

CITY GOVERNMENT OF EL SALVADOR

CITIZEN’S CHARTER

2020 (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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* **Population Commission Program Division**

1. **Consultation**

**Description of the Service:** This Service provides proclamation from a doctor or another medically qualified medicinal services provider which validates the result of a therapeutic assessment of a patient.

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| **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**  *PAD In-charge*  under direct supervision of  Luz C. Fernandez,RN |
| 1. Proceed to the person in-charge in getting vital signs and assessment | Get the vital signs of the patients and prepare patient’s record | None | 10 minutes | **Myrna G. Jaudian,RN**  *Nursing Attendant*  under direct supervision of  Nae Vanessa M. Dablio,RN |
| 1. 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**  *Encoder*  under direct supervision of  Diana Rose L. Ebajay,RN |
| 1. Proceed to the doctor’s office for consultation   4.1 Upon receipt of laboratory exam results, go back to CHO | Examine the patient then issue request of laboratory exam (when necessary), issues prescription  When there is already a result for further diagnosis, then issue prescription | None | 30 minutes | **Dr. Miravel C. Tangcalagan**  *City Health Officer* |
| 1. Proceed to cashier for payment  * Applicable only for issuance of certificates | Receive payment for certificate | **Medico-legal** –  PHP 180.00  **Medical Certificate/**  **Employment** –  PHP 130.00  **Medical Certificate (School Requirement)** – PHP 50.00 | 15 minutes | Revenue Collection Clerk/s  Treasury’s Office  (Windows 3,4,5,6) |
| 1. Proceed to drug room then receive the medicines prescribed   Present Official Receipt for the Certificates  Receive Signed Death Certificate | Dispense the medicines as prescribed by the doctor  Release Medical Certificates  Record and release death certificate | FREE | 5 minutes | **Mary Joy B. Langala, RM**  *Midwife/Dispensing In-Charge*  **Dr. Miravel C. Tangcalagan**  *City Health Officer* |

1. **Dental Services**

**Description of the Service:** This Service facilitates the 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.

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| **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**  *PAD In-charge*  under direct supervision of  Luz C. Fernandez,RN |
| 1. Proceed to the person in-charge in getting vital signs and assessment | Get the vital signs of the patients and prepare patient’s record | None | 10 minutes | **Myrna G. Jaudian,RN**  *Nursing Attendant*  under direct supervision of  Nae Vanessa M. Dablio,RN |
| 1. 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**  *Encoder*  under direct supervision of  Diana Rose L. Ebajay,RN |
| 1. 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**  *Dentist*  **Cynthia R. Akut**  *Dental Aide*  under direct supervision of  Dr. Lorelie Y. Tiu |
| 1. 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) |
| 1. Proceed to Dental Room and present OR | Perform the desired Dental service or issue Dental Certificate when necessary |  | 10 minutes | **Dr. Lorelie Y. Tiu**  *Dentist*  Cynthia Akut  *Dental Aide*  under direct supervision of  Dr. Lorelie Y. Tiu |
| 1. Proceed to Drug Room for the medicines | Provide prescribed medicines |  | 5 minutes | **Mary Joy B. Langala,RM**  *Midwife/Dispensing In-Charge* |

1. **Family Planning**

**Description of the Service:** This Service facilitates the clients whenhaving 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.

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| **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**  *PAD In-charge*  under direct supervision of  Luz C. Fernandez,RN |
| 1. 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**  *Nursing Attendant*  under direct supervision of  Nae Vanessa M. Dablio,RN |
| 1. 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**  *Encoder*  under direct supervision of  Diana Rose L. Ebajay,RN |
| 1. Proceed to Family Planning Room for actual counseling and examination | Counsel and examine the patient | None | 30 minutes | **Jocelyn A. Letigio,RM**  *Midwife III* |
| 1. 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**  *Midwife III* |

1. **Issuance of Sanitary Permit**
   1. **Issuance of Certificate of Potability**

**Description of the Service:** ThisService provides certification issued by the City Health Officer certifying that the water used in establishments processing is safe to consume.

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| **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) | | | * 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. Request Certificate of Potability | Issue Order of Payment | | **Certificate of Potability** –  PHP 100.00 | 5 minutes | Revenue Collection Clerk/s  Treasury’s Office  (Windows 3,4,5,6) |
| 1. Submit the required documents | Receive and evaluate the documents | |  | 2 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |
| 1. Wait | Prepare the Permit | | None | 5 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |

* 1. **Issuance of Exhumation Permit**

**Description of the Service:** This Service provides 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.

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| **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. Request for Exhumation permit | Order of payment | | **Exhumation permit** –  PHP 100.00 | 5 minutes | Revenue Collection Clerk/s  Treasury’s Office  (Windows 3,4,5,6) |
| 1. Submit the required documents | Receive and evaluate the documents | |  | 2 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |
| 1. Wait | Prepare the Permit | | None | 5 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |

* 1. **Issuance of Food Handler’s Certificate (Certificate of Attendance)**

**Description of the Service:** This Service facilitates that 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.

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| **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 | | | * 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 | | | * City Health Office of El Salvador City * Other laboratories | | |
| Sputum Exam Result (for pregnant women) | | | * 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. 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) |
| 1. Attend the Food Handler’s Seminar 2. Proceed to the CHO Training Room for the Seminar | Conduct the Food Handler’s Seminar | | None | 3-4 Hours | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |
| 1. Wait | Issue the Certificates | | None | 2 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |

* 1. **Issuance of Health Certificates (Food & Non-Food)**

**Description of the Service:** This Service provides 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.

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| **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 | | | * 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) | | | * City Health Office of El Salvador City * Other laboratories | | |
| Sputum Exam Result (for pregnant women) | | | * 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. Request for Health Certificates   and 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) |
| 1. Wait | Prepare the Permit | | None | 5 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |

* 1. **Issuance of Sanitary Permit (for the building construction)**

**Description of the Service:** This provides a certification issued by the City Health Officer showing that the establishment complies with the existing minimum sanitation required upon evaluation and inspection conducted.

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| **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   * 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 Treasurer’s Office and pay the appropriate fee/s | Issue 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) |
| 1. Submit the required documents | Receive and evaluate the documents | |  | 20 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |
| 1. Wait | Prepare the necessary Sanitary Permits | | None | 20 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |

* 1. **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.

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| **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) |
| 1. Submit the required documents | Receive and evaluate the documents | |  | 2 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |
| 1. Wait | Prepare the Permit | | None | 5 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |

* 1. **Issuance of Transfer of Cadaver Permit**

**Description of the Service:** This Service issues 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.

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| **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) |
| 1. Submit the required documents | Receive and evaluate the documents | |  | 2 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |
| 1. Wait | Prepare the Permit | | None | 5 minutes | **Kristel Cindy F. Angot,RN**  *Sanitation Inspector III*  **Mike D. Sabellita**  *Sanitation Inspector Aide* |

1. **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.

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| **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**  *PAD In-charge*  under direct supervision of  Luz C. Fernandez,RN |
| 1. 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) |
| 1. Proceed to Laboratory | Register patient obtain and receive necessary specimen | |  | 15 minutes | **Ivy D. Acut,MT**  *Medical Technologists I*  **Ma. Divina Gracia P. Dubouzet**  *Laboratory Aide* |
| 1. 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**  *Medical Technologists I*  **Ma. Divina Gracia P. Dubouzet**  *Laboratory Aide* |

1. **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.

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| **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**  *Nursing Attendant*  under direct supervision of  Nae Vanessa M. Dablio,RN |
| 1. 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**  *Encoder*  under direct supervision of  Diana Rose L. Ebajay,RN |
| 1. 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**  *Nursing Attendant*  under direct supervision of  Nae Vanessa M. Dablio,RN |
| 1. Proceed to labor room | Assess and do labor watch | | None | 15 minutes | **Luz C. Fernandez,RN**  *Nurse 1* |
| 1. 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**  *Nurse 1* |
| 1. Client will be transferred to ward room. | Continue monitoring the Mother and newborn’s vital signs. Give medications, Newborn screening, family planning counseling. | | None | Minutes to hours when stable | **Luz C. Fernandez,RN**  *Nurse 1* |
| 1. Process the birth certificate and Philhealth Number/MDR. | Provide the Baby’s information. | | None | 1 hour | **Luz C. Fernandez,RN**  *Nurse 1* |
| 1. Discharge | Instruct home medications and the vaccines for the baby. Discharge the patient with health teachings. | | None | 30 minutes | **Luz C. Fernandez,RN**  *Nurse 1* |

1. **Maternal/Prenatal Care**

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

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| **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**  *PAD In-charge*  under direct supervision of  Luz C. Fernandez,RN |
| 1. 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**  *Nursing Attendant*  under direct supervision of  Nae Vanessa M. Dablio,RN |
| 1. 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**  *Encoder*  under direct supervision of  Diana Rose L. Ebajay,RN |
| 1. Proceed to Consultation and Treatment Room for Maternal Care | Examine and counsel the patient | | None | 30 minutes | **Jocelyn A. Letigio**  *Midwife III* |
| 1. Proceed to Drug Room for the medicine | Give the prescribed medicines to clients | | None | 10 minutes | **Mary Joy B. Langala,RM**  *Midwife/Dispensing In-Charge* |

1. **TB-DOTS Service**

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

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| **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**  *Nursing Attendant* |
| 1. Undergo following procedure: 2. DSSM 3. Xpert MTB/RIF 4. Chest X-ray | Assist and receive the specimens  Give instructions  Give request form and refer to X-ray facility | | None  None  PHP75.00 (at Lying-in clinic if referred from TB DOTS | 5 minutes  3 minutes  3 minutes | **Ma. Divina P. Gracia Dubouzet**  *Laboratory Aide*  **Kennyvel R. Ravelo**  *Nursing Attendant*  **Dr. Miravel C. Tangcalagan**  *City Health Officer*  **Dr. Cloe Mae Bama**  *Doctors to the Barrio* |
| 1. Wait for the result 2. DSSM 3. Xpert MTB/RIF 4. Chest X-ray | Perform the sputum examination  Pack specimen and transport to Xpert MTB/RIF Site  And follow up | | None  None | 1 day  7-10 days  1 day | **Ivy D. Acut,MT**  *Medical Technologists I*  **Kennyvel R. Ravelo**  *Nursing Attendant* |

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| 1. Patients receive the result of DSSM | Release the result of DSSM | None | 3 minutes | **Ma. Divina Gracia P. Dubouzet**  *Laboratory Aide* |
| 1. 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**  *Nursing Attendant* |

**Nutrition Program Division**

1. **Operation Timbang**

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

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| **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**  *PAD In-charge*  under direct supervision of  Luz C. Fernandez,RN |
| 1. 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**  *CNPC* |
| 1. Proceed to the Nutrition Office for actual examination. | Examine the patient | | None | 15 minutes | **Elma M. Clapano**  *CNAO* |
| 1. Proceed to City Health Officer any referral for further medication is needed | Give referral note to patients. | | None | 15 minutes | **Dr. Miravel C. Tangcalagan**  *City Health Officer* |

**Population Commission Program Division**

**Pre-Marriage Orientation and Counseling (PMOC)**

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

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| **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**  *Population Officer for Registration*  under direct supervision of  Jorey A. Ocay  **Rosalina D. Maña**  *Clerk 1 for Registration*  **June B. Manabat**  *Admin. Aide 1 for Registration* |
| 1. Attend Pre-Marriage Orientation and Counseling Session | Conduct Counseling Session | | None | 4 Hours | PMOC Counselors  **Jorey A. Ocay**  *Population Program Officer I/Team Leader*  **Kristine C. Firmalino**  *Social Welfare Officer I*  **Loida B. Antigua**  *Population Officer for Registration*  under direct supervision of  Jorey A. Ocay |
| 1. Receive PMOC Seminar Certificate on the data set by the Civil Registrar’s Office/CCRO   \* Note: Ten (10) calendar days after filing the Notice of Application for Marriage/NAML | Issue and route two (2) copies of PMOC Seminar Certificates to be signed by the PMOC Team members and forwarded to the CCRO | | None | One (1) day if signatories are available.  Maximum of two (2) days for signature and transmittal | PMOC Counselors  **Loida B. Antigua**  *Population Officer for Liasoning*  under direct supervision of  Jorey A. Ocay  **Rosalina D. Maña**  *Clerk 1 for Liasoning*  **June B. Manabat**  *Admin. Aide 1 for Liasoning* |

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| **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 |  |



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| **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 |