especially during medical checkups, because we lack manpower."	Encouragement, Cooperation, and Shared Health Responsibility
	B5: "We make sure that PDLs are treated fairly and that the staff maintains professionalism at all times."	
	B6: "BuCor management continuously supports the health service unit by assigning additional aides and improving facilities."	
	B7: "The staff are encouraged to build trust with PDLs by communicating clearly and showing empathy."	
	B8: "Despite the heavy workload, the team remains approachable and prioritizes those who need immediate attention."	
	B9: "We promote cooperation between staff and PDLs. Sometimes PDLs assist in basic clinic tasks to make things faster."	
	B10: "Overall, our health personnel are few, but their dedication compensates for the lack in number."	

With the participants statements with themes Compassionate and Respectful Health Personnel, Limited Manpower but Sustained Effort and Institutional Support and Encouragement, Cooperation, and Shared Health Responsibility, Women PDLs at the Correctional Institution for Women consistently praised healthcare providers for their compassion, respect, and professionalism. They emphasized fair and dignified treatment regardless of incarceration status, which fosters emotional comfort and trust within the healthcare environment. PDLs appreciated the patience and attentiveness of staff who listen carefully, even during busy times, contributing positively to psychological well-being and recovery. Despite facing persistent understaffing challenges and long waiting times, inmates expressed gratitude for the dedication and approachability of medical personnel. Recent efforts to increase health aides signal institutional responsiveness and reflect ongoing progress toward more accessible healthcare despite structural constraints.

A culture of shared responsibility and cooperation between health staff and PDLs also emerged strongly. Staff encourage early reporting of illnesses to promote preventive care and collective accountability, helping control disease outbreaks and improve overall wellness. PDLs contribute by assisting each other and helping medical personnel with basic tasks, reinforcing unity and extending

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healthcare support. BuCor personnel similarly highlight a humane and equitable care approach that treats PDLs "like ordinary patients," breaking down social barriers and fostering mutual respect and moral rehabilitation. Despite manpower shortages, healthcare workers demonstrate resilience and commitment, supported by management's efforts to improve staffing and facilities. This participatory, empathetic model strengthens trust, maintains care continuity, and upholds human rights principles, ensuring a rehabilitative and effective correctional healthcare system.

3.1.4 How would you describe your experience when being transferred to a hospital for medical treatment outside the CIW?
How would you describe your experience when PDLs are being transferred to a hospital for medical treatment outside the CIW?
Table 4 presents the responses given by the ten PDL (informants) during the Key Informant Interview are categorized along the themes as follows:

Table 4
PDLs' Narratives and BuCor Personnel's Experiences Regarding the Transfer of Inmates for External Medical Treatment

Question	Participant Statements	Theme
(KIs for PDLs) 4. How would you describe your experience when being transferred to a hospital for medical treatment outside the CIW?	The transfer process is orderly, and the staff explain why we need to go out." *"Maayos po ang proseso ng paglipat, at ipinaliliwanag ng staff kung bakit kailangang lumabas."* (PDL1)	Well-Coordinated and Transparent Transfer Procedure
	"There's always coordination between the doctor and the custodial officers before we leave." *"Laging may koordinasyon sa pagitan ng doktor at mga custodial officer bago kami umalis."* (PDL2)	Security Consciousness and Patience During Transfers
	"Sometimes it takes time because of security clearance, but we understand it's for our safety." *"Minsan po ay matagal dahil sa security clearance, pero naiintindihan naming para rin ito sa aming kaligtasan."* (PDL3)	Humane Treatment and Continuity of Care
	"We are escorted properly, and the officers make sure we're safe and secure." *"Maayos naman po ang pag-escort sa amin, at sinisiguro ng mga opisyal na kami ay ligtas."* (PDL4)	
	"The hospital staff treat us kindly even if we're accompanied by guards." *"Maayos at magalang po ang trato ng mga hospital staff kahit may kasamang mga guwardiya."* (PDL5)	
	"The nurses remind us to follow the doctor's instructions after returning to CIW." *"Pinaaalalahanan po kami ng mga nurse na sundin ang utos ng doktor pagbalik namin sa CIW."* (PDL6)	
	"We are treated like regular patients, and the CIW staff make sure we get the needed medicine." *"Tinitingnan po kami bilang karaniwang pasyente, at sinisiguro ng CIW staff na makuha namin ang gamot na kailangan."* (PDL7)	
	"There's waiting sometimes, but the officers are patient and assist us well." *"Minsan po ay may paghihintay, pero matiyaga at maasikaso naman ang mga opisyal."* (PDL8)	
	Before we leave, they check our documents and brief us on what will happen." *"Bago po kami umalis, tinitingnan ang aming mga dokumento at ipinaliliwanag kung ano ang mangyayari."* (PDL9)	
	"Even if it's tiring, the staff handle the process with care and respect." *"Kahit nakakapagod, maingat at magalang pa rin nilang isinasagawa ang proseso."* (PDL10)	

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(KIs for BuCor personnel) How would you describe your experience when PDLs are being transferred to a hospital for medical treatment outside the CIW?	**B1:** "The transfer process is systematic and always begins with proper documentation and medical endorsement. We make sure that the hospital referral, security clearance, and transport arrangements are all in order before departure."	Well-Coordinated and Transparent Transfer Procedure
	B2: "Every hospital transfer involves close coordination between the medical staff and the custodial officers. We communicate the purpose of the transfer to the PDL and ensure transparency in every step."	Security Consciousness and Patience During Transfers
	B3: "Our role is to guarantee safety while ensuring that the PDL receives the medical attention they need. It requires coordination, patience, and discipline to follow all protocols properly."	Humane Treatment and Continuity of Care
	B4: "Before leaving CIW, we brief the PDL about the reason for transfer and the rules they must follow. This helps avoid confusion and ensures that the process remains peaceful and organized."	
	B5: "We always prioritize documentation and communication. Each movement is logged and reported to maintain accountability and prevent any procedural lapses."	
	B6: "Security is our top concern, especially when transferring high-risk PDLs. We make sure they are escorted properly, but we also remind our officers to treat them respectfully."	
	B7: "The process sometimes takes long because of security checks, but we understand it is necessary for everyone's safety. Patience is important during these transfers."	
	B8: "We try to be understanding even when delays happen at the hospital or during clearance. What matters is that the PDL receives proper treatment without compromising security."	
	B9: "The hospital staff are generally cooperative. They treat the PDLs well, and we appreciate that they see them as patients first before detainees."	
	B10: "When PDLs return from the hospital, we make sure that follow-up care and prescribed medicines are provided. Continuity of care is part of our responsibility to safeguard their health."	

The responses of women persons deprived of liberty (PDLs) and the BuCor personnel reveal an overarching sense of organization, respect, and inter-agency cooperation in their Experiences Regarding the Transfer of Inmates for External Medical Treatment. Three major themes emerged from their narratives: Well-Coordinated and Transparent Transfer Procedure, Security Consciousness and Patience During Transfers, and Humane Treatment and Continuity of Care each highlighting critical aspects of the transfer process that shape the PDLs' perception of care and institutional professionalism, PDLs from the Correctional Institution for Women (CIW) consistently describe hospital transfers as systematic, transparent, and respectful. They emphasize thorough document checks, clear briefings, and explanations about the purpose of visits, which help reduce anxiety and foster trust between inmates and staff. The coordination among medical and custodial personnel prioritizes PDLs' health and safety despite the complex multi-step process. Respondents view the transfers as expressions of care rather than control, appreciating the structured and orderly procedures. Although transfers sometimes take time due to necessary security clearances, PDLs understand these measures are in place to ensure safety and order. The presence of escort officers, who demonstrate patience and genuine concern, contributes to a sense of protection rather than punishment, fostering mutual respect through open communication and humane treatment.

BuCor personnel reinforce these views by highlighting the strict adherence to procedural compliance and inter-agency cooperation that govern hospital transfers. They emphasize thorough verification of documents, meticulous documentation from departure to return, and ongoing communication to prevent confusion or delays. Security remains a central concern, but staff balance custody needs with medical urgency, demonstrating professionalism and empathy even during long transfers. Furthermore, the humane treatment continues beyond the transfer itself, with hospital staff providing respectful care and CIW nurses ensuring continuity through follow-up monitoring and medication adherence. This holistic approach reflects a commitment to human rights principles, linking external treatment with institutional support to sustain the dignity, health, and rehabilitation of PDLs, underscoring the compassion and accountability integral to CIW's healthcare system.

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3.2 SOP No. 2 How do BuCor personnel perceive their roles and responsibilities in ensuring adequate health care and medical transfer processes for women PDLs? (KIs - For BuCor Personnel)

3.2.1 How do you perceive your primary role in providing healthcare support to women PDLs inside CIW?

How do you perceive the role of BuCor personnel in providing healthcare support to women PDLs inside CIW?

Table 5 presents the responses given by the ten BuCor personnel (informants) during the Key Informant Interview are categorized along the themes as follows:

Table 5

Understanding the Role of BuCor Personnel in Delivering Healthcare Support: Insights from BuCor Personnel and Women PDLs inside the CIW

Question	Participant Statements	Theme
(KIs for BuCor Personnel) 1. How do you perceive your primary role in providing healthcare support to women PDLs inside CIW?	"My main role is to ensure that PDLs receive proper medical attention when they need it." (B1)	Commitment to Health and Welfare Ethical Responsibility and Accountability Humanitarian Care and Empathy
	"We assist the nurses and doctors in monitoring the condition of sick inmates." (B2)	
	"Part of my role is to accompany PDLs during hospital visits to ensure their safety and comfort." (B3)	
	"We make sure that all health-related activities are properly documented." (B4)	
	"Our role is to implement health-related protocols and follow the doctor's instructions strictly." (B5)	
	"We help in enforcing discipline during medical procedures to maintain order." (B6)	
	"We also provide emotional support to PDLs who are sick or anxious about their health." (B7)	
	"Sometimes we talk to them to make them feel that they are not neglected." (B8)	
	"We treat the PDLs as patients, not prisoners, when they are under medical care." (B9)	
	"Our duty is to protect and serve, and that includes ensuring their right to health." (B10)	
(KIs for PDLs) How do you perceive the role of BuCor personnel in providing healthcare support to women PDLs inside CIW?	PDL1: "The officers make sure we get medical help when we are sick; they respond quickly when someone needs to see a nurse or doctor." *"Tinitiyak ng mga opisyal na makakuha kami ng tulong medikal kapag kami ay may sakit; mabilis silang tumutugon kapag may kailangang magpatingin sa nars o doktor.*	Commitment to Health and Welfare Ethical Responsibility and Accountability
	PDL2: "They help us follow the clinic schedule and remind us to take our medicines on time." *"Tinutulungan nila kaming sundin ang iskedyul sa klinika at pinaaalalahanan kaming inumin ang aming mga gamot sa tamang oras.*	

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	PDL3: "I can see that they care about our well-being because they check on those who are not feeling well and report it to the medical section." *"Nakikita kong may malasakit sila sa aming kalagayan dahil tinitingnan nila ang mga hindi maganda ang pakiramdam at agad nila itong iniuulat sa medikal na seksyon."*	Humanitarian Care and Empathy
	PDL4: "They are very strict about procedures, especially during medical check-ups, to ensure no problems or misunderstandings occur." *"Mahigpit sila sa mga proseso, lalo na tuwing medical check-up, upang matiyak na walang problema o hindi pagkakaunawaan na mangyayari."*	
	PDL5: "When we are brought to the hospital, they keep records and make sure we are safe all throughout the process." *"Kapag dinadala kami sa ospital, maayos nilang itinatala ang lahat ng detalye at tinitiyak na kami ay ligtas sa buong proseso."*	
	PDL6: "They follow rules properly and never allow shortcuts when it comes to health matters." *"Mahigpit nilang sinusunod ang mga alituntunin at hindi sila pumapayag sa anumang paglihis pagdating sa mga usaping pangkalusugan."*	
	PDL7: "The officers show compassion; they talk to us kindly, especially when we are worried about our condition." *"Ipinapakita ng mga opisyal ang kanilang malasakit; mahinahon silang nakikipag-usap sa amin, lalo na kapag kami ay nag-aalala sa aming kalagayan."*	
	PDL8: "Sometimes they comfort those who are scared of the hospital; that helps us feel respected." *"Minsan ay pinapalakas nila ang loob ng mga natatakot sa ospital; dahil dito, nararamdaman naming nirerespeto pa rin kami."*	
	PDL9: "They treat us not like criminals but like patients who need care and understanding." *"Tinitingnan nila kami hindi bilang mga kriminal kundi bilang mga pasyenteng nangangailangan ng pag-aalaga at pag-unawa."*	
	PDL10: "Their words and actions make us feel that our health really matters to them, even if we are PDLs." *"Sa kanilang mga salita at kilos, nararamdaman naming tunay na mahalaga sa kanila ang aming kalusugan, kahit kami ay mga PDL."*	

The responses of women persons deprived of liberty (PDLs) and the BuCor personnel reveal an overarching sense of organization, respect, and inter-agency cooperation in their Understanding the Role of BuCor Personnel in Delivering Healthcare Support: Insights from BuCor Personnel and Women PDLs inside the CIW. Three major themes emerged from their narratives: Commitment to Health and Welfare, Ethical Responsibility and Accountability, and Humanitarian Care and Empathy each highlighting critical aspects of the transfer process that shape the PDLs' perception of care and institutional professionalism

BuCor personnel emphasize that their responsibilities extend beyond mere security to encompass the health and welfare of women persons deprived of liberty (PDLs). They actively assist medical staff in monitoring sick inmates and accompany PDLs during hospital visits to ensure both safety and comfort, reflecting a strong moral commitment to balance discipline with humane care. This approach highlights professionalism grounded in empathy and dedication, demonstrating that safeguarding the right to health is an essential part of effective correctional management. Furthermore, personnel stress the importance of ethical standards through strict documentation, discipline, and procedural adherence during medical activities. By maintaining transparency, fairness, and proper record-keeping, they uphold organizational integrity and responsible governance, making ethical compliance a matter of moral stewardship rather than mere protocol.

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The deep emotional involvement of BuCor staff also stands out, as they provide comfort and reassurance to PDLs, treating them as patients rather than prisoners. This compassionate approach fosters respect, emotional security, and trust, transforming the correctional healthcare environment from one of punishment to a space of healing and dignity.

PDLs consistently recognize officers' dedication in ensuring timely medical care and promoting overall well-being, noting their proactive roles in facilitating clinic visits, responding promptly to health concerns, and encouraging medication adherence. The strict discipline, transparency, and accountability demonstrated by officers further build trust and ensure fairness within the healthcare process. Their empathy and respect align closely with the Human Rights-Based Approach principles of dignity, non-discrimination, participation, and accountability, reinforcing BuCor's rehabilitative and welfare-oriented mandate despite systemic constraints.

3.2.2 How do you balance your security duties with healthcare-related responsibilities?
How do BuCor Personnel balance their security duties with healthcare-related responsibilities?
Table 6 presents the responses given by the ten BuCor personnel (informants) during the Key Informant Interview are categorized along the themes as follows:

Table 6
Balancing Custodial Discipline and Compassionate Care: Perspectives of BuCor Personnel and PDLs inside the CIW

Question	Participant Statements	Theme
(KIs for BuCor personnel)	"My main role is to ensure that PDLs receive proper medical attention when they need it." (B1)	Balancing Discipline and Compassion
	"We assist the nurses and doctors in monitoring the condition of sick inmates." (B2)	
2. How do you balance your security duties with healthcare-related responsibilities?	"Part of my role is to accompany PDLs during hospital visits to ensure their safety and comfort." (B3)	Collaborative Coordination
	"We make sure that all health-related activities are properly documented." (B4)	Professionalism under Pressure
	"Our role is to implement health-related protocols and follow the doctor's instructions strictly." (B5)	
	"We help in enforcing discipline during medical procedures to maintain order." (B6)	
	"We also provide emotional support to PDLs who are sick or anxious about their health." (B7)	
	"Sometimes we talk to them to make them feel that they are not neglected." (B8)	
	"We treat the PDLs as patients, not prisoners, when they are under medical care." (B9)	
	"Our duty is to protect and serve, and that includes ensuring their right to health." (B10)	

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(KIs for PDLs) How do BuCor Personnel balance their security duties with healthcare-related responsibilities?	PDL1: "The officers are strict when it comes to security, but they are also considerate when someone is sick. They make sure we are safe and comfortable at the same time." *"Mahigpit ang mga opisyal pagdating sa seguridad, pero maunawain din sila kapag may maysakit. Tinitiyak nilang ligtas kami pero komportable rin."*	Balancing Discipline and Compassion Collaborative Coordination Professionalism under Pressure
	PDL2: "They follow all security rules even during hospital visits, but they never forget to treat us kindly and with respect." *"Sinusunod nila lahat ng patakaran sa seguridad kahit sa ospital, pero hindi nila nakakalimutang maging mabait at magalang sa amin."*	
	PDL3: "Even if they are armed, they talk to us gently and remind us to stay calm during check-ups. You can feel that they care." *"Kahit may dalang baril, mahinahon silang makipag-usap at pinaaalalahanan kaming manatiling kalmado sa check-up. Ramdam mong may malasakit sila."*	
	PDL4: "They cooperate well with the nurses and doctors; everyone knows their role. The officers secure the area while the medical staff do their job." *"Maganda ang pakikipagtulungan nila sa mga nars at doktor; alam ng bawat isa ang tungkulin. Sila ang nagtitiyak ng seguridad habang ginagawa ng mga medikal ang kanilang trabaho."*	
	PDL5: "When there's an emergency, they move fast but still follow the nurse's instructions. It shows that they work as one team." *"Kapag may emergency, mabilis silang kumilos pero sumusunod pa rin sa utos ng nars. Ipinapakita nitong nagtutulungan talaga sila bilang isang team."*	
	PDL6: "We see that the officers respect the doctors' decisions and make sure that everything runs smoothly and safely." *"Nakikita naming iginagalang ng mga opisyal ang desisyon ng mga doktor at sinisiguro nilang maayos at ligtas ang takbo ng proseso."*	
	PDL7: "Even when situations get tense, they stay calm and do their job properly. They never shout or panic." *"Kahit may tensyon, kalmado silang kumikilos at ginagawa nang maayos ang tungkulin nila. Hindi sila sumisigaw o nagpa-panic."*	
	PDL8: "Sometimes, they work long hours especially during hospital transfers, but they remain patient and focused." *"Madalas, matagal silang naka-duty lalo na kapag may transfer sa ospital, pero nananatili silang matiisin at nakatuon sa trabaho."*	
	PDL9: "They handle both the security and health situations professionally. You can see that they're trained to balance both." *"Propesyonal nilang hinahawakan ang parehong seguridad at kalusugan. Makikita mong sanay sila sa tamang balanse ng dalawa."*	
	PDL10: "They never neglect their duty to protect, but they also make sure we are treated humanely during medical situations." *"Hindi nila pinapabayaan ang tungkulin nilang magprotekta, pero sinisiguro rin nilang makatao ang pagtrato sa amin sa tuwing may gamutan."*	

The responses of women persons deprived of liberty (PDLs) and the BuCor personnel reveal an overarching sense of organization, respect, and inter-agency cooperation in their Balancing Custodial Discipline and Compassionate Care: Perspectives of BuCor Personnel and PDLs inside the CIW. Three major themes emerged from their narratives: Balancing Discipline and Compassion,

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Collaborative Coordination, and Professionalism under Pressure each highlighting critical aspects of the transfer process that shape the PDLs' perception of care and institutional professionalism

BuCor personnel face the complex challenge of balancing strict security procedures with the urgent medical needs of women PDLs. They emphasize that while security is paramount, it must be adapted in cases requiring prompt medical attention without compromising care. Officers coordinate closely with healthcare staff to ensure that their presence is reassuring rather than intimidating, demonstrating a blend of discipline and empathy vital to humane correctional practice. This approach reflects the understanding that security and care are complementary, not conflicting, responsibilities. The teamwork between custodial and medical staff fosters respect and efficiency, ensuring smooth, safe medical procedures and reinforcing a unified institutional effort toward the well-being of PDLs. BuCor officers highlight the importance of professionalism and composure, especially in high-pressure and stressful situations. They consciously separate personal emotions from their duties and support one another to maintain morale and resilience. This emotional intelligence and discipline help uphold the correctional system's integrity while humanely balancing security and healthcare.

PDLs recognize this professionalism, noting that officers maintain firm security while treating them with dignity and respect. The collaborative dynamic between officers and healthcare workers reflects a multidisciplinary partnership that prioritizes safety, health, and human dignity. Such professionalism not only fosters trust and smooth workflow but also aligns with Human Rights-Based Approach principles, reinforcing the respect and care due to all persons deprived of liberty within the correctional environment.

3.2.3 How do you perceive your role in supporting PDLs with chronic or long-term illnesses?
How do you describe your experiences receiving care and support from BuCor personnel in managing your chronic or long-term illness?
Table 7 presents the responses given by the ten BuCor personnel (informants) during the Key Informant Interview are categorized along the themes as follows

Table 7
BuCor Personnel and PDLs Perspectives on the Roles and Experiences in Managing Chronic or Long-Term Illnesses within CIW

Question	Participant Statements	Theme
(KIs for BuCor personnel) 3. How do you perceive your role in supporting PDLs with chronic or long-term illnesses?	My role is to ensure that PDLs with chronic conditions receive continuous medication and monitoring. (B1)	Sustained Medical Coordination and Monitoring
	I help facilitate regular checkups and make sure their medical records are updated. (B2)	
	We coordinate with nurses and doctors to ensure proper diet and medication schedules. (B3)	Ethical Care and Fair Treatment
	Even though we are not medical professionals, we make sure they follow doctor's orders. (B4)	Empathy and Emotional Support
	I monitor their daily routines and report if there are signs of discomfort. (B5)	
	I make sure they are treated fairly and given priority when necessary. (B6)	
	We remind them to take medicines on time and assist if they need help. (B7)	
	My role is to be observant and proactive, especially for those with serious health conditions. (B8)	
	I also act as a bridge between the PDLs and health personnel for any medical concern. (B9)	
	We try to comfort them emotionally because chronic illness affects their mood and morale. (B10)	

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(KIs for PDLs) How do you describe your experiences receiving care and support from BuCor personnel in managing your chronic or long-	**PDL1:** "The officers always check if I have taken my maintenance medicine and remind me when I have follow-up checkups." *"Palaging tinitiyak ng mga opisyal kung nainom ko na ang aking maintenance na gamot at pinaaalalahanan ako kapag may follow-up checkup ako."*	Sustained Medical Coordination and Monitoring
	PDL2: "They help coordinate my schedule for medical consultations and make sure I am escorted safely to the clinic." *"Tinutulungan nila akong ayusin ang iskedyul ng aking pagpapatingin at tinitiyak nilang ligtas akong nadadala sa klinika."*	Ethical Care and Fair Treatment
term illness?	**PDL3:** "Sometimes the officers talk to the nurse when my medicine runs out, so I can continue my treatment without delay." *"Minsan ay kinakausap ng mga opisyal ang nars kapag nauubos na ang aking gamot upang maipagpatuloy ko agad ang aking gamutan."*	Empathy and Emotional Support
	PDL4: "I feel they treat me fairly, even though I have a chronic illness. I do not feel neglected or discriminated against." *"Pakiramdam ko ay patas ang kanilang pagtrato sa akin kahit na may malubha akong karamdaman. Hindi ko nararamdaman na ako ay napapabayaan o pinag-iiba."*	
	PDL5: "The BuCor staff ensures that I follow my prescribed diet and reminds others to respect my dietary needs." *"Tinitiyak ng mga tauhan ng BuCor na nasusunod ko ang itinakdang diyeta at pinaaalalahanan ang iba na igalang ang aking pangangailangang pang-diyeta."*	
	PDL6: "I appreciate that they give priority to those of us who have maintenance medicine during medicine distribution." *"Pinahahalagahan ko na binibigyan nila ng priyoridad kaming mga may maintenance na gamot sa tuwing namimigay ng mga medisina."*	
	PDL7: "When I feel weak or in pain, some officers ask how I am doing and make sure I get attention right away." *"Kapag nakakaramdam ako ng panghihina o akit, tinatanong ako ng ilang opisyal kung kumusta ako at tinitiyak nilang agad akong mabigyan ng atensiyon."*	
	PDL8: "The personnel sometimes comfort me and say encouraging words when I feel down because of my illness." *"Minsan ay pinapalakas ng mga tauhan ang aking loob at nagbibigay ng mga salitang nakaaaliw kapag ako ay nanlulumo dahil sa aking karamdaman."*	
	PDL9: "They show patience when I move slowly or cannot join activities, and that makes me feel understood." *"Ipinapakita nila ang kanilang pasensya kapag mabagal akong kumilos o hindi makasali sa mga gawain, at dahil dito ay nararamdaman kong nauunawaan nila ako."*	
	PDL10: "I feel supported not only physically but also emotionally because they treat me with kindness and respect." *"Nararamdaman kong sinusuportahan nila ako hindi lamang sa pisikal kundi pati na rin sa emosyonal dahil sa kabaitan at respeto nila sa akin."*	

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The responses of women persons deprived of liberty (PDLs) and the BuCor personnel reveal an overarching sense of organization, respect, and inter-agency cooperation in their BuCor Personnel and PDLs Perspectives on the Roles and Experiences in Managing Chronic or Long-Term Illnesses within CIW. Three major themes emerged from their narratives: Sustained Medical Coordination and Monitoring, Ethical Care and Fair Treatment, and Empathy and Emotional Support concludes;

BuCor personnel consistently emphasize their critical role in ensuring the continuity of medical care for PDLs with chronic illnesses. Respondents highlighted their close coordination with nurses and doctors, diligent monitoring of medication schedules, and prompt reporting of any health changes. They serve as vital links between patients and healthcare providers, ensuring timely reminders and fair access to care for all inmates. This approach balances custodial responsibilities with a moral duty to treat PDLs as patients deserving of respect and proper attention, reflecting an integration of empathy within institutional constraints. Furthermore, BuCor staff acknowledge the emotional challenges faced by PDLs living with long-term illnesses in confinement. They actively offer emotional support, encouragement, and vigilance to mitigate feelings of isolation and stress. This compassionate care fosters trust and promotes psychological well-being, which is essential for rehabilitation.

PDLs recognize the fairness and ethical commitment demonstrated by personnel, who ensure equitable treatment and uphold human rights principles. Through this blend of professional vigilance and genuine empathy, BuCor personnel create a nurturing environment that supports both the physical and emotional health of incarcerated women.

3.2.4 How do you describe the process of arranging hospital transfers for women PDLs?
How would you describe your experience when being transferred to a hospital for medical treatment outside CIW?
Table 8 presents the responses given by the ten BuCor personnel (informants) and ten PDLs during the Key Informant Interview are categorized along the themes as follows:

Table 8
BuCor Personnel and PDLs Accounts on the Procedures and Experiences of Hospital Transfers for Women PDLs

Question	Participant Statements	Theme
(KIs for BuCor Personnel) 4. How do you describe the process of arranging hospital transfers for women PDLs?	Hospital transfers are done through coordination between the nurse, doctor, and custodial officers. (B1)	Systematic Coordination and Documentation
	We ensure that proper documents and permits are prepared before transfer. (B2)	Security and Safety with Dignity
	We prioritize those with urgent medical needs and follow medical recommendations. (B3)	Collaboration and Inter-Agency Cooperation
	Escorts are assigned and briefed on safety protocols before leaving. (B4)	
	The process is sometimes long due to clearances, but it's necessary for safety. (B5)	
	Communication is constant between CIW health staff and the receiving hospital. (B6)	
	We make sure the PDL's dignity and comfort are maintained during transport. (B7)	
	We observe strict compliance with BuCor protocols to avoid incidents. (B8)	
	Coordination with external agencies like hospitals and police ensures smooth transfer. (B9)	
	Despite challenges, we make sure every transfer is safe, respectful, and well-documented. (B10)	
(KIs for PDLs) How would you describe your experience when being transferred to a hospital for medical	**PDL1:** "Before the transfer, the officers and nurses explain the process to me and make sure all my papers are ready." *"Bago ang paglipat, ipinaliliwanag ng mga opisyal at nars sa akin ang proseso at tinitiyak na kumpleto ang aking mga dokumento."*	Systematic Coordination and Documentation Security and Safety with Dignity
	PDL2: "The transfer feels organized because they prepare everything in advance, including my medical records."	Collaboration and Inter-

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treatment outside CIW?	*"Maayos ang proseso ng paglipat dahil inihahanda nila nang maaga ang lahat, kabilang ang aking mga rekord medikal."*	Agency Cooperation
	PDL3: "I noticed that they always double-check the requirements before we leave, so there are no delays." *"Napansin kong palagi nilang muling tinitingnan ang mga kinakailangan bago kami umalis, kaya walang abala o pagkaantala."*	
	PDL4: "The officers escort us carefully, making sure we are safe during the trip to the hospital." *"Maingat kaming sinasamahan ng mga opisyal at tinitiyak nila ang aming kaligtasan habang nasa biyahe papunta sa ospital."*	
	PDL5: "Even though we are under security, they make us feel respected and not treated like criminals." *"Kahit may mga hakbang sa seguridad, pinararamdam nila sa amin ang respeto at hindi kami itinuturing na parang kriminal."*	
	PDL6: "They are firm but kind; they protect us while ensuring we are comfortable during transport." *"Mahigpit ngunit mabait sila; pinangangalagaan nila kami habang tinitiyak na komportable kami sa biyahe."*	
	PDL7: "When we arrive at the hospital, I see that the CIW officers coordinate with the hospital staff right away." *"Pagdating namin sa ospital, nakikita kong agad nakikipag-ugnayan ang mga opisyal ng CIW sa mga tauhan ng ospital."*	
	PDL8: "The process is smooth because the BuCor personnel and hospital staff work together." *"Maayos ang proseso dahil nagtutulungan ang mga tauhan ng BuCor at ang mga staff ng ospital."*	
	PDL9: "Even if there are delays, the officers stay calm and continue coordinating with the hospital to fix the problem." *"Kahit may pagkaantala, nananatiling kalmado ang mga opisyal at patuloy na nakikipag-ugnayan sa ospital upang ayusin ang sitwasyon."*	
	PDL10: "I appreciate that everyone involved, from CIW to the hospital, cooperates to make sure we get proper treatment." *"Pinahahalagahan ko na lahat ng kasangkot mula sa CIW hanggang sa ospital ay nagtutulungan upang matiyak na makakatanggap kami ng tamang gamutan."*	

The responses of women persons deprived of liberty (PDLs) and the BuCor personnel reveal an overarching sense of organization, respect, and inter-agency cooperation in their experiences of hospital transfers for medical treatment outside the Correctional Institution for Women (CIW). Three major themes emerged from their narratives: Systematic Coordination and Documentation,

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Security and Safety with Dignity, and Collaboration and Inter-Agency Cooperation each highlighting critical aspects of the transfer process that shape the PDLs' perception of care and institutional professionalism.

BuCor personnel emphasized that hospital transfers involve strict procedural coordination between medical and custodial teams, with every step from documentation to communication with hospitals executed systematically to ensure order, accountability, and professionalism. While adhering firmly to security protocols, personnel also prioritize the dignity and comfort of PDLs, viewing safety measures as protective rather than punitive. Additionally, external collaboration with hospitals and police authorities plays a crucial role in delivering timely and efficient medical care. This culture of open communication and multi-agency cooperation strengthens correctional governance by minimizing delays and fostering trust among all parties involved.

Women PDLs consistently echoed these views, highlighting three key themes in their transfer experiences: systematic coordination and documentation, security with dignity, and inter-agency collaboration. They described a well-organized process that reduces confusion and ensures continuity of medical care despite custodial constraints. The humane treatment by officer's balances security duties with respect, preserving the PDLs' dignity and countering the dehumanizing aspects of incarceration. Finally, seamless coordination among CIW, BuCor, and external health institutions demonstrates a cooperative model that enhances both safety and care, underscoring a professional, compassionate, and rights-based approach to correctional healthcare at CIW.

3.3 SOP No. 3. What are the aspirations of the women PDL on the health services provided to them in the CIW? (for PDLs)

3.3.1 What kind of medicine would you like to see always available at CIW?
How does CIW ensure the continuous availability of medicines and other medical supplies for PDLs?

Table 9.
Perspectives of PDLs and BuCor Personnel on the Continuous Availability and Management of Medicines and Medical Supplies at CIW

Question	Participant Statements	Theme
(KIs for PDLs) 1. What kind of medicine would you like to see always available at CIW?	PDL1: I hope there is always paracetamol for fever and pain. *"Sana laging may paracetamol para sa lagnat at pananakit."*	Need for Consistent Supply of Basic and Maintenance Medicines
	PDL2: Maintenance medicines for hypertension and diabetes should always be available. *"Laging sana may gamot sa altapresyon at diyabetis."*	
	PDL3: I wish antibiotics are not out of stock because they are important for infections. *"Sana hindi nauubos ang antibiotics dahil mahalaga ito sa impeksyon."*	Importance of Preventive and Nutritional Support
	PDL4: There should be vitamins and supplements to help us stay strong. *"Dapat may bitamina at supplements para lumakas kami."*	Attention to Mental and Minor Health Concerns
	PDL5: I hope there are pain relievers for arthritis and body pains. *"Sana may gamot sa rayuma at pananakit ng katawan."*	
	PDL6: I want medicines for cough, cold, and flu to be always available. *"Sana may gamot sa ubo, sipon, at trangkaso."*	
	PDL7: There should be enough medicine for stomach ache and diarrhea. *"Dapat may gamot para sa sakit ng tiyan at pagtatae."*	
	PDL8: I wish there were maintenance drugs for those with heart disease. *"Sana may gamot para sa may sakit sa puso."*	
	PDL9: It would help if there were also medicines for anxiety and sleeplessness. *"Makakatulong kung may gamot din para sa nerbiyos at hirap sa pagtulog."*	
	PDL10: I hope the facility has ointments and first aid medicine for minor wounds. *"Sana may mga pamahid at first aid para sa mga gasgas at sugat."*	

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(KIs for BuCor Personnel) How does CIW ensure the continuous availability of medicines and other medical supplies for PDLs?		
	B1: "We regularly monitor the inventory of basic medicines such as paracetamol, antibiotics, and maintenance drugs to avoid shortages."	Need for Consistent Supply of Basic and Maintenance Medicines
	B2: "Requisitions for essential and maintenance medicines are submitted ahead of time to ensure uninterrupted supply."	
	B3: "We coordinate with the central office to prioritize the procurement of hypertension, diabetes, and heart disease medicines."	Importance of Preventive and Nutritional Support
	B4: "We maintain a buffer stock for commonly used medicines to respond quickly to immediate health needs."	
	B5: "We encourage PDLs to take vitamins and nutritional supplements provided through health programs to prevent common illnesses."	Attention to Mental and Minor Health Concerns
	B6: "We promote preventive health measures and provide multivitamins whenever available to strengthen immunity."	
	B7: "Health education and regular medical checkups are conducted to reduce dependency on curative medicine and promote prevention."	
	B8: "We make sure that over-the-counter medicines for cough, cold, and minor ailments are available at the clinic."	
	B9: "The facility is now more responsive to mental health needs, ensuring access to prescribed medication for anxiety and sleep disorders."	
	B10: "We also ensure the availability of topical ointments, first aid kits, and other supplies for minor wounds and injuries."	

Table 9 presents the responses given by the ten PDLs (informants) and ten BuCor personnel during the Key Informant Interview are categorized along the themes as follows:

The responses of the BuCor personnel and women persons deprived of liberty (PDLs) reveal a structured and proactive approach to ensuring the consistent provision of medicines and health supplies for Persons Deprived of Liberty (PDLs). Their insights reflect three major themes: Need for Consistent Supply of Basic and Maintenance Medicines, Importance of Preventive and Nutritional Support, and Attention to Mental and Minor Health Concerns.

Women PDLs consistently emphasized the critical need for a steady supply of basic and maintenance medicines, such as paracetamol, antibiotics, and treatments for chronic illnesses like hypertension and diabetes. This reflects their awareness of managing both immediate and long-term health needs while incarcerated. For them, consistent medicine availability represents safety and government concern for their welfare, aligning with De Guzman and Reyes (2019), who argue that access to essential medication fosters trust and stability in institutional healthcare. Additionally, PDLs expressed interest in vitamins and immunity boosters, highlighting a proactive attitude toward preventive health and self-care even in confinement. Requests for mental health medicines and first aid supplies further demonstrate their holistic view of health, encompassing emotional well-being and minor medical needs, revealing a desire for compassionate, respectful care beyond mere treatment.

BuCor personnel echoed these concerns, emphasizing a structured and proactive system for maintaining reliable medicine inventories as a core component of CIW's health management. Their approach reflects three key themes: ensuring consistent supply of essential medications, prioritizing preventive and nutritional support, and addressing psychological and minor health concerns. This comprehensive strategy integrates curative care with preventive measures, nutrition, and education, embodying a holistic correctional health model. The personnel's recognition of both physical and mental health needs illustrates a compassionate, well-rounded approach that values the overall well-being of PDLs, reinforcing the prison's commitment to humane and effective healthcare.

3.3.2 What are your hopes about the presence of doctors, nurses, or health aides inside the facility?
How does CIW ensure the regular presence, accessibility, and responsiveness of doctors, nurses, and health aides inside the facility?

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Table 10
Perspectives of PDLs and BuCor Personnel on the Presence, Accessibility, and Responsiveness of Medical Staff Inside CIW

Question	Participant Statements	Theme
(KIs for PDLs) 2. What are your hopes about the presence of doctors, nurses, or health aides inside the facility?	PDL1: I hope doctors visit more often so we don't have to wait long. *"Sana mas madalas bumisita ang mga doktor para hindi kami matagal maghintay."*	Increased Availability and Accessibility of Medical Personnel Humanitarian Care and Professional Conduct Desire for Preventive and Continuous Health Programs
	PDL2: It would help if there were more nurses available, especially at night. *"Makakatulong kung mas marami pang nars, lalo na sa gabi."*	
	PDL3: I hope health aides can assist us quickly when we feel sick. *"Sana agad makakatulong ang mga health aide kapag may sakit kami."*	
	PDL4: I wish there were regular health checkups and follow-ups. *"Sana may regular na checkup at follow-up."*	
	PDL5: It would be nice if they can provide health talks or advice on wellness. *"Maganda sana kung may mga health talks o payo tungkol sa kalusugan."*	
	PDL6: I hope the medical staff continues to treat us kindly and respectfully. *"Sana patuloy silang maging mabait at magalang sa amin."*	
	PDL7: I hope the facility hires more doctors for faster consultation. *"Sana magdagdag pa ng doktor para mas mabilis ang konsultasyon."*	
	PDL8: It would be good if nurses are assigned permanently in every dorm. *"Maganda kung may nakatalagang nars sa bawat dorm."*	
	PDL9: I wish the clinic was open 24 hours so we can seek help anytime. *"Sana bukas ang klinika 24 oras para makalapit kami kahit anong oras."*	
	PDL10: I hope medical staff receive more support so they can help us better. *"Sana mas suportado pa ang mga medical staff para mas matulungan nila kami."*	
(KI for BuCor personnel) How does CIW ensure the regular presence, accessibility, and responsiveness of doctors, nurses, and health aides inside the facility?	B1: "We coordinate with the DOH and BuCor Medical Division to schedule regular visits from doctors to attend to PDL consultations."	Increased Availability and Accessibility of Medical Personnel Humanitarian Care and Professional Conduct Desire for Preventive and Continuous Health Programs
	B2: "Nurses are assigned in shifts to ensure there is always medical coverage, even during nights and weekends."	
	B3: "We advocate for additional staffing to address the growing number of PDLs and the increasing demand for medical attention."	
	B4: "Health aides are strategically deployed in each dormitory area to assist nurses and report any health-related concerns promptly."	
	B5: "We remind all medical and custodial staff to treat PDLs with respect and maintain professional boundaries during consultations."	
	B6: "CIW implements continuous training programs on ethical standards, gender sensitivity, and humane treatment for all personnel."	
	B7: "We encourage open communication between medical staff and PDLs to build trust and ensure that health concerns are addressed compassionately."	
	B8: "We organize regular medical checkups and preventive health screenings to detect illnesses early."	
	B9: "CIW implements health awareness sessions, including lectures on hygiene, nutrition, and mental wellness."	
	B10: "We monitor and evaluate the implementation of health programs to ensure consistency and sustainability."	

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Table 10 presents the responses given by the ten PDLs (informants) during the Key Informant Interview are categorized along the themes as follows:
By embedding prevention and evaluation in its system, CIW ensures that healthcare extends beyond immediate treatment becoming part of a comprehensive correctional rehabilitation framework. The responses of women persons deprived of liberty (PDLs) and the BuCor personnel reveal an overarching sense of organization, respect, and inter-agency cooperation in their Perspectives of PDLs and BuCor Personnel on the Presence, Accessibility, and Responsiveness of Medical Staff Inside CIW. Three major themes emerged from their narratives: Increased Availability and Accessibility of Medical Personnel, Humanitarian Care and Professional Conduct, and Desire for Preventive and Continuous Health Programs.

Several PDLs expressed a strong desire for expanded healthcare services within CIW, including more frequent doctor visits, increased nursing staff especially during night shifts and a 24-hour clinic. Their hopeful statements reflect appreciation for existing medical care alongside an eagerness for improved access, recognizing that timely healthcare is crucial for safety and well-being. Many also emphasized the importance of kindness, respect, and professionalism from medical personnel, highlighting how empathy fosters emotional comfort and a sense of dignity. Additionally, some PDLs advocated for regular checkups, health education, and permanent nurse assignments in dormitories, demonstrating a proactive attitude toward managing their own health.

BuCor personnel confirmed these efforts by outlining a structured healthcare system featuring regular doctor consultations, nursing shifts for continuous coverage, and health aides stationed in dormitories for immediate care. Coordination with external agencies like the Department of Health ensures integrated support, balancing security with medical needs. Staff training on ethical standards and humane treatment reflects CIW's commitment to a human-rights-based approach, promoting respect and open communication. The institution has also shifted toward preventive care through regular screenings, health education on hygiene and mental wellness, and program monitoring for sustainability. This proactive healthcare strategy reinforces CIW's dedication to comprehensive rehabilitation, making health management an integral part of correctional care.

3.3.3 What support do you hope to get for women with chronic or long-term illnesses?
How does BuCor ensure adequate care, monitoring, and support for women PDLs with chronic or long-term illnesses inside CIW?

Table 11
Perspectives of PDLs and BuCor Personnel on the Support for Women with Chronic or Long-Term Illnesses Inside CIW

Question	Participant Statements	Theme
(KIs for PDL) 3. What support do you hope to get for women with chronic or long-term illnesses?	PDL1: I hope there is a regular supply of maintenance medicines for chronic illness. *"Sana may regular na supply ng maintenance medicine para sa may malalang sakit."*	Sustained Medical Access and Regular Monitoring Health Education and Empowerment through Knowledge Psychosocial and Nutritional Support
	PDL2: It would be good if regular check-ups are provided for those with hypertension and diabetes. *"Maganda kung may regular na check-up para sa may altapresyon at diyabetis."*	
	PDL3: I hope the clinic can provide personalized monitoring for long-term illnesses. *"Sana may personal na monitoring para sa may matagal na sakit."*	
	PDL4: I wish there were special diets or nutritional support for those with chronic illness. *"Sana may espesyal na pagkain o nutritional support para sa may matagal na karamdaman."*	

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(KIs for PDL) 3. What support do you hope to get for women with chronic or long-term illnesses?	PDL1: I hope there is a regular supply of maintenance medicines for chronic illness. *"Sana may regular na supply ng maintenance medicine para sa may malalang sakit."*	Sustained Medical Access and Regular Monitoring Health Education and Empowerment through Knowledge Psychosocial and Nutritional Support
	PDL2: It would be good if regular check-ups are provided for those with hypertension and diabetes. *"Maganda kung may regular na check-up para sa may altapresyon at diyabetis."*	
	PDL3: I hope the clinic can provide personalized monitoring for long-term illnesses. *"Sana may personal na monitoring para sa may matagal na sakit."*	
	PDL4: I wish there were special diets or nutritional support for those with chronic illness. *"Sana may espesyal na pagkain o nutritional support para sa may matagal na karamdaman."*	
	PDL5: I hope medical staff explain clearly how to manage illnesses. *"Sana malinaw na ipaliwanag ng medical staff kung paano aalagaan ang aming sakit."*	
	PDL6: It would be nice to have health seminars about managing chronic diseases. *"Maganda kung may mga seminar tungkol sa pangangalaga sa malalang sakit."*	
	PDL7: I wish there were emotional and counseling support for those with ongoing illness. *"Sana may counseling para sa mga may matagal na sakit."*	
	PDL8: I hope follow-up treatment is continued after hospital discharge. *"Sana tuloy-tuloy ang gamutan kahit pagkatapos ma-discharge sa ospital."*	
	PDL9: It would be better if CIW can coordinate with hospitals for faster referral. *"Mas maganda kung mabilis ang coordination ng CIW sa ospital para sa referral."*	
	PDL10: I hope the facility assigns a health aide to check on those who are chronically ill. *"Sana may nakatalagang health aide para tingnan ang kalagayan ng may malalang sakit."*	
(KIs for BuCor personnel) How does BuCor ensure adequate care, monitoring, and support for women PDLs with chronic or long-term illnesses inside CIW?	B1: "We ensure that maintenance medicines for chronic conditions such as hypertension and diabetes are always available through close monitoring of stocks and timely requisitions."	Sustained Medical Access and Regular Monitoring Health Education and Empowerment through Knowledge Psychosocial and Nutritional Support
	B2: "We schedule regular consultations for PDLs with long-term illnesses and maintain updated medical records for continuous care."	
	B3: "Coordination with external hospitals is done immediately when specialized treatment or laboratory tests are required."	
	B4: "We organize health orientations and conduct educational sessions about managing chronic diseases to empower PDLs."	
	B5: "The clinic staff provides counseling and reminders to ensure PDLs understand their prescribed medications and lifestyle modifications."	
	B6: "We encourage self-care practices and reinforce the importance of regular medication adherence during health talks."	
	B7: "We coordinate with the diet section to provide special dietary considerations for PDLs with medical restrictions."	
	B8: "We refer PDLs with emotional distress due to their chronic conditions to our mental health service team for counseling."	
	B9: "We monitor the emotional well-being of chronically ill PDLs and make sure they receive proper psychosocial assistance."	
	B10: "We work to strengthen partnerships with NGOs and government agencies for additional support programs addressing chronic illnesses."	

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Table 11 presents the responses given by the ten PDLs (informants) and ten BuCor Personnel during the Key Informant Interview are categorized along the themes as follows:
The responses of BuCor personnel and women persons deprived of liberty (PDLs) reveal a structured, compassionate, and multi-dimensional approach to managing chronic and long-term illnesses among women PDLs in the Correctional Institution for Women (CIW). Three major themes emerged: (1) Sustained Medical Access and Regular Monitoring, (2) Health Education and Empowerment through Knowledge, and (3) Psychosocial and Nutritional Support.

Many PDL's highlighted the importance of continuous access to medicines and follow-up care. Reflect the women's need for consistent medical support rather than one-time interventions. These expressions reveal their awareness that chronic conditions require sustained monitoring to prevent complications. This reflects CIW's ongoing challenge to maintain steady supplies while ensuring fair distribution, a practice aligned with the Human Rights-Based Approach (HRBA), which upholds the right to health through accessibility and continuity of care. The hope for assigned aides and regular monitoring shows that PDLs value systematic healthcare as part of humane detention, not luxury but necessity. The women want not just treatment but the knowledge to manage their own health responsibly. Education in correctional settings is transformative it fosters self-reliance and reduces dependence on limited staff. Aligning with Social Justice Theory, this approach equalizes opportunities for wellness through access to knowledge. In CIW, integrating health education programs could help chronically ill inmates cope better physically and emotionally. These hopes illustrate that physical treatment alone cannot address chronic illness; mental well-being and proper nutrition are equally vital. This aligns with the rehabilitative and humane approach of BuCor, ensuring that health support also addresses emotional and psychological needs. The respondents' tone suggests appreciation and optimism toward possible reforms, not criticism. The call for emotional and nutritional care mirrors the principle of holistic health, a recognition that compassion and care are key components of rehabilitation.

The BuCor personnel's responses portray a comprehensive and rehabilitative approach to healthcare that balances medical, psychological, and educational interventions. This framework not only ensures the physical well-being of women PDLs but also promotes dignity, resilience, and empowerment within the correctional setting. Their desire for empowerment through knowledge aligns with Social Justice Theory, promoting self-reliance and reducing dependence on limited staff. BuCor personnel echoed this perspective by emphasizing institutional efforts to ensure steady medicine availability, regular medical monitoring, and health literacy programs. Their recognition of mental health support and nutritional planning reflects a biopsychosocial approach, addressing the physical, emotional, and social dimensions of chronic illness. This comprehensive strategy fosters not only physical well-being but also dignity, resilience, and empowerment, embodying BuCor's rehabilitative and humane correctional healthcare model.

3.3.4 If you need to be transferred to a hospital, how do you hope the process can be made faster or more comfortable?
How does BuCor ensure that hospital transfers for women PDLs are conducted efficiently, safely, and with consideration for their comfort and well-being?

Table 12
Perspectives of PDLs and BuCor Personnel on the Improvements for Faster and More Comfortable Hospital Transfer Processes in CIW

Question	Participant Statements	Theme
(KIs for PDLs) 4. If you need to be transferred to a hospital, how do you hope the process can be made faster or more comfortable?	PDL1: I hope the approval process for hospital transfer can be quicker. *"Sana mas mapabilis ang pag-apruba ng hospital transfer."*	Streamlined Communication and Approval Process Comfort, Safety, and Emotional Reassurance Readiness and Emergency Responsiveness
	PDL2: It would help if ambulances are always ready for emergencies. *"Makakatulong kung laging may nakahandang ambulansya para sa emergency."*	
	PDL3: I wish communication between the clinic and the custodial staff was faster. *"Sana mas mabilis ang komunikasyon ng klinika at custodial staff."*	
	PDL4: I hope patients are briefed properly before transfer. *"Sana may malinaw na briefing bago i-transfer ang pasyente."*	
	PDL5: It would be nice if we can have more comfortable transportation. *"Maganda kung mas kumportable ang sasakyan kapag tinatransfer kami."*	

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	PDL6: I hope transfers happen even at night during emergencies. *"Sana may transfer din kahit gabi kung emergency."*	
	PDL7: I wish coordination with hospitals is done in advance to avoid delays. *"Sana may maagang coordination sa ospital para hindi maantala."*	
	PDL8: I hope there is a health aide to accompany us and explain what is happening. *"Sana may health aide na kasama at nagpapaliwanag sa amin."*	
	PDL9: It would help if the officers assisting us are understanding and patient. *"Makakatulong kung may mga opisyal na maunawain at matiyaga."*	
	PDL10: I hope the process is faster but still follows safety rules. *"Sana mas mabilis ang proseso pero ligtas pa rin."*	
(KIs for BuCor Personnel) How does BuCor ensure that hospital transfers for women PDLs are conducted efficiently, safely, and with consideration for their comfort and well-being?	B1: "We coordinate closely with the duty doctor and the warden to expedite approval for hospital referrals, especially in emergency cases."	Streamlined Communication and Approval Process Comfort, Safety, and Emotional Reassurance Readiness and Emergency Responsiveness
	B2: "All medical referrals are processed through proper documentation but we ensure that no unnecessary delays occur."	
	B3: "We use designated communication channels between the clinic, security, and transportation units to make coordination faster."	
	B4: "We make sure that the vehicles used for hospital transfers are well-maintained and sanitized for patient comfort."	
	B5: "We brief the PDLs before the transfer to explain the process and reassure them about safety and confidentiality."	
	B6: "Security escorts are trained to handle medical transfers with empathy and professionalism to make PDLs feel respected."	
	B7: "We ensure that ambulance and transport vehicles are on standby, especially during night shifts and weekends."	
	B8: "We have an emergency response protocol to ensure immediate transfer during critical health situations."	
	B9: "Coordination with hospitals is done in advance to ensure bed availability and reduce waiting time upon arrival."	
	B10: "We continuously review and update our transfer procedures to make the process faster without compromising security."	

Table 12 presents the responses given by the ten PDLs (informants) during the Key Informant Interview are categorized along the themes as follows:

The responses of women persons deprived of liberty (PDLs) and BuCor personnel highlight a well-structured and compassionate system that prioritizes both efficiency and humanity in the hospital transfer process for women PDLs. Three main themes emerged from their statements: (1) Streamlined Communication and Approval Process, (2) Comfort, Safety, and Emotional Reassurance, and (3) Readiness and Emergency Responsiveness.

Several PDLs, emphasized the importance of faster coordination and approval in hospital transfer procedures. Their expressions reveal appreciation for the current system yet suggest that improved communication and quicker approval could enhance its efficiency. This indicates not dissatisfaction but constructive feedback from PDLs who recognize that medical emergencies require both accuracy and timeliness. Their hope for faster coordination aligns with the Bureau of Corrections' (BuCor) advocacy for responsible governance and transparency in operations. It also reflects the Human Rights-Based Approach (HRBA) to corrections, which upholds timely access to healthcare as a basic right of persons deprived of liberty. Their words illustrate that compassion and consideration from escorting personnel can significantly alleviate fear and anxiety during medical transfers. The theme resonates with international correctional standards, including the Mandela Rules, which emphasize humane treatment and respect for dignity in all aspects of

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custodial healthcare. In this light, comfort and compassion become vital components of CIW's commitment to both security and human rights. These statements reflect a forward-looking perspective, where PDLs value preparedness and trust the institution's capacity to respond quickly when needed. They acknowledge the necessity of security protocols but emphasize that medical responsiveness should not be compromised during emergencies. Aligning with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), this theme reinforces that emergency healthcare access for PDLs should be equivalent to that of the general population, prompt, efficient, and humane.

The BuCor personnel recognize that transportation for medical reasons can be stressful for PDLs; therefore, they ensure proper briefings, clean and comfortable transport vehicles, and respectful escort conduct. These actions demonstrate BuCor's awareness that patient comfort and dignity are vital components of correctional healthcare, aligning with modern human-rights-based custodial standards. The inclusion of proactive coordination with hospitals and regular procedural review suggests a continuous improvement mindset ensuring faster, safer, and more reliable medical transfers. The BuCor personnel's responses reveal a balanced integration of operational efficiency, safety assurance, and humane care in managing hospital transfers for women PDLs. This approach reflects the institution's evolving standards toward a more responsive and dignified correctional healthcare system, where medical urgency and the well-being of PDLs are prioritized alongside security protocols.

Outcome of the Study

The study's totality paints a vivid image of a correctional institution striving to humanize discipline and institutionalize compassion. CIW's healthcare system, though functional, remains constrained by structural limitations. Yet, within these walls of discipline and confinement, the study found a beating heart of humanity. PDLs who remain hopeful and resilient, and personnel who serve with empathy and duty despite scarcity. This shared consciousness between healthcare providers and recipients underscores a transformative potential that with strengthened communication, systematic reform, and continued training, correctional healthcare can evolve from a reactive necessity into a proactive instrument of reformation. At its core, the study affirms a universal truth: Health and human dignity are inseparable. In ensuring that every woman PDL receives equitable, compassionate, and continuous care, CIW does more than heal bodies it restores identities, rebuilds self-worth, and redefines the meaning of rehabilitation. When health is upheld as a human right, incarceration becomes not an end, but a beginning a journey of healing, reflection, and transformation.

Summary of Findings

The results revealed that while CIW maintains a structured and procedural approach to healthcare delivery, systemic constraints including limited medical personnel, logistical barriers, and communication lapses still impede timely and comprehensive care. Despite these constraints, both PDLs and personnel demonstrated mutual compassion, cooperation, and resilience, highlighting an intrinsic culture of shared responsibility and human understanding within the facility.

Ultimately, the study offered a vivid and holistic portrayal of healthcare within the CIW, merging institutional reality with human experience. The findings depicted a system striving to balance security and compassion, discipline and dignity, order, and empathy. These narratives serve not only as empirical data but as moral and policy imperatives guiding BuCor and related agencies toward a more rights-based, gender-responsive, and humane correctional healthcare system that upholds the Mandela Rules and the Human Rights-Based Approach (HRBA) in every aspect of prison management.

Findings/Implication to the study

The Health for Dignity and Rehabilitation Program (HDRP) transforms CIW from a traditional correctional facility into a human rights-based healing institution. It bridges policy with compassion, aligning institutional goals with the moral imperative to preserve human dignity. Through this program, healthcare becomes both a right and a path to reformation, allowing women PDLs to reclaim wellness, confidence, and self-worth restoring their humanity while fulfilling BuCor's mandate of safe custody and rehabilitation. The study affirms that health is the first form of justice within prisons. A system that heals with dignity and compassion not only restores physical wellness but also rekindles humanity and hope. When women PDLs are empowered through proper medical care, education, and emotional support, the correctional environment transforms from one of punishment into one of healing and transformation. This is the ultimate vision of a humane, rights-based correctional system that BuCor and CIW must continue to pursue.

CONCLUSION

The conclusion underscores that healthcare within CIW is not merely an administrative service, it is a moral and rehabilitative commitment. The delivery of health services must therefore transcend reactive medical assistance and evolve into a comprehensive, proactive, and rights-based system that equally values prevention, education, and psychosocial well-being. Such transformation aligns with international frameworks such as the United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules)

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and the Bangkok Rules, which emphasize that imprisonment must never strip away the basic right to health, dignity, and humane treatment.

Furthermore, the study concludes that the partnership between PDLs and personnel is an untapped strength of the correctional system. Their mutual understanding and cooperation form the foundation for sustainable institutional reform. With proper communication, adequate staffing, and supportive policy structures, CIW can emerge as a model correctional facility where healthcare becomes the cornerstone of rehabilitation, not merely a remedial service.

Recommendations
Derived from the thematic outcomes and aligned with the Human Rights-Based Approach (HRBA) and BuCor's institutional mandates, the following recommendations are proposed for policy enhancement, operational improvement, and program formulation:

Proposed Program:
CIW "Health for Dignity and Rehabilitation Program (HDRP)"
A Gender-Responsive, Human Rights-Based Health Framework for Women PDLs at CIW

Program Rationale
The HDRP is anchored on the core belief that healthcare is a foundation of rehabilitation and that every woman, regardless of incarceration, has the right to quality and dignified healthcare. Rooted in the study's 36 thematic findings, the program aims to address the recurring issues of limited medical personnel, delayed communication, inconsistent medicine supply, and lack of psychosocial support. It envisions a correctional health system where healing, education, and empowerment converge to promote total well-being and reformation.

Program Goals
To enhance the accessibility, quality, and timeliness of healthcare services within CIW, institutionalize gender-sensitive, rights-based healthcare protocols, empower PDLs as active participants in maintaining their own health and wellness and strengthen inter-agency collaboration for comprehensive medical and psychosocial services.

Core Components and Activities
1. Health Access and Coordination Component
Establishment of a CIW Health Command Center for 24/7 medical coordination and emergency response. Implementation of a Digital Health Communication Network connecting CIW clinic, hospital partners, and BuCor HQ. Monthly coordination meetings between medical and custodial units for case reviews and policy adjustments.
2. Medical Resource and Personnel Enhancement
Deployment of DOH-assisted doctors and nurses under a service-sharing arrangement. Training for BuCor personnel on basic life support (BLS) and mental health first aid. Introduction of Telemedicine Consultations for specialized and offsite services.
3. Psychosocial and Educational Empowerment
Launch of the "Mind & Heart Wellness Program" weekly group sessions on mental health, self-esteem, and resilience. Conduct of Health Education Workshops on chronic disease management, hygiene, and nutrition. Peer volunteer development program: "PDL Health Champions", where trained inmates assist in basic healthcare facilitation and awareness drives.
4. Nutrition and Hygiene Improvement Program
Partnership with the Bureau of Jail Management and Penology (BJMP) and LGUs for improved food sourcing. Establishment of an Inmate Vegetable Garden Project for supplemental nutrition. Regular provision of hygiene kits and sanitary supplies through BuCor and NGO partnerships.
5. Monitoring, Evaluation, and Policy Integration
Creation of an Internal Health Oversight Committee (IHOC) responsible for data monitoring and program evaluation. Annual report submission to BuCor and DOH to assess compliance, outcomes, and improvement areas. Integration of program results into CIW's strategic health management plan.

Expected Outcomes
Enhanced efficiency and empathy in healthcare service delivery. Improved health literacy and psychological resilience among PDLs. Strengthened collaboration between BuCor, DOH, and partner institutions. Institutionalization of a sustainable, gender-sensitive correctional health model that can be replicated in other BuCor facilities nationwide.

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