7. Office of the City Health Officer

7.1. AVAILMENT OF FREE MEDICINES

ABOUT THE SERVICE:

The City Health Office dispenses basic medicines for indigent constituents. Medicines on stock bear generic names, in compliance with the provisions of the Generics Act.

CLIENT GROUPS:

Indigent constituents of Sorsogon City

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 AM to 5:00 PM

TOTAL PROCESSING TIME:

5 minutes

REQUIREMENTS:

- Original copy of Certificate of Indigency
- Prescription (original copy)

TOTAL FEES/CHARGES:

None

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Present original copy of prescription and certificate of indigency	Checks if the prescription is proper and requested medicine is available.	1 minute	MARIA ELAINE T. NATO Pharmacist III
	J ,	If requested medicine is not available, refers patient to the City Pharmacy/CSWDO		AIMEE D. TENERIFE Pharmacist I
2.	Receive instructions as to the proper dosage and duration of medication	Writes down instructions on taking medicines; gives verbal instructions as well	3 minutes	MARIA ELAINE T. NATO Pharmacist III AIMEE D. TENERIFE Pharmacist I
3.	Sign the patient's logbook as proof that you received the medicines	Dispenses medicine. Takes patient information and requests patient to sign the logbook.	1 minute	MARIA ELAINE T. NATO Pharmacist III AIMEE D. TENERIFE Pharmacist I

Keeps original copy	
of the prescription.	

7.2. AVAILMENT OF MEDICAL CERTIFICATE (FOR ENROLLMENT/OJT)

ABOUT THE SERVICE:

A medical certificate signed by a government physician is among the requirement enrolment or for on-the-job training of students.

CLIENT GROUPS:

Students

SERVICE SCHEDULES:

Mondays to Fridays 8:00 am to 5:00 PM

TOTAL PROCESSING TIME:

13 minutes

REQUIREMENTS:

Laboratory and other requirement as per assessment

TOTAL FEES/CHARGES:

P50.00 (as per Revenue Code of 2011)

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Accomplish the request form	Issues request form	1 minute	Clerk/Nurse on duty
2.	Undergo initial assessment (BP, Vital signs, etc.)	Conducts initial assessment (BP, Vital signs, etc.)	5 minutes	Nurse on duty
3.	Undergo physical examination	Conducts physical examination on client; determines fitness of client	5 minutes	City Health Officer/District Health Officer
4.	Secure Order of Payment, proceed to the City Treasurer's Office, pay the required fees and submit photocopy of Official Receipt to the Office of the City Health Officer	Issues medical certificate form, records official receipt	1 minute	Clerk/Nurse on duty

Sign duplicate copy of	Receives duplicate	1 minute	Clerk/Nurse on
medical certificate form	copy of the medical		Duty
	certificate form		

7.3. SIGNED DEATH CERTIFICATES (UNATTENDED DEATHS)

ABOUT THE SERVICE:

The signature of the City Health Officer/District Health Officers is required in processing death certificates. In the case of unattended deaths, it is the CHO/DHO who will determine the cause of death of the deceased

CLIENT GROUPS:

Relative/s of deceased

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 Am to 5:00 PM

TOTAL PROCESSING TIME:

11 minutes

REQUIREMENTS:

Death certificate prepared by the Civil Registrar's Office

TOTAL FEES/CHARGES:

P100.00 (for transfer of cadaver permit, if applicable) (as per Revenue Code of 2011)

Steps Involved	Action of the CHO	Transaction Time	Responsible Person
Present four (4) copies of death certificate to the CHO staff	Receives death certificate	1 minute	Clerk/Nurse on duty
2. Supply the necessary information to the physician	Determines cause of death based on information provided by the relative/s	3 minutes	City Health Officer/District Health Officer
	Records death certificate, get one copy for file	3 minutes	Clerk/Nurse on duty
(If the deceased will be interred in a	Issue's order of payment, prepares	3 minutes	Clerk/Nurse on Duty

^{*}If the deceased will be interred in a cemetery outside Sorsogon Province, secure Transfer of Cadaver from the PHO

	cemetery outside Sorsogon City but within Sorsogon Province)* secure an order of payment and pay Transfer of Cadaver Fee at the Treasurer's Office	Transfer of Cadaver Permit		
3.	Receives death certificate and transfer of cadaver permit (if applicable)	Releases death certificate and transfer of cadaver permit (if applicable)	1 minute	Clerk/Nurse on Duty

7.4. SIGNED DEATH CERTIFICATES (HOSPITAL DEATHS)

ABOUT THE SERVICE:

The signature of the City Health Officer/District Health Officers is required in processing death certificates if the death occurred in Sorsogon City

CLIENT GROUPS:

Relative/s of deceased

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 AM to 5:00 PM

TOTAL PROCESSING TIME:

11 minutes

REQUIREMENTS

Death certificate prepared by the hospital where the death occurred

*If the deceased will be interred in a cemetery outside Sorsogon Province, secure Transfer of Cadaver from the PHO

TOTAL FEES/CHARGES:

P100.00 (for transfer of cadaver permit, if applicable)

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Present three (3) copies of death certificate to the CHO staff	Receives death certificate	1 minute	Clerk/Nurse on duty
2.	Supply the necessary information to the physician	Determines cause of death based on	3 minute	ROLANDO E. DEALCA, MD

		information provided by the relative/s		Rural Health Physician
		Records death certificate, gets one copy for file	3 minutes	Clerk/Nurse on duty
	(If the deceased will be interred in a cemetery outside Sorsogon City but within Sorsogon Province)* secure an order of payment and pay Transfer of Cadaver Fee at the Office of the City Treasurer	Issue's order of payment, prepares Transfer of Cadaver Permit	3 minutes	Clerk/Nurse on Duty
3.	Receives death certificate and transfer of cadaver permit (if applicable)	Releases death certificate and transfer of cadaver permit	1 minute	Clerk/Nurse on Duty

7.5. AVAILMENT OF THE SERVICES OF THE CITY AMBULANCE

ABOUT THE SERVICE:

The City Health Office makes its vehicles available for hospital transfers from Sorsogon City to any point outside the City

CLIENT GROUPS:

General public

SERVICE SCHEDULES:

Mondays to Sundays

TOTAL PROCESSING TIME:

5 minutes

REQUIREMENTS:

- Duly filled out ambulance request form
- Referral/Clinical Abstract/Discharge Summary
- Risk Stratification

TOTAL FEES/CHARGES:*

- P300.00 (within Sorsogon City)
- P700.00 (Sorsogon City to Sorsogon)
- P1,500.00 (Legazpi City)

^{*}If gasoline is not available particularly during weekends and outside of office hours, ambulance fee is waived and patient pays the corresponding amount for gasoline

PROCESS OF AVAILING THE SERVICE:

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Fill out ambulance request form	Issue's ambulance request form, orients requesting party on policies of availing of the services	2 minutes	Clerk/Nurse on duty
2.	Secure order of payment and pay the necessary fees at the Office of the City Treasurer	Issue's order of payment	1 minute	Clerk/Nurse on Duty
3.	Wait for the office staff to contact driver on duty; provide contact number to driver	Contact's driver, provides requesting party's contact number	1 minute	Clerk/Nurse on duty
4.	Make the necessary arrangements with the driver	Coordinates with requesting party as to time of departure/ place of origin of patient	1 minute	Driver on Duty

7.6. AVAILMENT OF ANTI-RABIES VACCINE (NEW PATIENT)

ABOUT THE SERVICE:

The City Health Office operates the Animal Bite Treatment Center, which provides complete (3 doses) anti-rabies vaccines for patients bitten by dogs/cats/monkeys/bats. In some cases, the patient is advised to return for a fourth (booster) dose

CLIENT GROUPS:

Animal bite patients

SERVICE SCHEDULES:

Mondays, Tuesdays, Thursdays and Fridays 8:00 AM to NOON

TOTAL PROCESSING TIME:

15 minutes (Excluding waiting time)

REQUIREMENTS:

Referral from barangay health station/health center

TOTAL FEES/CHARGES:

P50.00 per session (as per Revenue Code of 2011)

PROCESS OF AVAILING THE SERVICE:

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Provide the necessary information during the interview/assessment	Interview's patient and assesses degree of animal bite	3 minutes	ABTC Coordinator/Nurse on Duty
2.	Secure order of payment and pay the necessary fees at the Office of the City Treasurer	Issue's order of payment; issues number	1 minute	ABTC Coordinator/Nurse on Duty
3.	Submit official receipt, wait for your number to be called	Records official receipt; instructs patient to wait for his/her number	1 minute	Clerk/Nurse on duty
4.	Submit yourself to IEC on rabies and other treatment policies	Provides IEC on rabies and other treatment policies	5 minutes	ABTC Coordinator/Nurse on Duty
5.	Receive vaccination; receive PEP card and instructions for next schedule	Prepares and administers vaccine, fills out PEP card and instructs patient as to the next doses	5 minutes	ABTC Coordinator/Nurse on Duty

7.7. AVAILMENT OF ANTI-RABIES VACCINE (2ND AND 3RD DOSES)

ABOUT THE SERVICE:

The City Health Office operates the Animal Bite Treatment Center, which provides complete (3 doses) anti-rabies vaccines for patients bitten by dogs/cats/monkeys/bats. In some cases, the patient is advised to return for a fourth (booster) dose

CLIENT GROUPS:

Animal bite patients

SERVICE SCHEDULES:

Mondays to Fridays except Wednesday 8:00 AM to NOON, 1:00 PM to 5:00 PM

TOTAL PROCESSING TIME:

10 minutes (Excluding waiting time)

REQUIREMENTS:

PEP card

TOTAL FEES/CHARGES:

P50.00 (per dose) (per Revenue Code of 2011)

PROCESS OF AVAILING THE SERVICE

Steps Involved	Action of the CHO	Transaction Time	Responsible Person
Present your PEP Card, secure order of payment and pay the necessary fees at the Office of the City Treasurer	Receives PEP card; issues order of payment	1 minute	ABTC Coordinator/Nurse on Duty
Submit official receipt, wait for your number to be called	Records official receipt; issues number and instructs patient to wait for his/her turn	1 minute	Clerk/Nurse on duty
Undergo evaluation	Evaluates patient's progress	3 minutes	ABTC Coordinator/Nurse on Duty
Receive vaccination; receive PEP card and other instructions	Prepares and administers vaccine, fills out PEP card and provides other instructions	5 minutes	ABTC Coordinator/Nurse on Duty

7.8. AVAILMENT OF PERMIT TO DISINTER/EXHUMATION PERMIT

ABOUT THE SERVICE:

A permit to disinter/exhumation permit is needed before the remains of the deceased can be exhumed and transferred to another cemetery. Remains of those who died of natural causes/non-communicable disease can be exhumed five years after burial while remains of those who died of communicable diseases can be exhumed only after ten years.

CLIENT GROUPS:

Relative/s of the deceased

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 AM to 5:00 PM

TOTAL PROCESSING TIME:

8 minutes

REQUIREMENTS:

- Letter request addressed to the City Health Officer
- Photocopy of death certificate

TOTAL FEES/CHARGES:

P100.00 (as per Revenue Code of 2011)

PROCESS OF AVAILING THE SERVICE:

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Submit requirements to the Office of the City Health Officer, secure order of payment	Receives requirements; issues order of payment	1 minute	CHO staff
2.	Pay permit to disinter/exhumation fee at the Office of the City Treasurer			Revenue Collection Clerk
3.	Proceed to the City Health Office, present your official receipt and wait as the CHO staff prepares permit	Records official receipt, prepares permit to disinter/exhumation permit	5 minutes	CHO staff
		Signs permit to disinter/exhumation permit	1 minute	ROLANDO E. DEALCA, MD Rural Health Physician
4.	Receive copy of the permit to disinter/exhumation permit	Issues duly signed permit to disinter	1 minute	CHO staff

7.9. AVAILMENT OF MEDICAL CONSULTATION

ABOUT THE SERVICE:

Among the mandates of the City Health Office is to diagnose and treat illnesses and give appropriate medical services to individuals who need medical assistance. The City Health Office has three district health offices that provide this service.

CLIENT GROUPS:

General public

SERVICE SCHEDULES

Mondays to Fridays, 8:00 AM to 5:00 PM

TOTAL PROCESSING TIME :

20 minutes

REQUIREMENTS:

None

TOTAL FEES/CHARGES:

None

PROCESS OF AVAILING THE SERVICE:

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Go to the District Health Office, approach the midwife/nurse on duty, register in the dispensary logbook and provide the necessary information during the initial interview.	Conducts interview, takes patient's record and refers patient to the District Health Officer	5 minutes	Midwife or Nurse on Duty
2.	Proceed to the Office of the District Health Officer to undergo medical consultation	Provides medical consultation to client, gives medical advice and, if applicable, issues prescription	10 minutes	EPIFANIA P. HALLIG, MD Rural Health Physician – East NIKKI JADE JAMISOLA, MD Rural Health Physician – West KAREN FAYE N. NAVA, MD Rural Health Physician – Bacon
3.	If given prescription, proceed to the pharmacy section, present your prescription, receive instructions and sign in the logbook	Receives prescription, dispenses medicines, gives instruction on proper intake/dosage	5 minutes	MARIA ELAINE T. NATO Pharmacist III AIMEE D. TENERIFE Pharmacist I

7.10. AVAILMENT OF SANITARY PERMITS

ABOUT THE SERVICE:

Food and non-food business establishments are required to secure sanitary permits to make sure they observe the standards of the Sanitation Code of the Philippines. Workers in said establishments are also required to secure health cards. Sanitary permits and health cards are requirements for securing Mayor's Permits and Business Licenses in the City.

CLIENT GROUPS:

Owners/operators of food and nonfood establishments

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 AM to 5:00 PM

TOTAL PROCESSING TIME :

15 minutes

REQUIREMENTS:

Duly filled out application for sanitary permit form

TOTAL FEES/CHARGES:

P300.00 plus other regulatory fees

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Go to the District Health Office and secure application form and checklist of requirements for securing sanitary permit	Issues application form and checklist of requirements	3 minutes	MARIO D. DON Sanitation Inspector I RAYMOND N. GALLINERA Sanitation Inspector I MARILOU D. ARNALDO Sanitation Inspector III
2.	Upon completion of the requirements, go back to the District Health Office and submit stool and/or sputum samples. Wait for the advice as to release of exam results.	Obtains sputum sample (for nonfood) and stool and sputum sample (for food establishments); advises clients of the release of examination results	5 minutes	MARIO D. DON Sanitation Inspector I RAYMOND N. GALLINERA Sanitation Inspector I MARILOU D. ARNALDO Sanitation Inspector III
3.	Return to the CHO to secure laboratory results. If there are no adverse findings, you will be issued a sanitary permit.	Issues sanitary permit	5 minutes	MARIO D. DON Sanitation Inspector I RAYMOND N. GALLINERA Sanitation Inspector I

	If there are findings, you will be issued a temporary sanitary permit valid for 30 days	Issues temporary sanitary permit and advises client on corrective measures		MARILOU D. ARNALDO Sanitation Inspector
4.	Receive permit and secure signature of the CHO/DHO	Signs and issues the sanitary permit	2 minutes	MARIO D. DON Sanitation Inspector I RAYMOND N. GALLINERA Sanitation Inspector I
				ROLANDO E. DEALCA, MD Rural Health Physician

7.11. AVAILMENT OF HEALTH CARDS

ABOUT THE SERVICE:

Food and nonfood business establishment workers are required to secure health cards to make sure they observe the standards of the Sanitation Code of the Philippines. Health cards are requirements for securing Mayor's Permits and Business Licenses in the City.

CLIENT GROUPS:S

Workers in food and nonfood establishments

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 AM to 5:00 PM

TOTAL PROCESSING TIME:

20 minutes

REQUIREMENTS:

- Stool and sputum samples (for food handlers)
- Sputum sample (for nonfood handlers) or
- Laboratory results of fecalysis/sputum microscopy

TOTAL FEES/CHARGES:

P50.00 (health card only)
P85.00 (health card and sputum microscopy)
P115.00 (health card, fecalysis and sputum microscopy)
(per Revenue Code of 2011)

PROCESS OF AVAILING THE SERVICE:

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Go to the District Health Office and present requirements	Receives requirements	5 minutes	MARIO D. DON Sanitation Inspector I
				RAYMOND N. GALLINERA Sanitation Inspector I
				MARILOU D. ARNALDO Sanitation Inspector III
2.	If you don't have laboratory results yet, submit samples and wait for the advice	Obtains sputum sample (for nonfood) and stool and sputum sample (for	5 minutes	MARIO D. DON Sanitation Inspector I RAYMOND N.
	as to the release of exam results.	food establishments); advises clients of the release of		GALLINERA Sanitation Inspector I
	For those with laboratory results, wait as the RSI prepares health card	examination results Prepares health card	5 minutes	MARILOU D. ARNALDO Sanitation Inspector III
3.		Signs and Releases health card	2 minutes	MARIO D. DON Sanitation Inspector I
				RAYMOND N. GALLINERA Sanitation Inspector I
				MARILOU D. ARNALDO Sanitation Inspector
				III ROLANDO E. DEALCA, MD Rural Health Physician

7.12. AVAILMENT OF LABORATORY EXAMINATION SERVICES

ABOUT THE SERVICE:

The City Health Office offers routine laboratory examinations such as urinalysis, fecalysis, complete blood count and sputum microscopy. Laboratory services are available at the District Health Offices.

CLIENT GROUPS:

General public

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 AM to 11:00 AM

TOTAL PROCESSING TIME:

Depends on the laboratory request

REQUIREMENTS:

Referral from DHO or RHM

TOTAL FEES/CHARGES

Fecalysis P 50.00
CBC P
Urinalysis P 50.00
Sputum Microscopy P 35.00

	Steps Involved	Action of the CHO	Transaction	Responsible Person
			Time	
1.	Go to the District Health Office, present laboratory request and receive instructions on the examination and preparation needed.	Verifies laboratory request and briefs client on the examination and preparation needed	15 minutes	SHARON T. ANCHINGES Medical Technologist III FERDINAND G. VILLOSO Medical Technologist III PABLO D. AYO, JR. Medical Technologist III
2.	Secure order of payment and pay service fees, present official receipt and provide specimens needed for the requested laboratory test	Receives copy of official receipt, records official receipt receipt; obtains specimen and advises client of the date of release of results	5 minutes	SHARON T. ANCHINGES Medical Technologist III FERDINAND G. VILLOSO Medical Technologist III PABLO D. AYO, JR. Medical Technologist III
	Depending on the specimens to be evaluated, results can be secured from 1 hour to 1 day upon		Blood typing 5 mins. CBC 30 mins.	

	submission of specimen		Urinalysis 15 mins. Fecalysis 15 mins.	
3.	Secure the results of the laboratory exams and sign your name in the logbook	Releases the laboratory results	2 minutes	SHARON T. ANCHINGES Medical Technologist III FERDINAND G. VILLOSO Medical Technologist III PABLO D. AYO, JR. Medical Technologist III

7.13. AVAILMENT OF IMMUNIZATION SERVICES

ABOUT THE SERVICE

The City Health Office provides immunization to infants 0 to 11 months old. An antitetanus vaccine is also available to pregnant women to prevent the occurrence of tetanus neonatorum in infants. The immunization is administered in the barangay health centers.

CLIENT GROUPS:

Parents of infants (0 to 11 months old) Pregnant women

SERVICE SCHEDULES:

Every first week of the month

TOTAL PROCESSING TIME:

23 minutes

REQUIREMENTS:

Under Five Card, Home-Based Maternity Record

TOTAL FEES/CHARGES:

None

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Go to your barangay	Provides schedule of	3 minutes	Barangay Health
	health station and	immunization		Worker
	inquire about the			

	schedule of			
2.	immunization On the scheduled date of immunization, proceed to the BHS. Register in the logbook. For parents of infants with no previous immunization: give the necessary information for records purposes For parents of infants with previous immunization: present UFC/record of immunization For pregnant women: present record of previous immunization, if any	Records necessary information about the patient Secures record of immunization Conducts interview, records all pertinent data	5 minutes	Rural Health Midwife/Public Health Nurse
3.	Submit yourself and/or your child/children for immunization	Administers vaccination/ Immunization	5 minutes	RHM
4.	Submit your child/children for weighing	Records child's weight	5 minutes	RHM
5.	After the immunization, ask the midwife/nurse for post-immunization instructions. Also inquire about the next schedule of immunization, if applicable	Gives instructions and advises client of the next schedule of immunization	5 minutes	RHM/PHN

7.14. AVAILMENT OF THE SERVICES OF THE REPRODUCTIVE TRACT & HEALTH CLINIC

ABOUT THE SERVICE:

As part of its commitment to stem sexually transmitted infections, particularly among high-risk groups, the City Health Office runs the Reproductive Tract and Health Clinic. The clinic treats clients with STI and issues a health card to workers in entertainment establishments who pass the medical examinations for STI.

CLIENT GROUPS:

General public Vulnerable groups

SERVICE SCHEDULES:

Monday to Friday, 8:00 AM to 5:00 PM

TOTAL PROCESSING TIME:

1 hour 30 minutes

TOTAL FEES/CHARGES:

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Go to the RTHC and state the nature of your visit. If there are charges and fees, proceed to the City Treasurer's Office/authorized personnel, pay the required fees and secure official receipt. If there are no charges, omit this step.	Answers queries on laboratory services and corresponding requirements and charges	30 minutes	RTHC medical aide/nurse/medical technologist
2.	Present your ID and register in the logbook. Provide the necessary data during the interview.	Conducts interview and briefs the client on the examination procedures	30 minutes	Medical Technologist/ Medical Officer
Ur	ndergo examination.	Conducts examination; informs client of sate of release of results of medical and laboratory exams	30 minutes	Medical Technologist
3.	On the appointed date, go back to the RTHC to get the results of the examination. If there are adverse findings, you will be given medical	Releases the results of the examinations Conducts medical treatment	30 minutes	RTHC staff

	advice and medication If result is negative, you will be issued a pink card To ensure that you are free of STI, submit yourself to regular	Releases health card		
	examination			
4.	Subject to health counseling	Conducts health counseling on STI cases	30 minutes	RTHC staff

7.15. AVAILMENT OF DENTAL SERVICES

ABOUT THE SERVICE:

To ensure proper and adequate oral hygiene, the City Health Office provides dental services in every district health office.

CLIENT GROUPS:

General public

REQUIREMENTS:

None

SERVICE SCHEDULES:

Mondays 8:00 AM to NOON

TOTAL PROCESSING TIME:

45 minutes

TOTAL FEES/CHARGES:

P75 per tooth

				•
	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Go to the District Health Office and register your name	Receives client, takes client's blood pressure.	5 minutes	EVA D. JAMOLIN Dental Aide
	in the logbook. Submit yourself to BP screening.			REA D. JEBULAN Dental Aide
			5 minutes	
	If your BP is normal and you are cleared for	Records patient data; issues call number		

	extraction, supply the necessary information in the patient intake form. You will be given a call number. Wait for your number to be called.			
2.	Proceed to the dental laboratory to undergo tooth extraction/dental examination.	Performs extraction, gives dental advice and issues prescription, if needed	30 minutes	SALVE MARIE UYBARRETA USMAN, DMD Dentist III BELLA B. BABASA, DMD Dentist III DENNIS L. ROSA, DMD Dentist I
3.	Proceed to the pharmacy section and present your prescription.	Fills prescription, asks patient to sign in the logbook	5 minutes	MARIA ELAINE T. NATO Pharmacist III AIMEE D. TENERIFE Pharmacist I

7.16. AVAILMENT OF FAMILY PLANNING SERVICES

ABOUT THE SERVICE:

The City Health Office provides family planning services to advocate proper child spacing and responsible parenthood.

CLIENT GROUPS:

General public

REQUIREMENTS:

None

SERVICE SCHEDULES:

Mondays to Fridays,

8:00 AM to NOON; 1:00 PM to 5:00 PM

TOTAL PROCESSING TIME :

For first time
 For those who already availed
 35 minutes

TOTAL FEES/CHARGES:

None

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Go to the District Health Office and state your request for information and/or counselling and Register your name in the logbook	Accommodates client and Secures client's signature in the logbook	5 minutes	SHIELA MARIE L. GUMBA Population Program Officer III
2.	Go through counseling session and receive IEC materials as reference	Conducts counseling and hands out reference materials	20 minutes	Nurse coordinator Midwife
3.	For those requesting DMPA injection for the first time: Approach the midwife/nurse on duty to inquire about DMPA Provide the information needed during the initial interview/taking of medical history	Accommodates client and answers queries on DMPA Conducts interview. Records medical history and determines whether client will not have adverse reaction to DMPA	20 minutes	Nurse
	For those who have already availed of DMPA Present your DMPA card and wait as the midwife/nurse validates your schedule Proceed to the	Reviews client's DMPA card and validates schedule; takes and records client's blood pressure Administers DMPA	10 minutes 5 minutes	Nurse Coordinator
	nurses' station for the administration of DMPA injection Register your name in the logbook and wait for advice as to your next appointment	Advises client of the next appointment	5 minutes	

7.17. AVAILMENT OF ANTI-TUBERCULOSIS MEDICINES AND SERVICES

ABOUT THE SERVICE:

The City Health Office, in partnership with the Department of Health, implements he National Tuberculosis Program to prevent the spread of tuberculosis and to treat TB patients. Each district health office has an accredited TB-DOTS Center.

CLIENT GROUPS:

Patients with tuberculosis

REQUIREMENTS:

None

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 AM to NOON

TOTAL PROCESSING TIME

1 ½ hours

TOTAL FEES/CHARGES:

None

	Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1.	Go to the Barangay Health Station, inquire about requirements. Provide the necessary information during the initial interview and during taking of medical history.	Answers queries on TB treatment. Conducts interview and records client's medical history. Refers client to the district health office if the case warrants immediate attention.	5 minutes	Midwife
2.	Proceed to the rural health unit/district health office	Evaluates records and conducts counseling on TB. Instructs client on the proper procedures in collecting sputum specimen	15 minutes	Nurse Coordinator
3.	Submit for sputum microscopy three (3) sputum specimens taken	Obtains from client sputum samples for microscopy. Advises	5 minutes (per visit)	Midwife/Nurse Coordinator/District Health Officer

	for 2 to 3 consecutive days.	client of the date of release of results*		
4.	Go to the BHS and secure the sputum examination results	Release sputum exam results	10 minutes	Midwife
	If result is positive, go back to the rural health unit/district health office for information, counseling and enrolment in multi-drug therapy.	Conducts counseling	1 hour	Nurse Coordinator

7.18. AVAILMENT OF MATERNAL CARE SERVICES

ABOUT THE SERVICE:

The City Health Office targets low, if not zero, maternal mortality. To achieve this, the CHO implements a comprehensive maternal care program for pregnant and lactating women.

CLIENT GROUPS:

Pregnant and lactating women

REQUIREMENTS:

None

SERVICE SCHEDULES:

Mondays to Fridays, 8:00 AM to NOON

TOTAL PROCESSING TIME:

45 minutes

TOTAL FEES/CHARGES:

None

Steps Involved	Action of the CHO	Transaction Time	Responsible Person
1. Go to the Barangay Health Station and provide	Accommodates client and logs pertinent data on the HBMR card.	15 minutes	Midwife

	information			
	information to be			
	to be			
	entered in			
	the Home-			
	Based			
	Maternity			
	Record			
	(HBMR) card.			
2.	You will receive	Gives instructions on	30 minutes	Midwife
	instructions on	proper nutrition and		
	proper nutrition	maternity care		
	and maternity			
	care and will be			
	advised to report			
	to the CHO			
	should you			
	observe signs of			
	pregnancy risks			
3.	For pregnant	Conducts	1 hour	Midwife/Nurse/
]	women:	examination, health	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	District Health
	Submit to	education and		Officer
	prenatal	consultation; issues		Onicei
	examination and	referrals		
		referrais		
	health education			
	Submit to			
	consultation			
	Submit to			
	initiation of			
	breastfeeding			
	Submit to tetanus			
	toxoid test			
	Receive referral			
	for dental			
	services			
	Submit to			
	counseling on			
	motherhood			
	For lactating			
	women:			
	Submit yourself to			
	regular checkups			
	within four to six			
	weeks upon			
	delivery to ensure			
	proper and			
	adequate post-			
	partum care			
	Submit to follow-			
1	up checkup			

7.19. SMOKING CESSATION CLINIC SERVICES

ABOUT THE SERVICE:

The City Health Office operates the Smoking Cessation Clinic, which advocates a 100% smoke-free/tobacco-free environment. It provides counseling/consultation to both walk-in and offsite/remote clients who intend to quit smoking.

CLIENT GROUPS:

Smokers

REQUIREMENTS:

None

SERVICE SCHEDULES:

Mondays to Fridays,

8:00 AM to NOON; 1:00 PM to 5:00 PM

TOTAL PROCESSING TIME:

Initial consultation 30 minutes Follow-up consultation 30 minutes

TOTAL FEES/CHARGES

None

PROCESS OF AVAILING THE SERVICE (FOR WALK-IN CLIENTS):

Steps Involved	Action of the CHO	Transaction Time	Responsible Person
Go to the Smoking Cessation Clinic and provide pertinent data.	Accommodates client and logs pertinent data on the client logbook.	5 minutes	Clerk on duty
Subject yourself to an interview and assessment.	Conducts interview based on DOH protocols. Assesses intervention needs of client.	10 minutes	SOPHIA D. DEMATERA Nurse II
You will receive treatment/Intervention plan on quitting smoking. You will also be advised of the follow-up schedule.	Provides treatment/ intervention plan and discusses the plan with the client. Gives treatment schedule and advises client on the schedule of the next consultation.	15 minutes	SOPHIA D. DEMATERA Nurse II

Return to the Smoking	Provides follow-up	30 minutes	SOPHIA D. DEMATERA
Cessation Clinic on	counseling;		Nurse II
the agreed date and	assesses the		
subject yourself to	progress of the		
counseling	client		

PROCESS OF AVAILING THE SERVICE (FOR OFFSITE/REMOTE CLIENTS:

Steps Involved	Action of the CHO	Transact ion Time	Responsible Person
Contact the Cessation Clinic at (056) 255-0478 or sorsogonscc@yahoo.c om. Provide pertinent data	Accommodates client and logs pertinent data on the client logbook. Makes arrangements with the client as to counseling schedule	5 minutes	Clerk on duty
On the date of appointment, call/contact the SSC. Subject yourself to an interview and assessment.	Conducts interview based on DOH protocols. Assesses intervention needs of client.	10 minutes	SOPHIA D. DEMATERA Nurse II
You will receive treatment/Intervention plan on quitting smoking. You will also be provided referrals for more accessible case management (if needed)	Provides treatment/ intervention plan and discusses the plan with the client. Provides referrals/case management should the client require closer supervision/ consultation	15 minutes	SOPHIA D. DEMATERA Nurse II