

Volume 1-Number 1-2019-1

PRIMARY HEALTH CARE SERVICES: STRENGTHENING THE UTILIZATION OF THE INMATE'S HEALTH RECORD OF THE BUREAU OF JAIL MANAGEMENT AND PENOLOGY

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Abstract

The main objective of the study is to come up with an action plan based on the evaluation on the provision of primary health services provided to inmates (persons deprived of liberty/PDL) through the implementation of the Inmate's Health Record (IHR). The evaluation was based on the health status of the inmates and the health services available, on extent of IHR utilization, as well as on the compliance to the guidelines based on treatment/management, medication and medical supplies, and monitoring, and based on the challenges met by the jail health staff and inmates alike.

The study utilized mixed-methods to validate and appraise the utilization of the Inmate's Health Record in providing primary health care services to the BJMP inmates through quantitative and qualitative methods. The study specifically dealt with the health status of a jail based on the common health complaints or most common reasons for seeking medical attention as experienced by the inmates using quantitative analysis where the relation of each health complaint and the provision of healthcare services were analyzed; quantitative analysis was also used to describe the extent of compliance to the guidelines on the use of the IHR. Quantitative analysis was used to identify the challenges met by the BJMP health staff and inmates in the implementation of the IHR. Qualitative analysis was used to know how the primary healthcare services were being provided to inmates, and helped to analyze the extent of IHR utilization. Upon identification of issues and concerns regarding the health care services, the study tried to recommend an action plan to strengthen the use and implementation of the IHR.

The data gathering utilized a questionnaire as well as an interview with both jail health staff and inmates (PDL) as the respondents.

The following conclusions were drawn. That, the most common diseases afflicting inmates are skin diseases, cough and colds/upper respiratory infection, and headache symptoms; the primary health services provided to the inmates are the use of thermometer, BP apparatus and stethoscope; the adherence to the guidelines on the extent of utilization of IHR for its proper and timely accomplishment for the benefit of the inmates' health; the guidelines on the use of the IHR were implemented to a "great extent"; and, the challenges met both by the BJMP health staff and inmates in the implementation of the guidelines on the use of the IHR are: health staff being multi-tasking and no room/space for the sick. An action plan was crafted based on the findings to address the issues and concerns of both inmates and jail health staff.

Introduction

Prison health care can play an important role in reducing health inequalities. All this underlines the need for governments to give a degree of priority to health in prisons. First, they should meet their duty of care for those deprived of their liberty. Second, they should respect prisoners' human rights, aid the protection of their health and contribute to public health as a whole, thus making a major contribution towards reducing health inequalities in a vulnerable part of the population while society awaits the effects of action on the broader social determinants of health.

In the Philippines, in the Bureau of Jail Management and Penology (BJMP), the growing number of inmate population, has caused the jails to be congested. Overcrowding in jails has greatly affected the living condition and wellbeing of the inmates. Without the services offered by the medical professional/health care providers, and medical supplies availability, morbidity and mortality rates among inmates will surely be on the rise. The Health Service Office views an inmate as an individual and as a whole being thus providing services that address his/her physical and psychological needs.

It is for this same reason that in 2012, a non-government organization designed the Health Information System project to be piloted in selected BJMP jails. Since its utilization was noted to be significant and helpful to jail setting particularly to health services that somehow benefitted the inmates, it was implemented nationwide in BJMP in 2015 and was known as the Inmate's Health Record. (based on BJMP Memorandum dated October 23, 2014: Implementation of Inmates Health Record; and Standard

Operating Procedure dated August 2015: Guidelines on Admission, Releasing, Medical Consultation Procedure of Inmates and on Health Staff Function)

Through the proper utilization of the Inmate's Health Record best practices will be introduced and can be applied: systematic medical history taking upon arrival for newly committed inmates; keeping of individual health files, clinical follow up of chronic diseases and risk groups; regular reporting & recording of health information (for all inmates having consultations or being referred to hospitals); identification and classification of main causes of consultation and deaths; and a systematic and functional referral system.

Through the information documented in the IHR, health managers of the bureau can plan cost-effective and targeted health interventions. A sound and reliable information system through the Inmate's Health Record is the foundation of decision-making across all health system building blocks particularly in jail

setting. Through this data, health managers can properly shape a health system strategy and target interventions properly budgeted.

IHR of BJMP is also a health monitoring tool that will be essential for health system policy development and implementation, governance and regulation, health research, human resources development, health education and training, service delivery and financing both in the civilian and penitentiary health sectors.

Recognition of the importance of Inmate's Health Record will be significant to be capable of generating reliable BJMP health data. A good health information system through the IHR will bring together all relevant partners to ensure that users of health information have access to reliable, authoritative, usable, understandable and comparative data to provide primary health care to BJMP inmates.

Statement of the Problem

The general problem of the study is: How may the provision of primary health services provided to inmates through implementation of the Inmate's Health Record (IHR) be evaluated as basis for an action plan?

Specifically, the study sought answers to the following questions:

1. How may the health status of BJMP inmates be described?
2. What primary health services of BJMP are being provided to inmates?
3. To what extent is the Inmate's Health Record utilized?
4. How may compliance with the guidelines on the use of the Inmate's Health Record be described based on
 - 4.1. treatment/management
 - 4.2. medication and medical supplies, and
 - 4.3. monitoring?
5. What challenges are met by the BJMP health staff and inmates in the implementation of the guidelines on the use of the Inmate's Health Record?
6. What action plans may be recommended to strengthen the utilization of the Inmate's Health Record?

Methods

This study utilized mixed-methods to validate and appraise the utilization of the Inmate's Health Record in providing primary health care services to the BJMP inmates (PDL) through quantitative and qualitative methods. The study answered the general problem of the study on how may the provision of primary health care services provided to inmates be evaluated as basis for action plan through the utilization of the Inmate's Health Record. The study specifically dealt with the health profile or health status of a jail based on the common health complaints or most common reasons for seeking medical attention as experienced by the inmates using quantitative analysis where the relation of each health complaint and the provision of health care services were analyzed; quantitative analysis was also used to describe the

extent of compliance to the guidelines on the use of the Inmate's Health Record through the following variables: health staff, their good assessment or diagnosis, appropriate treatment or management to particular assessment; as to the medication and medical supplies available, and on monitoring of implementation as well. Quantitative analysis was likewise used to know the challenges met by the BJMP health staff and inmates in the implementation of the IHR. On the other hand, qualitative analysis became helpful to know how the primary health care services were being provided to inmates, and also it was used to analyze the extent of IHR utilization. Lastly, upon identification of issues and concerns regarding the health care services, the study tried to recommend an action plan to strengthen the use and implementation of the Inmate's Health Record.

The population of the study involved the jail nurses or jail health staff who are assigned in the health service unit of each respective jail facility, the inputs of the warden who oversees the activities in his/her assigned facility were also given bearing to note the issues and concerns related to health. Randomly selected inmates (PDL), who have been in the custody of the bureau for at least one year were qualified to be respondents; twenty inmates or PDL from each facility were selected through a purposive random sampling. They were also interviewed to get information and to validate the data received from the health service providers, since they are the recipients of the health services their feedbacks have been very significant in this study.

Ten jails in BJMP Region III, Province of Bulacan were the areas of the study. These jails are equally dense with regards to the number of inmates, with at least one health staff assigned and also accessible to the researcher.

The author utilized two sets of validated locally constructed questionnaire. One set was for the health staff which has three parts: for collecting information on the health profile of the inmates and available health services provided to inmates, as to the implementation of the IHR, and to get their inputs on the challenges encountered with the use of the IHR and as well as concerns with regards to the health services offered by the bureau from them as healthcare providers. The other set was for the healthcare services recipients or the inmates, which also has 3 parts: first to know their health profile/situations in the jail and the health services provided to them; then for the implementation of the IHR which was based on the BJMP guideline; and the other part was for their feedback as recipients as to the challenges of the health services available for them. The author conducted the data gathering both through an interview of the subjects of the study (health staff and inmates) with a prepared interview guide with modified from WHO sets of questions to gather information from both the health staff and inmates.

Table 1 presents the distribution of respondents. The names of the ten jail facilities supervised and managed by BJMP in the province of Bulacan are enumerated in the first column. The total jail population of each jail facility is stated in the second column. The third column shows the sample size of at twenty respondents (inmates) from each jail, a purposive random sampling will be done. And the last column shows the number of health staff in each jail facility, as well as the number of health staff in the regional office.

Table 1.

Distribution of Respondents

Jail Facility	Jail Population	Sample	No. of Jail Health Staff
Meycauayan Municipal Jail	194	20	1
Marilao Municipal Jail	184	20	1
Bocaue Municipal Jail	271	20	1
Balagtas District Jail	167	20	1
Sta Maria Municipal Jail	162	20	1
Malolos City Jail	194	20	1
San Jose Del Monte City Jail	377	20	2
Plaridel Municipal jail	149	20	1
Pulilan Municipal Jail	120	20	2
Baliuag Distric Jail	155	20	1
Total	1,973	200	12

(November 2017 Jail Population)

The researcher first identified the district and city or municipal jails within the BJMP Region in the province of Bulacan to be included in the study. The designated jail nurse or jail health staff was identified, and twenty (20) randomly selected inmates were chosen to participate in the study. Orientation of the respondents was facilitated in each jail setting, followed by the distribution of the questionnaires to the randomly selected inmates and jail health staff/jail nurses. Also an interview with prepared questions was conducted to the inmates, as well as the assigned health aides and of course the jail health staff respectively.

Analysis of data based on the answers of respondents were gathered and assessed. Data processing and statistical treatment used in the study included:

Frequency, rank, and mean were used for the presentation of the variables such as the health status of a jail as well as the health services being provided or available for the inmates. The extent of compliance to the guidelines on the utilization of the IHR was presented using the frequency, mean and Likert scale presented as follows:

Scale Range Verbal Interpretation

5	4.3 – 5.00	Very Great Extent
4	3.5 – 4.2	Great Extent
3	2.7 – 3.4	Moderate Extent
2	1.9 – 2.6	Less Extent
1	1.00 – 1.80	Not at all

To present the data for the challenges encountered by the BJMP health staff in the implementation of IHR the frequency and rank were used.

Significant Findings

This study aims to evaluate the provision of primary health services to inmates through the implementation of the Inmate Health Record (IHR) as a basis for an action plan.

Information was collected from the accounts of the jail nurses and inmates or persons deprived of liberty (PDL) from the ten (10) BJMP jails located in Bulacan respectively.

Part I. Health Status of BJMP Inmates

Two hundred (200) inmates from 10 jail facilities were asked to identify the top 10 leading causes of morbidity (illness/diseases) that are common in their facility based on the complaints of the patients and records given by the jail nurses.

Health status of BJMP inmates be described

The health status of BJMP inmates can be described based on the leading causes of medical consults or morbidity in a jail facility. The top three leading causes of medical consults are skin diseases (also known as jailhouse rash), cough/colds collectively known as flu (mostly caused by Influenza), and headache which is the most common symptom among inmates due to psychological factors contributed by being incarcerated.

Significant contributory factors in acquiring and inevitable spread of communicable diseases are: congestion or over-crowding related to the limited space compromising the ventilation, additional factors will be maintenance of sanitation and improper hygiene practices of the inmates themselves.

Table 2 presents the frequency and rank distribution of the health status of BJMP inmates.

Table 2

Frequency and Rank Distribution of the Health Status of BJMP Inmates (PDL)

Disease/Illness	Frequency	Rank
Skin Diseases	200	1
Cough/Colds	198	2
Headache	192	3
Dental Problems	188	4
Edema	187	5
Hypertension	183	6
Diabetes	164	7
Infected/Non-healing wound	157	8.5
UTI	157	8.5
Tuberculosis	54	10
Diarrhea	46	11
Abdominal pain	29	12
Allergic reaction	27	13
Arthritis	21	14
Eye infection	5	15

Part II. Primary Health Services of BJMP Provided to Inmates

Health services available in jails that are being provided for the inmates can be assessed in this study through the health activities and health programs performed and implemented in each jail facility, availability of medication for treatment, availability of medical equipment to be used for proper assessment and evaluation of a patient; availability of other needed health supplies and materials to render and offer proper management and eventual treatment; and use of appropriate health facility to offer quality healthcare.

Primary health services of BJMP are being provided to inmates

The top primary health services that are available and are provided to inmates are the following: use of medical equipment such as thermometer, BP apparatus and stethoscope which are used for initial assessment of an inmate patient.

Table 3 shows summary table of the frequency and rank of the primary health services provided or offered to inmates.

Table 3

Summary Table of Primary Health Services Provided to Inmates

Primary Health Services	Frequency	Rank
Thermometer	197	1
BP Apparatus	187	2.5
Stethoscope	187	2.5
Medical screening upon entry	184	4
Weighing scale	183	5
Stocks of medicine	176	6
First aid kit	175	7
Linkage to local health unit	173	8
Nebulizer	157	9
Glucometer	132	10
Ambulance/ vehicle for emergency	88	11
Bed for the sick/ stretcher	61	12
Isolation area	41	13
Oxygen tank	14	14
Clinic	2	15

Part III. Extent of Utilization of Inmate Health Record

Utilization of Health Record of the inmates

The Inmate Health Record is utilized in jail facilities by the health staff for the benefit of the inmates. It is first used during medical screening upon entry of a newly committed inmate. This procedure is important to record all medical information about an inmate's health of course with observance of privacy and confidentiality. This is important because health care should include the continuance of any treatment started before admission; full assessment of an inmate's health and related needs upon admission is relevant.

This is important to ensure that the inmate does not have a medical condition that could affect the health of others, and that he/she is not a danger or threat to him/herself or others. The initial health screening is recognized as an extremely important phase in prison health or jail health at that. It ensures that a good assessment of the health status of the inmate and other needs are noted so that a personalized treatment and care programme can be established with the health team and others. For the whole duration of stay of the inmate in the jail the IHR is utilized where all the health situations of that particular inmate are documented/recorded; it is a tool used when referring the inmate in need of medical attention to external health facilities; and IHR is used to clear an inmate to be released or if need arises to refer the inmate to other institutions where he/she will be transferred or to a community where he will be released to.

Part IV. Extent of Compliance to the Guidelines on the Use of the Inmate Health Record

At this part of the study, the assessment was divided into five (5) items: first, based on the importance of the role of a health staff in a jail facility; then on the knowledge and skills of a jail nurse on assessment of an illness/disease and eventually on identifying the diagnosis/impression; next on the competence on providing appropriate management that can lead to treatment/cure; then on the available medication and medical supplies in a jail facility; and finally based on recording and monitoring which is basically all about the nurses' compliance to the expected recording and reporting of health activities in their area of responsibility (AOR).

Health Staff. The presence of a health staff specifically a nurse in a jail facility is vital in the compliance to the guidelines on the use of the IHR; the nurse is one responsible for the provision of the health services in the facility and to assess, manage and monitor the health situation in the jail.

Each jail facility has an assigned jail health staff/nurse performing health function as one of their jail tasks. But one concern that was raised was that not all of the jail nurses received proper training or were well oriented in the utilization of the IHR. Orientation to the work place, proper role description, and needed training should be given to a nurse to be assigned so that that health staff will be prepared/ready to function and perform the expected tasks.

Assessment. Relating to the extent of compliance to the guidelines on the use of the IHR, the skill and knowledge of a jail health staff or jail nurse to give an assessment on a jail health situation is crucial. Hence, both knowledge and skills of a jail nurse defines his or her confidence on giving the correct assessment or impression on a certain jail health situation. Based on the study the jail nurses have expressed to have enough confidence on providing an impression or assessment based on the complaints or symptoms presented by an inmate/patient. But based on the analysis, in order for a jail nurse gain more confidence in giving the correct assessment or give appropriate impression on a given complaint they need to be more competent, and competence of the jail nurses will come from the training to be given to them. Relating this to the interview, exposing the nurses to relevant trainings and seminar-workshops will give them the needed skills and knowledge in order for the nurses to perform their tasks in evaluating a health situation, give impression and assessment and eventually giving appropriate management for a successful cure or treatment.

Table 4 presents the summary table for the descriptive measures of the extent of the implementation of the guidelines on the use of the Inmate Health Record based on the five (5) variables such as: Health Staff, Diagnosis/Assessment, Treatment/Management, Medicine and Medical Supplies, and Monitoring/Recording

Table 4

Summary Table of the Extent of Compliance to the Guidelines on the Use of Inmate Health Record

Variables	Mean	Verbal Interpretation
1. Health Staff	3.72	Great Extent
2. Assessment	3.54	Great Extent
3. Treatment/Management	3.85	Great Extent
4. Medication & Medical Supplies	3.77	Great Extent
5. Monitoring	3.83	Great Extent
Overall Mean	3.77	Great Extent

Compliance with the guidelines on the use of the Inmate’s Health Record be described based on health staff, assessment, treatment or management, medication and medical supplies, and monitoring

The guidelines on the use of the Inmate Health Record in terms of the health staff, assessment, treatment/management, medication and medical supplies, and monitoring were implemented to a “great extent”.

Part V. Challenges met by the BJMP health staff and inmates in the implementation of Inmate Health Record (IHR)

Multi-tasking is the top challenge that a jail nurses experience in performing their tasks as a health staff. Aside from health duties, most of them perform custodial and escorting, act as searcher, do administrative works, handling Inmates’ Welfare activities among other responsibilities. Multi-tasking is the main cause hence most of the nurses cannot focus on their health function/duty. It is also due to inadequate human resources in the jail setting. Despite of this they are willing to perform their function as their profession only if given enough time or given a chance to manage their time.

There have been many arguments over whether multitasking enhances or lowers productivity. Despite the controversy surrounding it, the fact of the matter is that multitasking has both advantages and disadvantages.

Table 5 shows the frequency and rank distribution of the challenges of the jail nurses in the implementation of IHR.

Table 5

Frequency and Rank Distribution of the Challenges of Jail Nurses in the Implementation of IHR

Challenges	Frequency	Rank
multi-tasking	12	1
court order delays health function	10	2.5
no space for consultation	10	2.5
inadequate health staff	9	4.5
inadequate medical equipment	9	4.5
unsupportive co-jail officers with regards to health issues	6	4.5
no clear guidelines on nursing function	6	4.5
no available transportation	5	8
lack of orientation to nurse function	4	9
far from health center/health facility	3	10.5
inadequate knowledge/skills in identifying an impression/disease	3	10.5
identifying an impression/disease		10.5
no phone available for referral purposes	3	13
too much health reports to accomplish	2	14

The inmate respondents have identified the challenges or hindrances on the provision of health services in the jail, the From the PDL's accounts, the top concerns they have identified that hinders the provision of health services in the jail, first among the identified challenges/hindrances in the provision of health services is no room or lack of space for the sick; second challenge identified is no provision for a clinic for consultation/assessment and treatment procedures; and third lack of space to perform physical exercises for good health. The top three identified challenges are all about space that if available could have been a venue for the conduct and provision of health care services and promotion of health. But most of the jails particularly in Bulacan has limited space that it is impossible with the present situation to have provision for a space for the sick (at least a sick bay), or provision for a clinic, and more so provision for an area to perform physical exercises.

One of the ideal answers to these top three problems is to relocate the jail facility to a location with enough space, and to construct a new jail facility with good planning and proper budgeting in order to provide an ideally humane detention facility with complete provisions to all the needs of a human being.

Table 6 will show the summary table of the frequency and rank distribution of the challenges identified by the inmates in the implementation of IHR per jail facility.

Table 6

Summary Table of the Frequency and Rank Distribution of the Challenges Identified by Inmates in the Implementation of IHR

Challenges	Frequency	Rank
No room/space for the sick	197	1
No clinic	193	2
No space for physical exercises	189	3
Poor ventilation	180	4
Delayed issuance of court order for treatment	154	5
No available or inadequate supply of medicine	63	6
Nurse has no enough time for consultation	50	7
Inadequate medical equipment for proper medical assessment	50	8
Dependent on Warden's decision	29	9
Nurse has no enough time to conduct consultation/assessment	26	10
No visitor/ family support	25	11
Inefficient Health Aide or "Bantay Kalusugan"	18	12
Lack of support and care of fellow inmates	13	13
Lack of support/care from the jail personnel	12	14
Inadequate water supply (for drinking/hygiene)	9	15
Difficulty to find sleep due to crowding	5	16
No comfortable bed/space for sleeping	4	17
Bed bugs & Mosquito bites at night	2	18

For liberty is the only thing that is lost from a detained person while the other rights in particular the right for health remains.

However, considered as the least challenges of the respondents are related to problems with regards to sleeping such as no comfortable bed/space to sleep on; difficulty to find sleep due to crowding which is related to limited or no space to sleep; and presence of bed bugs and mosquito bites at bed time.

Challenges met by the BJMP health staff and inmates in the implementation of the guidelines on the use of the Inmate Health Record

The top three challenges met by the BJMP health staff in the implementation of the guidelines on the use of the Inmate Health Record are being multi-tasking, issuance of court order delays health function, and lack of space to conduct consultation and assessment of an inmate. While the top three challenges met by the

inmates in the implementation of the guidelines on the use of the Inmate Health Record are no room or space for the sick (isolation), no clinic to seek consultation, and no area to perform physical exercises to promote health.

Part VI. Proposed Action Plan to Strengthen the Use and Implementation of the Inmate Health Record

To come up with an action plan to strengthen the use and implementation of the Inmate Health Record is one of the main objectives of this study to identify the health issues encountered in a jail facility based on the experiences of the health service providers who are the jail nurses, and the recipients of the health services who are the inmates. The action plan was based on the significant health issues identified from the different aspects that this study dealt with. In particular the most

common diseases that affect the living condition of the inmates and from there the causes have been enumerated, and this action plan would try to address the identified health problems.

The challenges on the provision of health services of both the jail nurses who are the health service providers and the inmates who are the clients or recipients were identified. From the identified challenges particular causes were logically associated with the issues raised, and this action plan was crafted to find ways to address and somehow improve the current health services being offered in the jails. Limitations to implement the guidelines on the utilization of the Inmate Health Record have been recognized, limitations that hinder to provide quality health services. This action plan will try to identify and address the gaps in health services in jails. Provide doable and practical solutions that will eventually result to a holistic healthcare provision compliant to the international standard for the treatment of prisoners, taking with great consideration the dignity of human life, that despite incarceration it should not hinder one person (an inmate) from receiving health services and equal health services shall be provided like that in the wider community.

The common health conditions that will be addressed in the action plan are the skin diseases which are the top conditions that afflict most of the inmates, and upper respiratory tract infection cough and colds in particular. Particular activities each corresponds to certain health conditions will be addressed starting with proper information dissemination to both the nurses and inmates alike. Next is the need of the jail nurses to be trained on how to give proper assessment of a health situation so they can offer appropriate management that can lead to eventual treatment. The issues on multi-tasking of jail health staff and provision of health facilities in jails like clinic and isolation are also given attention to as both are considered crucial challenges and health concerns that should be addressed for the improvement of health services in jails.

Table 7 presents the proposed action plan to strengthen the use and implementation of the Inmate Health Record.

Table 7

Proposed Action Plan to Strengthen the Use and Implementation of the Inmate Health Record

ACTION PLAN				
PLAN	OBJECTIVE	ACTIVITIES	PERSONS INVOLVED	EXPECTED OUT-COME
I. To address the most common diseases in jails				
1. Skin Diseases				
a. Address the most common health problems in jails through proper assessment & Treatment b. Monitoring & eventual case control	1. Manage & gradual eradication of skin diseases 2. Educate inmates & jail Personnel 3. Guide nurses on how & when to refer cases 4. Guide nurses on case assessment & management	>Lectures >Posters & visual aids > Seminar-workshop >Invitation to Experts >Regular recording & reporting	>Jail Nurses; Inmates & other jail personnel are Recipients >Expert speakers	1. More referrals/ consultations 2. Control of cases 3. Good monitoring 4. Adequate medication
2. Cough and colds (Respiratory disease/infection)				
a. Address the most common health problems in jails through proper assessment & Treatment b. Prophylaxis for the disease/condition	1. Adequate stocks of Medication 2. Educate inmates & jail Personnel 3. Observance of proper Hygiene 4. Guide nurses on case assessment & management	>Lectures >Posters & visual aids > Use of face Masks >Invitation to Experts >Regular recording & reporting	>Jail Nurses; Inmates other jail personnel will be Recipients >Expert speakers	1. Proper assessment & Management 2. Practice of proper referral system 3. Adequate medication 4. Good hygiene practices

ACTION PLAN				
PLAN	OBJECTIVE	ACTIVITIES	PERSONS INVOLVED	EXPECTED OUTCOME
II. To address the identified challenges on the implementation of the guidelines on the use of IHR				
1. Training/s needed by the jail nurses for appropriate assessment of a health condition				
a. Provide regular trainings and updated teachings to jail nurses	<ol style="list-style-type: none"> 1. To enhance the health skills of jail nurses 2. To gain updated Knowledge 3. To gain enough confidence in decision making 4. Guide nurses on case assessment & management 	<ul style="list-style-type: none"> >Lectures & seminar-workshop >Orientation and Trainings >Regular recording & reporting >Practice of good records keeping 	<ul style="list-style-type: none"> >Jail Nurses >BJMP & invited External speakers 	<ol style="list-style-type: none"> 1. More referrals/consultations 2. Control of cases 3. Good monitoring 4. Adequate medication
2. On multi-tasking of jail nurses				
a. address the inadequate health human resources	<ol style="list-style-type: none"> 1. To organize the BJMP Health System 2. To recognize the role of health personnel 3. To adopt the standard jail nurse to inmate Ratio 4. To have dedicated jail nurses 	<ul style="list-style-type: none"> >working group/committee >enhancement of recruitment Process >Enhancement of health monitoring tools 	<ul style="list-style-type: none"> >BJMP Directorates & Offices (HRD, HSO, PD & PRM) 	<ol style="list-style-type: none"> 1. An organized BJMP human resource 2. Quality health services for inmates
3. Provision of a clinic, isolation, bed or space for the sick in every jail facility				
a. Involvement of Health Service Office in jail planning and design	<ol style="list-style-type: none"> 1. To involve health experts in jail planning 2. To seek for advise and consultation from jail health experts for jail design and planning 	<ul style="list-style-type: none"> >working group/committee for jail planning and design 	<ul style="list-style-type: none"> >BJMP Directorates & Offices (Logistics, HSO, PD & PRM) and support from partners & LGU 	<ol style="list-style-type: none"> 1. Jail Facility based on international standards 2. Jail facility that maintains good health condition of inmates 3. Jail facility for rehabilitation of inmates

Conclusion

In light of the findings, the following recommendations were drawn:

1. Since skin diseases are the most common health problem among jail inmates, information dissemination campaigns should be conducted regularly toward proper assessment, prompt management and adoption of precautionary measures on the part of inmates to reduce incidence and avoid outbreak. 2. Jail nurses should be provided up to date health education and trainings to enhance their skills and be more confident in the assessment and management of health situations in their areas of responsibility.

3. The lack of health facilities in jail premises should be prioritized in the future plans of the institution particularly for new jail construction projects. Provisions for health facilities like clinic or isolation area should be included in planning and budget allocation.

4. Collection of health data must be improved, the recording and reporting of health conditions in each jail unit that will be collected in the regional level and be consolidated in the national office. With this, the data collection and health information will be organized and a reliable database will be created which will be useful in planning and budgeting for health programs and activities of the bureau.

5. In relation with the first recommendation, further studies on the most common health conditions in jail facilities per region must be conducted because each region has its own health concerns. With such studies, there will be proper assessment and management of illnesses occurring in jails.

6. The technical support that the bureau needs to address the actual challenges faced in the field must be determined. This way, the bureau can hire professionals and experts who can really help improve the institution to perform its tasks according to its mandate and deliver quality service to its clientele.

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