

Provincial Health Office



1. Rabies Control Program

Setting-up of Animal Bite Centers in strategic health facilities and the provision Anti-Rabies Vaccine/RIG Vaccine

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Animal Bite Treatment Centers (ABTC)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For request for vaccines: Request Form (1 original copy) For setting-up of Animal Bite Center: Letter of Intent (1 original copy) Self-Assessment Form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>For request for vaccines:</i>				
1. Present the accomplished Request Form	1.1 Receive Requisition Slip from 1.2 Prepare and pack requested vaccines 1.3 Prepare Requisition and Issuance Slip (RIS) 1.4 File and enter to stock ledger card for inventory	None	30 minutes	Pharmacist III Supply Officer
2. Receive the vaccine and sign the RIS	2.1 Prepare and pack in cold transport box vaccine carrier	None	30 mins	Pharmacist III Supply Officer

	2.2 Release the vaccine to the client or deliver to health facilities			
TOTAL:		None	1 hour	
<i>For setting-up of Animal Bite Center:</i>				
1. Present the accomplished Letter of Intent (LOI) and Self-Assessment Form (SAF)	1.1 Receive LOI and SAF 1.2 Conduct Technical Assistance through site inspection of compliance to DOH standards 1.3 Submit Assessment Form with the LOI and SAF to CHD IV-B by email or courier	None	30 minutes 2 hours (by schedule) 10 mins	Pharmacist III
TOTAL:		None	52 mins	

2. Leprosy Control Program

Early and accurate diagnosis, case management with prevention, management of disability and public education to dispel the stigma of leprosy

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and leprosy patients referred by doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's referral/request for SSS and Doctor's prescription (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements	1.1 Receive requirements from client and interview patient 1.2 Perform Slit-Skin Smear (SSS) Examination for diagnosis 1.3 Teach self-care to SSS positive patients	None	3 mins 1 hour	Nutritionis/ Dietitian Nutritionist/ Dietitian Med-Tech
2. Receive medicine and sign the RIS (for SSS positive patients)	2.1. Release medicine to patient 2.2. Perform family contact tracing	None	10 mins 7 days	Nutritionist/ Dietitian Med-Tech
TOTAL:		None	7 days, 1 hour and 13 mins	

3. TB-DOTS Program and HIV/AIDS Program

Prevention and control of tuberculosis, sexually transmitted diseases and HIV/AIDS infections

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For application for TB-DOTS or HIV/AIDS Program: Letter of Intent (1 original copy) Checklist/Assessment Form(1 original copy) For provision of drugs and medicines and other commodities: Request Form slip (1 original copy) Transport box		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>For Program Application:</i>				
1. Present the accomplished Letter of Intent (LOI)	1.1 Receive request from client 1.2 Review LOI	None	5 mins 10 mins	Nurse I
2. Complete all checklist/ assessment form	2.1. Prepare and complete documents needed for assessment and scheduled technical assistance 2.2. Advise facility on date of visit		15 mins 5 mins	Nurse I Supply Officer
TOTAL:		None	35 mins	

4. Environmental Health and Sanitation Program

Ensuring all households have access to potable water and approved type of toilet for every house including community toilet and provide technical assistance

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office, barangays and water facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For PHC bottles: Requisition Slip (1 original copy) Inventory Form (1 original copy)		PHO Program Coordinator		
For toilet bowls: Request letter (1 original copy) Barangay resolution (1 original copy) List of beneficiaries signed by RSI & MHO (1 original copy)		Barangay Hall		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>For Provision of PHC bottles:</i>				
1. Present the accomplished request form and inventory form	1.1 Receive the request form and inventory form 1.2 Prepare and allocate PHC bottles needed	None	5 mins 5 mins	Sanitary Inspector I
2. Review, check and receive supplies	2.1. Issue/release requested PHC bottles and have it signed	None	5 mins	Sanitary Inspector I
TOTAL:		None	15 mins	
<i>For Provision of toilet bowls:</i>				
1. Submit the request letter, barangay resolution and list of beneficiaries	1.1 Receive all the necessary requirements	None	5 mins 20 mins	Sanitary Inspector I

	1.2 Prepare and allocate number of toilet bowls needed per barangay			
2. Sign Requisition and Issuance Slip, Certificate of Compliance and MOA of compliance	2.1. Issue/release the requested toilet bowls and file all signed documents	None	45 mins	Sanitary Inspector I
TOTAL:		None	1 hour and 10 mins	

5. Vector Borne Diseases (VBD) Control Program

Prevention and integrated management of vector-borne diseases

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition Slip (1 original copy) Inventory Form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished requisition slip and inventory form	1.1 Receive the requisition slip and inventory form 1.2 Prepare and allocate number of supplies per VBD area	None	5 mins 10 mins	Sanitary Inspector I

2. Review, check and receive supplies	2.1. Issue/release requested/ allocated supplies per VBD area	None	5 mins	Sanitary Inspector I
TOTAL:		None	20 mins	

6. Disease Surveillance Program / Emerging and Re-emerging Diseases

Ensuring the availability and provision of timely health service of outbreaks of emerging and re-emerging diseases

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Case investigation form (1 original copy) Laboratory Test Request Form (1 original copy) Line List Form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the accomplished Case Investigation Form (CIF)	1.1 Check submitted CIF for reported cases from each Disease Surveillance Unit	None	10 min	Nurse IV Midwife IV
	1.2 Compare cases from previous and present cases / Analysis of data		15 mins	
			15 mins	

	1.3 Inform concerned MHO/MESU re: increasing number of cases / increase of new cases			
2. Submit CIF and Line List together with specimen collected	2.1. Receive specimens 2.2. Check CIF if properly filled out 2.3. Check specimens if properly labeled and stored in transport box 2.4. Transport specimen for RT-PCR	None	15 mins Daily before 2:00 pm	Nurse IV Midwife IV
TOTAL:		None	55 mins	

7. Family Planning Program

Provide family planning commodities and supplies and technical assistance for responsible parenthood and population management.

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition Slip, Inventory form and request for technical assistance (1 original copy each)		Program Coordinator assigned at the PHO.		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1. Receive requisition slip	None	5 mins	Nurse IV

2. Present Inventory Form	2. Prepare requested/allocated supplies and commodities	None	15 mins	Nurse IV
3. Review, check and receive supplies and commodities	3. Issue/release requested/allocated commodities and supplies and give original copy of RIS	None	10 mins	Nurse IV
4. Submit letter request for technical assistance	4.1 Receive letter request and prepare travel order 4.2 Provide needed technical assistance	None	5 mins 30 mins	Nurse IV
TOTAL:		None	1 hour and 5 mins	

8. Expanded Program on Immunization (EPI)

Provides vaccines and advocacy materials for expanded immunization program

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form, Inventory Form (1 original copy each) Transport box/carrier and cold dogs		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form and inventory form	1.1 Receive/review request form slip and inventory form 1.2 Prepare requisition and issuance slip together with requested vaccines	None	10 minutes 30 mins	Midwife IV Midwife IV Midwife II Supply Officer II

	and advocacy materials. 1.3 Check the appropriate transport box for the vaccine 3			
2. Review, check and receive supplies and commodities	2. Issue/release requested vaccine and give original copy of RIS	None	5 minutes	Midwife IV Midwife II Supply Officer II
3. Submit letter request for technical assistance	3.1 Receive letter request and prepare travel order 3.2 Provide needed technical assistance	None	5 minutes 30 minutes	Midwife IV Midwife II Supply Officer II
TOTAL:		None	1 hour and 20 mins	

9. Nutrition Program

Provision of Nutrition Micronutrient Powder (MNP) and other supplies

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1. Receive request form	None	3 mins	Nutritionist/ Dietitian Supply Officer
2. Sign RIS and receive supplies and commodities requested	2.1 Allocate MNP based on OPT result and deworming medicines	None	20 mins 20 mins	Nutritionist/ Dietitian Supply Officer

	2.2 Issue micronutrients and deworming medicines			
TOTAL:		None	43 mins	

10. Oral Health Program

Provision of guidance and assistance for oral health care

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Information form (1 original copy)		Dentist detailed at different municipalities		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>For dental procedures:</i>				
1. Proceed to triage and accomplish the patient's information sheet	1.1 Provide alcohol and logbook to the client, Check body temperature 1.2 Priority number will be issued by the Dental Aide on duty. 1.3 Wait until the number is called 1.4 When the number is called proceed to the Dental Clinic for the actual and necessary procedures 1.5 Dentist will give prescription and instructions on the	None	45 mins	Assigned Dentist

	proper intake of medicines			
TOTAL:		None	45 mins	
<i>For provision of supplies:</i>				
1. Present the accomplished request form	1.1 Review and prepare dental supplies as per allocation 1.2 Issue and provide dental supplies to all Public Health dentist as per allocation and prepare Requisition and Issue Slip (RIS)	None	10 minutes 10 minutes	Dentist III Supply Officer II Dental Aide
2. Signed RIS and receive supplies and commodities requested	2. Issue original copy of RIS to the client	None	5 minutes	Supply Officer II
TOTAL:		None	25 mins	

11. Health Education and Promotion

Provides instructional, educational and communication materials

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES	
Classification:	Highly Technical	
Type of Transaction:	G2C	
Who may avail:	All Municipal Health Office and hospital facilities	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Request Slip form (1 original copy)		PHO Program Coordinator

CLIENT STEPS	AGENCY ACTIONS	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1.1 Receive request form for recording and proper filing	None	5 minutes	Nutritionist Dietitian I Supply Officer
	1.2 Review requested IEC materials and prepare Requisition and Issue Slip (RIS)		5 minutes	
	1.3 Prepare requested IEC materials		30 minutes	
2. Review, check and receive IEC materials and signs the RIS	2.1 Issue requested/allocated IEC materials and give original copy of RIS	None	5 minutes	Supply Officer
	2.2 Keep duplicate copy of RIS for filing		2 minutes	
TOTAL:		None	25 mins	

12. Adolescent Health Development Program

Provides instructional, educational and communication materials

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and High Schools with trained Peer Educators			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Slip form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1.1 Receive request form for recording and proper filing	None	5 minutes	Midwife II Supply Officer
	1.2 Review requested IEC materials and		5 minutes	

	prepare Requisition and Issue Slip (RIS) 1.3 Prepare requested IEC materials		15 minutes	
2. Review, check and receive IEC materials and signs the RIS	2.1 Issue requested IEC materials and give original copy of RIS 2.2 Keep the duplicate copy of RIS for filing	None	5 minutes 2 minutes	
TOTAL:		None	32 mins	

13. Non-Communicable Disease Program

Management of non-communicable diseases

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Invitation Letter for technical assistance (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the invitation letter	1.1 Receive invitation letter 1.2 Prepare Travel Order and the IECs 1.3 Conduct Technical Assistance by group and individual mentoring	None	10 minutes 5 minutes 2 hours	Dietitian II
TOTAL:		None	2 hours and 15 mins	