



CITY GOVERNMENT OF EL SALVADOR

CITIZEN'S CHARTER 2019 (1st Edition)



I. Mandate:

Formulate and implement policies, plans, programs and projects to push the health of the people within the authorities concerned.

Direct the sanitary inspection of all business establishments selling food items in accordance with the Sanitation Code.

Conduct health information campaign.

II. Vision:

A quality and sustained healthcare services for productive and healthy citizenry of El Salvador

III. Mission:

It is the mission of City Health Office of El Salvador City to provide accessible, affordable, quality sustained healthcare services through effective referral system and collaboration of both government and non-government organization with integrated financial support to achieve productive and healthy life.

IV: Service Pledge:

We, the staff of City Health Office pledge and agree to demonstrate sensitivity, compassionate, appropriate behavior and professionalism and serve with integrity.



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CITY HEALTH OFFICE

- **Consultation**
- **Dental Services**
- **Family Planning**
- **Issuance of Sanitary Permits**
 - **Issuance of Certificate of Potability**
 - **Issuance of Exhumation Permit**
 - **Issuance of Food Handler's Certificate (Certificate of Attendance)**
 - **Issuance of Health Certificates (Food & Non-Food Handlers)**
 - **Issuance of Sanitary Permit (for the Building Construction)**
 - **Issuance of Site Clearance**
 - **Issuance of Transfer of Cadaver Permit**
- **Laboratory Services**
- **Maternal & Child Health Program**
 - **Maternal/Prenatal Care**
 - **TB-DOTS Service**
 - **Nutrition Program Division**
- **Population Commission Program Division**



1. Consultation

Proclamation from a doctor or another medically qualified medicinal services provider which validates the result of a therapeutic assessment of a patient.

Office or Division:	City Health Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All may Avail			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Police blotter for medico legal only		PNP		
Death Certificate – signature certification of the dead		CCR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get priority number	Give priority number to patients	None	1 minute	Ma. Luz E. Ybias, RM <i>PAD In-charge</i> under direct supervision of Luz C. Fernandez, RN
2. Proceed to the person in-charge in getting vital signs & assessment	Get the vital signs of the patients and prepare patient's record	None	10 minutes	Myrna G. Jaudian, RN <i>Nursing Attendant</i> under direct supervision of Nae Vanessa M. Dablio, RN
3. Go to computer for iClinicsys recording	Enter or update patient's data in iClinicsys and have picture taken as necessary	None	10 minutes	Ed Anthony C. Maña <i>Encoder</i> under direct supervision of Diana Rose L. Ebajay, RN
4. Proceed to the doctor's office for consultation	Examine the patient then issue request of laboratory exam (when necessary), issues prescription	None	30 minutes	Dr. Miravel C. Tangcalagan <i>City Health Officer</i>
4.1 Upon receipt of laboratory exam results, go back to CHO	When there is already a result for further diagnosis, then issues prescription			



<p>5. Proceed to cashier for payment - Applicable only for issuance of certificates</p>	<p>Receive payment for certificate</p>	<p>Medico-legal – PHP 180.00 Medical Certificate/ Employment – PHP 130.00 Medical Certificate (School Requirement) – PHP 50.00</p>	<p>15 minutes</p>	<p>Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)</p>
<p>6. Proceed to drug room then receive the medicines prescribed</p> <p>Present Official Receipt for the Certificates</p> <p>Signed Death Certificate received</p>	<p>Dispense the medicines as prescribed by the doctor</p> <p>Release Medical Certificates</p> <p>Record and release death certificate</p>	<p>FREE</p>	<p>5 minutes</p>	<p>Mary Joy B. Langala, RM <i>Midwife/Dispensing In-Charge</i></p> <p>Dr. Miravel C. Tangcalagan <i>City Health Officer</i></p>



2. Dental Services

Preservation of healthy teeth and may also refer to: Oral hygiene, the practice of keeping the mouth and teeth easy in order to forestall dental disorders.

Office or Division:	City Health Office – Dental Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Residents of El Salvador City			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get priority number	Give priority number	None	1 minutes	Ma. Luz E. Ybias, RM <i>PAD In-charge</i> under direct supervision of Luz C. Fernandez, RN
2. Proceed to the person in-charge in getting vital signs & assessment	Get the vital signs of the patients and prepare patient's record	None	10 minutes	Myrna G. Jaudian, RN <i>Nursing Attendant</i> under direct supervision of Nae Vanessa M. Dablio, RN
3. Go to computer for iClinicsys recording	Enter or update patient's data in iClinicsys and have picture taken as necessary	None	10 minutes	Ed Anthony C. Maña <i>Encoder</i> under direct supervision of Diana Rose L. Ebajay, RN
4. Proceed to Dental Room	Assess the patient then issue order of payment	Oral Prophylaxis – PHP 400.00 Tooth Filling – PHP 300.00 Tooth Extraction – PHP 100.00 (4Ps) PHP 200.00 (non-4Ps) FREE (Senior/PWD) Dental Certificate – PHP 100.00 (Employment) PHP 50.00 (Student)	10 minutes	Dr. Lorelie Y. Tiu <i>Dentist</i> Cynthia R. Akut <i>Dental Aide</i> under direct supervision of Dr. Lorelie Y. Tiu



5. Proceed to cashier for payment	Receive payment and issue official receipt		15 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
6. Proceed to Dental Room and present OR	Perform the desired Dental service or issue Dental Certificate when necessary		10 minutes	Dr. Lorelie Y. Tiu <i>Dentist</i> Cynthia Akut <i>Dental Aide</i> under direct supervision of Dr. Lorelie Y. Tiu
7. Proceed to Drug Room for the medicines	Provide prescribed medicines		5 minutes	Mary Joy B. Langala, RM <i>Midwife/Dispensing In-Charge</i>



3. Family Planning

Having the desired number of children and when you desire to have them with the aid of the use of safe and effective modern methods. Proper birth spacing is having children 3 to 5 years apart, which are quality for the health of the mother, her child, and the family.

Office or Division:	City Health Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	15-49 years old (Sexually Active Women of Reproductive Age)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get priority number	Give priority number	None	1 minutes	Ma. Luz E. Ybias, RM <i>PAD In-charge</i> under direct supervision of Luz C. Fernandez, RN
2. Proceed to the person in-charge in getting vital signs	Get the vital signs of the patients and prepare patient's record	None	10 minutes	Myrna G. Jaudian, RN <i>Nursing Attendant</i> under direct supervision of Nae Vanessa M. Dablio, RN
3. Go to computer for iClinicsys for recording	Enter or update patient's data in iClinicsys and have picture taken as necessary	None	10 minutes	Ed Anthony C. Maña <i>Encoder</i> under direct supervision of Diana Rose L. Ebajay, RN
4. Proceed to Family Planning Room for actual counseling and examination	Counsel and examine the patient	None	30 minutes	Jocelyn A. Letigio, RM <i>Midwife III</i>
5. Receive the Family Planning Method chosen	Perform or dispense the Family Planning commodity chosen Refer to other facility when necessary	None	10 minutes	Jocelyn A. Letigio, RM <i>Midwife III</i>



4. Issuance of Sanitary Permit

4.1. Issuance of Certificate of Potability

A certification issued by the City Health Officer certifying that the water used in establishments processing is safe to consume.

Office or Division:	City Health Office – Sanitary Office			
Classification:	Simple/Complex			
Type of Transaction:	G2C			
Who may avail:	All may Avail			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Water Sampling Result (Passed & Valid for 6 months)		<ul style="list-style-type: none"> • City Health Office • Any Private Water Analysis Laboratory accredited by the Department of Health 		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client request Certificate of Potability	Order of payment	Certificate of Potability – PHP 100.00	5 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
2. Submit the required documents	Receive and evaluate the documents		2 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>
3. Wait	Prepare the Permit	None	5 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>



4.2. Issuance of Exhumation Permit

A certification issued by the City Health Officer for every entombment within the City or Municipality that the permit will be issued as required by the law under PD 856.

Office or Division:	City Health Office – Sanitary Office			
Classification:	Simple/Complex			
Type of Transaction:	G2C			
Who may avail:	All may Avail			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Registered Death Certificate (Human Remains should be at least 5 years buried)		City/Municipal Health Office		
Official Receipt		CCR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client request Exhumation permit	Order of payment	Exhumation permit – PHP 100.00	5 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
2. Submit the required documents	Receive and evaluate the documents		2 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>
3. Wait	Prepare the Permit	None	5 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>



4.3. Issuance of Food Handler's Certificate (Certificate of Attendance)

All Food Handlers are required to undergo Food Handlers class before a health certificate and food Handlers Certificate is issued pursuant to P.D. 856 and the 2007 Codified Ordinance of El Salvador City.

Office or Division:	City Health Office – Sanitary Office			
Classification:	Simple/Complex			
Type of Transaction:	G2C			
Who may avail:	All may Avail			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
X-ray Result (Not more than 1 year validity) for both Food and Non-Food		<ul style="list-style-type: none"> Lying-In Clinic of El Salvador City Any other Radiology Department 		
Stool Exam Result/Fecalalysis (not more than 1 year validity) only for Food Handlers		<ul style="list-style-type: none"> City Health Office of El Salvador City Other laboratories 		
Sputum Exam Result (for pregnant women)		<ul style="list-style-type: none"> City Health Office of El Salvador City Other Laboratories 		
Official Receipt		Treasurer's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client request Food Handler's Certificate 2. Submit the required documents	Receive and evaluate the documents Order of payment	Food Handler's Certificates – PHP 130.00	5 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
3. Attendance 4. Proceed to the CHO Training Room for the Seminar	Discuss the Food Handler's Seminar	None	3-4 Hours	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>
5. Wait	Issue the Certificates	None	2 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>



4.4. Issuance of Health Certificates (Food & Non-Food)

A certification in writing issued by the city health officer after the physical and medical examination are performed. This serves as the person's working permit.

Office or Division:	City Health Office – Sanitary Office			
Classification:	Simple/Complex			
Type of Transaction:	G2C			
Who may avail:	All may Avail			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
X-ray Result (Not more than 1 year validity) for both Food and Non-Food		<ul style="list-style-type: none"> Lying-In Clinic of El Salvador City Any other Radiology Department 		
Stool Exam Result/Fecalysis (not more than 1 year validity) only for Food Handlers)		<ul style="list-style-type: none"> City Health Office of El Salvador City Other laboratories 		
Sputum Exam Result (for pregnant women)		<ul style="list-style-type: none"> City Health Office of El Salvador City Other Laboratories 		
Certificate of Attendance for Food Handlers (only for Food Handlers and haven't yet expired for 2 years only)		City/Municipal Health Office		
Official Receipt		Treasurer's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client request Health Certificates 2. &Submit the required documents	Receive and evaluate the documents Order of payment	Health Certificates – PHP 130.00	5 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
3. Wait	Prepare the Permit	None	5 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>



4.5. Issuance of Sanitary Permit (for the building construction)

A certification issued by the City Health Officer showing that the establishment complies with the existing minimum sanitation required upon evaluation and inspection conducted.

Office or Division:		City Health Office – Sanitary Office		
Classification:		Simple/Complex		
Type of Transaction:		G2C		
Who may avail:		All may Avail		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completed Basic Sanitary Requirements <ul style="list-style-type: none"> • Toilet • Hand-washing facility • Water • Liquid Waste Disposal System • Solid Waste Disposal System 				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the City Treasure's Office and pay the appropriate fee/s	Order of payment	Sanitary Permit Fee (Establishments) – to be determined by the RCC per Tax or Revenue Ordinance	5 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
2. Submit the required documents	Receive and evaluate the documents		20 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>
3. Wait	Prepare the necessary Sanitary Permits	None	20 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>



4.6. Issuance of Site Clearance

A certification issued by the City Health Officer ensuring that the area is free from any hazards, obstacles or unsightly mess.

Office or Division:	City Health Office – Sanitary Office			
Classification:	Simple/Complex			
Type of Transaction:	G2C			
Who may avail:	All may Avail			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Community Hearing		Barangay Hall		
Official Receipt		Treasurer's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client request Site Clearance	Order of payment	Site Clearance – PHP 1,030.00	5 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
2. Submit the required documents	Receive and evaluate the documents		2 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>
3. Wait	Prepare the Permit	None	5 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>



4.7. Issuance of Transfer of Cadaver Permit

A certification issued by the City Health Officer allowing the transporting of human remains across and through the territory of local government units, before such transit is allowed.

Office or Division:		City Health Office – Sanitary Office		
Classification:		Simple/Complex		
Type of Transaction:		G2C		
Who may avail:		All may Avail		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Official Receipt		CCR		
Registered Death Certificate		City/Municipal Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client request transfer of cadaver	Order of payment	Transfer of Cadaver – PHP 100.00	5 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
2. Submit the required documents	Receive and evaluate the documents		2 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>
3. Wait	Prepare the Permit	None	5 minutes	Kristel Cindy F. Angot, RN <i>Sanitation Inspector III</i> Mike D. Sabellita <i>Sanitation Inspector Aide</i>



5. Laboratory Services

Tests are done on clinical specimens in order to get information about the health of a patient as pertaining to the diagnosis, treatment, and prevention of disease.

Office or Division:		City Health Office – Laboratory Office		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All may Avail		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Laboratory Request Form		BHS/CHO/other health facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get priority number	Issue order of payment	Laboratory Request Complete Blood Count – PHP 150.00 Urinalysis – PHP 50.00 Stool Exam – PHP 50.00 Hemoglobin – PHP HBsAg (Pregnant) – PHP 150.00	1 minutes	Ma. Luz E. Ybias, RM <i>PAD In-charge</i> under direct supervision of Luz C. Fernandez, RN
2. Proceed to Cashier for payment - For non-Philhealth/non-4Ps beneficiaries	Receive OR and verify		15 minutes	Revenue Collection Clerk/s Treasury's Office (Windows 3,4,5,6)
3. Proceed to Laboratory	Register patient obtain and receive necessary specimen		15 minutes	Ivy D. Acut, MT <i>Medical Technologists I</i> Ma. Divina Gracia P. Dubouzet <i>Laboratory Aide</i>
4. Wait for the release of the result	Perform required tests and release the laboratory results	None	30 minutes to 2 hours	Ivy D. Acut, MT <i>Medical Technologists I</i> Ma. Divina Gracia P. Dubouzet <i>Laboratory Aide</i>



6. Maternal and Child Health Program

It is a proactive, preventative and strategic approach to promoting the good health and development of on-reserve pregnant women and families with infants and young children.

Office or Division	MCP Unit			
Classification:	Simple (Complex when there's further referral)			
Type of Transaction:	G2C			
Who may avail:	All may Avail			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's Referral and patient's Record		City Health Office BHS		
Laboratory test Birth plan Home Based Medical Record (HBMR)		City Health Office BHS		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the front desk area	Inform the midwife/nurse on duty	None	5 minutes	Myrna G. Jaudian, RN <i>Nursing Attendant</i> under direct supervision of Nae Vanessa M. Dablio, RN
2. Go to computer for iClinicsys for recording	Enter or update patient's data in iClinicsys and have picture taken as necessary	None	10 minutes	Ed Anthony C. Maña <i>Encoder</i> under direct supervision of Diana Rose L. Ebajay, RN
3. Proceed to the person in-charge in getting vital signs & assessment	Get the vital signs of the patients and prepare patient's record	None	10 minutes	Myrna G. Jaudian, RN <i>Nursing Attendant</i> under direct supervision of Nae Vanessa M. Dablio, RN
4. Proceed to labor room	Assess and do labor watch	None	15 minutes	Luz C. Fernandez, RN <i>Nurse 1</i>
5. Proceed to the delivery room.	Prepare and assist patient's for delivery, newborn care and Post-Partum care	None	2 hourse	Luz C. Fernandez, RN <i>Nurse 1</i>
6. Client will be transferred to	Continue monitoring the	None	Minutes to hours when stable	Luz C. Fernandez, RN



ward room.	Mother and newborn's vital signs. Give medications, Newborn screening, family planning counseling.			<i>Nurse 1</i>
7. Process the birth certificate and Philhealth Number/MDR.	Provide the Baby's information.	None	1 hour	Luz C. Fernandez,RN <i>Nurse 1</i>
8. Discharge	Instruct home medications and the vaccines for the baby. Discharge the patient with health teachings.	None	30 minutes	Luz C. Fernandez,RN <i>Nurse 1</i>



7. Maternal/Prenatal Care

Regular health care women should receive from an obstetrician or midwife during pregnancy

Office or Division		CHO Lying In Clinic		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Pregnant Women		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Home Based Maternal Record (HBM)		City Health Office		
Maternal Record		BHS		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get priority number	Issue priority number	None	1 minutes	Ma. Luz E. Ybias, RM <i>PAD In-charge</i> under direct supervision of Luz C. Fernandez, RN
2. Proceed to the person in-charge in getting vitals	Get the vital signs of the patients and prepare patient's record	None	10 minutes	Myrna G. Jaudian, RN <i>Nursing Attendant</i> under direct supervision of Nae Vanessa M. Dablio, RN
3. Go to computer for iClinicsys for recording	Enter or update patient's data in iClinicsys and have picture taken as necessary	None	10 minutes	Ed Anthony C. Maña <i>Encoder</i> under direct supervision of Diana Rose L. Ebajay, RN
4. Proceed to Consultation and Treatment Room for Maternal Care	Examine and counsel the patient	None	30 minutes	Jocelyn A. Letigio <i>Midwife III</i>
5. Proceed to Drug Room for the medicine	Give the prescribed medicines to clients	None	10 minutes	Mary Joy B. Langala, RM <i>Midwife/Dispensing In-Charge</i>



8. TB-DOTS Service

This unit caters all patients who are symptomatic of TB Disease and includes assessment, referrals and initiation treatment against TB.

Office or Division		DOTS Unit		
Classification:		Simple (Complex when there's further referral)		
Type of Transaction:		G2C		
Who may avail:		All may Avail		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's Referral and NTP referral form		Any health Facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach TB DOTS staff	Assess the patient	None	5 minutes	Kennyvel R. Ravelo <i>Nursing Attendant</i>
2. Undergo following procedure:				
a. DSSM	Assist and receive the specimens	None	5 minutes	Ma. Divina P. Gracia Dubouzet <i>Laboratory Aide</i>
b. Xpert MTB/RIF	Give instructions	None	3 minutes	Kennyvel R. Ravelo <i>Nursing Attendant</i>
c. Chest X-ray	Give request form and refer to X-ray facility	PHP75.00 (at Lying-in clinic if referred from TB DOTS)	3 minutes	Dr. Miravel C. Tangcalagan <i>City Health Officer</i> Dr. Cloe Mae Bama <i>Doctors to the Barrio</i>
3. Wait for the result				
a. DSSM	Perform the sputum examination	None	1 day	Ivy D. Acut,MT <i>Medical Technologists I</i>
b. Xpert MTB/RIF	Pack specimen and transport to Xpert MTB/RIF Site	None	7-10 days	Kennyvel R. Ravelo <i>Nursing Attendant</i>
c. Chest X-ray	And follow up		1 day	



4. Patients receive the result of DSSM	Release the result of DSSM	None	3 minutes	Ma. Divina Gracia P. Dubouzet <i>Laboratory Aide</i>
5. Proceed to DOTS Unit for start of treatment	Start anti TB treatment, Client Counseling and provide Health Teachings	None	Counseling and treatment 15 minutes Duration of Treatment(CAT1): 6 months	Kennyvel R. Ravelo <i>Nursing Attendant</i>



Nutrition Program Division

9. Operation Timbang

To identify the current nutritional status of 0-59 months old Pre-School children

Office or Division		CHO Lying In Clinic		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All may Avail		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient's Record		City Health Office		
		BHS		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get priority number	Give priority number to patients	None	5 minute	Ma. Luz E. Ybias, RM <i>PAD In-charge under direct supervision of Luz C. Fernandez, RN</i>
2. Proceed to the person in-charge in getting weight and height.	Get patient's data prepare patient's record	None	5 minutes	Antonette E. Vilbar <i>CNPC</i>
3. Proceed to the Nutrition Office for actual examination.	Examine the patient	None	15 minutes	Elma M. Clapano <i>CNAO</i>
4. Proceed to City Health Officer any referral for further medication is needed	Give referral note to patients.	None	15 minutes	Dr. Miravel C. Tangcalagan <i>City Health Officer</i>



Population Commission Program Division

10.

Pre-Marriage Orientation and Counseling (PMOC)

Pre-marriage orientation sessions provide engaged couples with information about marriage and relationships, responsible parenthood, maternal and child health, family planning, and home management.

Office or Division		Population Commission Office		
Classification:		Simple/Complex		
Type of Transaction:		G2C		
Who may avail:		All may Avail		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Notice of application for marriage License/NAML		City Civil Registrar's Office		
Official Receipt/OR indicating the payment for PMOC Seminar's Fee		Treasurer's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit City Population Office/CPO for PMOC Registration, present Notice of Application for Marriage License/NAML	Check submitted requirements, registrar would-be couple, review MEIF, and set schedule for orientation session	Regular Session – PHP 100.00 Special Session for Filipino (Rush) – PHP 500.00 One of which is a Foreign National – PHP 1,000.00	10-20 minutes	Loida B. Antigua <i>Population Officer for Registration under direct supervision of Jorey A. Ocay</i> Rosalina D. Maña <i>Clerk 1 for Registration</i> June B. Manabat <i>Admin. Aide 1 for Registration</i>
2. Attend Pre-Marriage Orientation and Counseling Session	Conduct Counseling Session	None	4 Hours	PMOC Counselors Jorey A. Ocay <i>Population Program Officer I/Team Leader</i> Kristine C. Firmalino <i>Social Welfare Officer I</i> Loida B. Antigua



				<i>Population Officer for Registration under direct supervision of Jorey A. Ocay</i>
<p>3. Receive PMOC Seminar Certificate on the data set by the Civil Registrar's Office/CCRO</p> <p>* Note: Ten (10) calendar days after filing the Notice of Application for Marriage/NAML</p>	<p>Issue and route two (2) copies of PMOC Seminar Certificates to be signed by the PMOC Team members and forwarded to the CCRO</p>	<p>None</p>	<p>One (1) day if signatories are available.</p> <p>Maximum of two (2) days for signature and transmittal</p>	<p>PMOC Counselors</p> <p>Loida B. Antigua <i>Population Officer for Liasoning under direct supervision of Jorey A. Ocay</i></p> <p>Rosalina D. Maña <i>Clerk 1 for Liasoning</i></p> <p>June B. Manabat <i>Admin. Aide 1 for Liasoning</i></p>



FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	The client will fill up a client satisfaction Survey Form available in the office Suggestion Box is available at the lobby
How feedbacks are processed	Discuss among CHO Staff during meeting
How to file a complaint	Write a Letter of Complaint or talk to the concerned personnel
How complaints are processed	Written and verbal complaints will be attended immediately by the supervisors and concern staff
Contact Information of CCB, PCC, ARTA	



Office	Address	Contact Information
City Health Office	El Salvador City	0915-186-9592
MCP-CHO	El Salvador City	0917-135-5132
City Health Office Hotlines	El Salvador City	0965-882-7999