

“Case Study: Christina Gomez, Midwife”

Trainer’s Guide

Banking on Health

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Introduction for Trainers

The Christina Gomez Midwife Case Study Trainer's Guide is designed as a road map for trainers to train lenders on financing a mixed service and retail microenterprise in the Philippines – using the case of a private midwife practice.

The ultimate goals of this trainer's guide is to help lenders improve credit analysis skills and to understand the particular business model workings, risks and benefits of lending to a health care business, particularly a midwife practice. In so doing, the training focuses on building lenders' credit analysis skills as they relate to analyzing a new client's business and/or a new business type.

It should be emphasized that analyzing a new client's business or a new business type is more work than a repeat borrower. However, new markets can offer new business opportunities for banks in competitive environments with prudent lending practices. In this case study, the midwife is in a growing industry, with a steady client base. As an individual borrower, she offers the potential of repeat business for working capital financing and an eventual real estate mortgage loan.

Case Study Description

The Case: Christina Gomez, Midwife

Goal: To improve lenders' credit analysis skills and to understand the particular business model, and risks and benefits of lending to a health care business, particularly a midwife practice.

Objectives: At the end of this case study, participants will have enhanced abilities to:

- Understand the business model of a private midwife practice and consider these practices as potential borrowers
- Effectively communicate and gather information from clients
- Gather information for the credit decision making process from non-client sources in an effective and efficient manner
- Construct a cash flow for an applicant
- Determine repayment ability and debt capacity based on a client's cash flow
- Promote repayment with sound credit decision-making and monitoring techniques

The case study takes account officers (AOs), loan officers (LOs), or managers (Mgrs) through the process of evaluating a first-time applicant and deciding whether to lend and how much.

Participants: Between 15 and 30 AOs, LOs, Mgrs involved in the microfinance lending operations of a rural bank.

Duration: This case study may take anywhere between one half of a day to 2 days to complete, depending on the goals of trainer and the time allotted. Some exercises may be omitted or extended which will effect the time allocation.

Training Techniques to Facilitate Learning:

Interactive Training Technique

Interactive course materials include a case study with some reference materials such as definitions, exercises, and referral sources that may be used in participants' work after the training. Class work includes group, partner and individual exercises. Through the course of the instruction, participants have the opportunity to lead class or participate in class presentations. Instructors work with participants in groups and individually during exercises.

Focus on the Process

The trainer is encouraged to feed information about the case in a step by step manner such that participants may process information in the decision making process in the way that it would typically be collected.

For instance, there are a few pieces of information that AOs must have before deciding to take the time and effort to go to see the business. Other information may be gathered at the site visit.

And lastly, there are external sources of information and reference checking that must be consulted in the process of a thorough credit analysis. This is particularly true for first time loans. Thus, instead of receiving a pile of documents and complete client information in the beginning of the case, this information is given out gradually through the process of credit evaluation.

Role-Playing

The use of role-plays is encouraged to give participants an opportunity to practice their interviewing skills. Borrowers are not bankers. First time borrowers do not necessarily understand the banker's perspective and the purpose of questions. Some terms may be new to first time borrowers, which may result in difficulty communicating and incorrect information collected.

Role-play Activity: In the role-play, one of the trainers should play the part of Christina. The participants have an opportunity to interview Christina to get the information they need to proceed to the "next step" in the process. This role-play could either take place at the initial interview stage in the bank or at the site visit or at both points in the process.

Group Review: After the role-play, the trainer should process the exercise with the participants. Here are some examples of questions that can be asked.

1. What additional information do you think you need to move to the next step in the credit process?
2. How did you think the interview went? What worked? What could be improved?
3. What similar experiences have you had in interviewing borrowers ? What worked? What didn't?
4. What are the key pieces of information that assist us with moving to the next step, such as going on a site visit (or if role play is during site visit, to go on to reference checking, cash flow analysis, etc.)?
5. What type of information would make you end the loan application process?

6. Where do we “put” the information we gather in this interview – some is for our cash flow, some is for our Credit Analysis Report – let’s put it in. The trainer shows the participant where the information goes, or lets a volunteer participant do this.
7. What information needs to be checked? How doe we check it?

Alternative Role Play: Another role-play that can be conducted is an interview with the character reference. This will allow participants to practice interviewing another person and gather secondary information.

Group Work

The cash flow planning and final decision-making process can be done through group activities. Groups of 4-5 work best. Try to mix the groups such that participants from different institutions and differing years of experience are in each group.

After each exercise, such as constructing the cash flow, determining debt capacity, and making a final loan recommendation, a different member of the group should present the group’s findings/decisions on behalf of the group. The trainers should walk around the room during group exercises, in order to be available to provide assistance and support participants in working together.

Preparation

Before the training even starts, the lead trainer needs to prepare: the trainers; the course materials; and the training classroom.

Trainer preparation

Expect to spend 2 hours preparing the lesson plan and organizing relevant materials for every 1 hour to be delivered.

Material preparation

The following materials are needed for each course:

Training materials

1. Trainer's guide for each trainer
2. Flip charts
3. Dry erase markers for white board
4. Overhead transparencies (of the case study, hand-outs, and blank and completed versions of the Cash Inventory/Business Inventory (Credit Analysis Report) report and cash flow analysis (CFA.)
5. Transparency markers
6. Draft agenda/training schedule for each trainer
7. Sign-in sheet for participants
8. Slide presentation format of the above (optional)

Note: No slide presentation has been provided for this case study. Banking on Health training method relies on interactive training techniques, which use transparencies, flip-chart tallies, and group exercises. However, trainers or training managers may wish to create slides based on the case study materials below for presentation purposes.

Participant Materials

1. Case study and hand-outs for each participant

Handouts should include a blank Credit Analysis Report form and a CFA form *with all but the debt capacity section filled in*, as well as completed versions of each form to be handed out at the conclusion of the case.

Participant materials are labeled electronically from number 1 to 15, based roughly on the order in which they should be distributed to participants.

2. Pencils (not pens)
3. Calculators, preferably one for each participant

Case Study Delivery

Trainer: Introduce the Christina Gomez, Midwife Case Study

“This is a case study of a private practice midwife named Christina Gomez.

Does everyone here know what a midwife is? Have you or do you know anyone who has used a midwife’s services? ¹

Background on Philippine Midwives: Midwives in the Philippines work in rural health units, government hospitals, or from their homes or private clinics. Surveys prove that most women in the Philippines prefer going to a midwife for their maternal and child health care needs.

Often in rural areas, they do other things such as suturing and emergency care, so they can be important members of our communities.

Background on Banking on Health: The Banking on Health (BoH) project has provided this case study for lenders interested in providing loans to this market. The BoH project is funded by US Agency for International Development (USAID) and works worldwide to assist private health care businesses to access finance. In the Philippines, Banking on Health has provided training and technical assistance to private practice midwives and financial institutions BoH aims to help midwives grow their businesses with financing and thereby offer greater amounts and better quality products and services to their clients.

Background on Case Study: Christina Gomez is not her real name, her information was taken from surveys of more than 400 private practice midwives in the Philippines operating from their homes or from clinics they own in Luzon, Visayas and Mindanao. As with all micro businesses, each case is different. However, this case study will give you a good idea of a typical business situation and loan request from this type of business.

[Trainer should hand out the first page of the case study, page 9 below.]

Let’s start by reading the case study’s first paragraph. Who would like to volunteer to read the first paragraph?”

¹ A midwife is different from a Hilot, or traditional birth attendant. Midwives have 2-year degrees and are certified by the Professional Certification Board, and also by the Department of Health. Hilots are not certified or regulated in any way.

Case Study: Christina Gomez, Midwife

For the past three years, Christina Gomez has owned and managed a private midwife clinic from her home. She is 37 years old and has been a certified midwife for the past 13 years, since graduating from the A-1 City School of Midwifery in Iloilo City. Before opening her own clinic, she worked for the midwifery school as a clinical teacher for six years, and as a midwife in the local government hospital for four years.



Trainer: “Are there any questions about this first paragraph? May I ask a volunteer to read the second paragraph to the class?”

Christina heard about your institution’s microfinance program from the pregnant wife of a local sari-sari shop owner. The shop owner is a borrower of your bank. She has come to your bank/MFI this morning requesting a loan application. Although she has not brought her financial information with her, she tells you that she is making a healthy income, enough to pay back her loan request of P40,000. She has invited you to come to the clinic to see for yourself.

Initial Interview

Exercise:

1. What types of information do you want to collect before formally interviewing Christina and giving her an application?

2. What key questions should you ask?

Trainer: Place participants in groups by counting off by 1, 2, 3 (depending on number of participants.) Give each group 5-10 minutes to do the above questions.

Then go around and ask each group to give you the most important piece of information (answer to question 1) they would want and the most important corresponding questions they would want to ask (answer to question 2).

Encourage groups to express new ideas and not not repeat what previous groups have volunteered.

Ask participants why each question is important.

The Client Interview Role Play

Note: This is optional role play depending on time available in training session.

Section Objectives:

1. Participants learn how to prepare for a client interview;

Participants learn how to conduct a client interview :

- Techniques for asking questions;
- Asking the CORRECT questions (getting the information you need);
- Working within a timeframe;

Role Play Preparation:

1. Establishing Objectives (what information is needed and how much time should be spent in the meeting);
2. Generate a list of questions or points to be addressed;
3. Reading the application and any other relevant information to the application;
4. Preparing for questions about the loan program, application process, and possible loan structuring;

If time is short: Pass out Case Study Handout and ask volunteers to read one paragraph.

If there is enough time for the role-play, preparing for the client interview should be discussed before the mock interview (see the exercise below).

Conducting the Interview:

1. Interviewing Techniques
2. Asking the CORRECT questions (getting the information you need)
3. Being time-sensitive

After the mock interview, participants should provide positive constructive feedback;

The Initial Interview

Most of the information needed to evaluate a microenterprise loan application can be gathered at the initial interview.

NOTE: Time is valuable! , Gather as much necessary information as you can in the initial interview—helps make a quicker decision.

Preparing for the Client Interview

It is important to be prepared for the 1st interview with the client. What are some ways that you could prepare for this interview? (Trainer should list out ideas on a flip chart.)

Some examples:

- Establish interview objectives;
 - Determine information need for the application;
 - Write up some key questions to ask;
1. Loan application questions: such as clarification in the case of inconsistencies or confusing information;
 2. Standard questions that you ask of every applicant – incorporating credit analysis issues and any program requirements;
 3. Industry specific questions based on your knowledge (or lack of knowledge) of the applicant's business activity;

Trainer:

Allow participants some time to work on this in groups of 3-4 person or with partners. NOTE: Participants don't know much about this application, so answers should be general. In addition, financial information is also not known at this point.

Exercise:

Prepare for the client interview. In your groups, establish objectives for the meeting and make a short list of questions or notes that will help you achieve these objectives.

Objectives: _____ Questions: _____

Trainer:

- Don't hand out the next page of the case study until after the role play client interview.
- Co-trainer or a participant with a script provided by the trainer would sit in center of room while participants ask preliminary questions.
- Your co-trainer may play Christina. Or, you may ask a particularly advanced participant to volunteer to play the role of Christina. If no volunteer raises his or her hand, and you do not have a co-trainer, then you play "Christina." Have fun with this!
- Give "Christina" the following script to be followed loosely.

S/he should answer only the questions that are asked of him/her.
S/he may not know the answers to all questions, in which case s/he could either say "I don't know" or make something up.
- Give Christina time to read the following script while participants prepare their questions.

Handout 1a: Christina's Bank Interview Script

My clinic is in a room in my house.

My family has the right to use the land and the building, although we don't have the title.

The business is registered with the local barangay authorities.

I own some things that I would be willing to use as collateral for the loan:

- *TV*
- *Refrigerator*
- *CD player (mini-component)*
- *Tricycle*

Equipment in my business (that could be used as collateral):

- *Birthing bed*
- *Oxygen tank*
- *Shelf*
- *Examination Table*
- *Medical Tools*
- *Stethoscope*
- *Baby scale*

I have found a wholesale supplier of over the counter medicines and family planning products that will allow me to purchase products at a lower price than the pharmacy in the municipality where I currently buy them. To get the lower prices, I must buy the products in larger quantities, more than 3 months worth of inventory at a time.

The products that the supplier will sell me include pills, condoms, injectable contraceptives, prenatal vitamins, baby vitamins, and pain relief medicine for mothers and babies.

I need P30,000 for the initial purchase of products for resale, plus P10,000 for a new delivery set, equipment that is needed in performing deliveries.

My dream is to eventually save P100,000 to renovate the clinic, purchase equipment, and access training to achieve the Department of Health (DoH) certification for a "Birthing Home." Then I would have enough to expand and equip a separate recovery room.

Once I have this certification, I will be able to perform maternal health and family planning services such as pap smears and IUD insertion, which would

compliment the current maternal and child health services and family planning products I provide to my patients.

I may also eventually apply for PhilHealth accreditation, which would allow me to take patients who are covered by this system and increase my client base and income.

After the renovation, my local midwife association has advised me that it could take several months to achieve such accreditation.

Without the 'Birthing Home' Certification I may continue to operate legally. I am able to facilitate normal spontaneous deliveries, provide family planning products and counseling, and administer vaccines and exams. Also, without the Birthing Home certifications, my clinic would be unable to apply for PhilHealth accreditation, thus all patients can only pay in cash.

I am not sure what my monthly income is from my business. My monthly income varies.

August, September and October are peak months.

I charge about P4,000 per birth, which includes prenatal visits and one post-natal visit.

Sometimes people pay me with things other than money, such as chickens.

I usually deliver between 7-8 babies a month. In the peak season of August through early October I have sometimes 10 or 12 births a month.

In addition to deliveries, I earn about P2,000 a month from the sale of family planning products and services and P7,000 from the sale of over the counter medicines and vitamins, vaccines for babies, suturing services, pregnancy tests and ear-piercing.

As a midwife, I run a trust-based business. Most of my clients are word-of-mouth referrals from past or current clients who are pleased with my services. Everyone in the community knows me. I am proud of my good reputation!

During the peak months, I ask a midwife who works in the rural health unit to work for me on an on-call basis. I pay her P450 per delivery.

I own my house, which is where my clinic is located, in a side room that we refurbished. I think my husband has the tax documents to prove this.

Personal information about Christina

Christina is married to Jose Pena and they have 2 children, a 10-year-old girl and an 8-year-old boy. Christina's mother watches the children after school, while Christina works. Jose has a job as a mechanic in a car repair shop in the baranguay.

Christina has been living in the baranguay for 12 years with her husband.

Christina has two sisters. One works as a home-aid in Singapore. The other is a nurse at the local government hospital.

Friends and family call Christina "Tina" as a nickname.

Trainer Notes: Use this handout if there is no time for the role-play exercise. If you do the role-play, then hand this sheet out afterwards.

Handout 1b: The Initial Interview

You talk to Christina about her business

Christina currently operates her clinic out of a back room in her house. The business is registered with the local authorities.

Christina has found a wholesale supplier of family planning products and other over the counter medicines who will allow her to purchase products at a lower price than the pharmacy in the municipality where she currently purchases them.



To get the lower prices, she must buy the products in larger quantities, more than 3 months worth of inventory at a time. She would like to borrow P40,000 for the initial purchase of products for resale and a new delivery set which is a set of tools needed for assisting deliveries.

She is not sure what her monthly income is from her business. She charges approximately P4,000 per birth, which includes prenatal visits and one post-natal visit.

She usually has between 7-8 births a month. In the peak season of August through September she will have as many as 10 or 12 births a month. In addition to deliveries, she earns about P2,000 a month from the sale of family planning products and services and P7,000 from the sale of over the counter medicines and vitamins, vaccines for babies, suturing services, pregnancy tests and ear-piercing.

Christina, as a midwife, runs a trust-based business. Most of her clients are word-of-mouth referrals from past or current clients who are pleased with her services.

Christina owns her house, which is where the clinic is located. She thinks that her husband has the tax documents to prove this ownership.

She also some things that she and her husband would be willing to use as collateral for the loan:

- TV

- *Refrigerator*
- *CD player (mini-component)*
- *Tricycle*

Equipment that she could use for collateral includes:

- *Birthing bed*
- *Oxygen tank*
- *Shelf*
- *Examination Table*
- *Medical Tools*
- *Stethoscope*
- *Baby scale*

Christina has a long-term goal of saving P100,000 to renovate the clinic, purchase equipment, and access training to achieve a “Birthing Home” certification for her clinic from the Department of Health. This would allow her to expand and equip a separate recovery room.

Once she has this certification, Christina will be able to perform maternal health family planning services such as pap smears and IUD insertion, which would compliment the current maternal and child health services and family planning products she provides to her patients.

After the renovation, her local midwife association has advised her that it could take several months to achieve the DOH certification. Without the ‘Birthing Home’ Certification Christina may continue to operate legally, but would only be able to assist normal spontaneous deliveries, provide family planning products and counseling, and administer vaccines and exams.

Also, without the Birthing Home certifications, her clinic would be unable to apply for PhilHealth accreditation, thus all patients can only pay in cash. She may also eventually apply for PhilHealth accreditation, which would allow her to take patients who are covered by PhilHealth and thus increase her client base and income sources.

Personal information about Christina

Christina is married to Jose Pena and they have 2 children, a 10-year-old girl and an 8-year-old boy. Christina’s mother watches the children after school, while Christina works. Jose has a job as a mechanic in a car repair shop in the baranguay.

Christina has been living in the baranguay for 12 years with her husband.

Christina has two sisters. One works as a home-aid in Singapore. The other is a nurse at the local government hospital.

Friends and family call Christina "Tina" as a nickname.

Trainer's Notes : After the Initial Interview

After the role-play, the trainer should process the exercise with the participants:

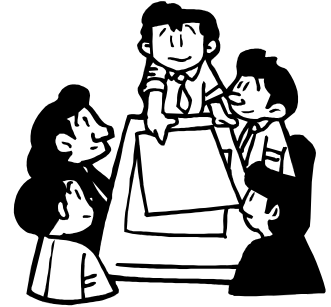
1. Ask: How did it go? Did the participants get all the information they needed to move on to the next step in the credit process?
2. Ask: What could have gone better in the interview?
3. Ask: Has anyone in the group had similar experiences interviewing borrowers that they can share – any lessons learned on best techniques?
4. Review, if necessary, techniques for successful interviews.
5. Ask: What are the key pieces of information we were trying to derive that makes us decide to go on a site visit (or if role play is during site visit, to go on to reference checking, cash flow analysis, etc.)?
6. Ask: What information would have made us decide to stop the process and say “no”, thus saving borrower and banker time and effort?
7. What information must be verified?
8. How do you verify?
9. How much time did we spend interviewing Christina?
10. How much time should we typically spend interviewing a first time borrower? Does it matter how much time we spend?
11. Ask: Now that we have collected a substantial bit of information, where do we “put” this information? Answer: some is for our cash flow, some is for our Credit Analysis Report. Hand out blank Credit Analysis Reports and cash flow templates and let the groups put in the information that we have collected thus far.
12. What information do we still need? [Tally this information on a flip chart and tape to the wall. Refer back later, and check off the info as it is obtained. Be sure to manage this list – only write what is *absolutely necessary* for the credit analysis and loan structuring processes.]
13. Comment – does anyone think that this applicant may need another loan in the future? For what?

Answer: Yes, she will want a loan for the expansion of the clinic. It would take a long time to save P100,000. If she has adequate cash flow, then perhaps a future loan could be for that purpose.

That means more business for the bank and a repeat borrower for you!
(Remember - repeat borrowers are always easier than first time borrowers.)

Group Exercise:

1. What information have you gathered in the initial interview?
2. Where can you use this information in your analysis?
3. In your groups, complete as much as you can of the Credit Analysis Report and Cash Flow analysis.
4. Take note of what information you have left to collect.
 - a) Why is this information important to your credit analysis?
 - b) How does it impact loan structuring?



Christina's Clinic Site Visit

Her clinic is located near the center of the barangay, and her bright blue and white sign is clearly visible to all who pass by. Christina's business registration is posted above the door of her clinic.



As you enter, there are an older woman and a young woman with a baby in the waiting area. Christina's assistant is talking with them and getting out a chart. Christina greets you with a bright smile. She is wearing a clean white uniform. Her assistant is wearing neat, clean street clothes.

The clinic is clean and cheerful-looking. Near the door of the clinic on the wall are framed professional certificates: Christina's diploma from midwifery school and certificates of participation in clinical skills trainings such as family planning counseling, family planning clinical skills, and emergency obstetrics. The certificates are from reputable organizations such as the city hospital, her national midwife association, and Department of Health. On the wall you see her certification as a midwife, which has an expiration date of one year from now.

In this one-room clinic, there is a bench for women or children and a chair and desk for the midwife and her assistant. There is a small shelf with children's vitamins, painkillers and fever reducers for women and children, and boxes with vaccines and other pharmaceuticals. In the corner, behind a retractable curtain, is the birthing bed. In the other corner is the recovery bed. The floor is painted and clean. There is an adjoining comfort room. Christina explains that when a woman is in labor or recovering, others who need to come for appointments go to her home, which is adjoining.

Christina shows you the space in the back of the building where they would make the expansion and explains that they have found a contractor who will give them a discount on the work because her husband will help with the construction.

You talk to Christina about her costs and income from the business, and she shows you her utility bills and receipts from past purchases of supplies and drugs. She tells you about her income in the past period and what she expects she will earn after she purchases the new stock and tools. Christina doesn't keep formal financial records, although she does keep a stock inventory and her patients' records are in good order.

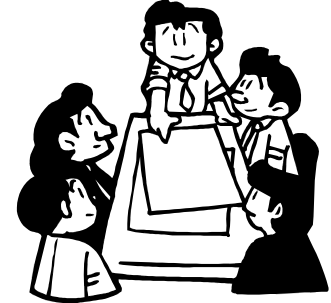
You ask her about tax documents. Christina shows you the income report that she submitted to BIR last year. She owed little or no income taxes in that period.

As you talk to Christina, her assistant prepares the baby for a vaccine, and Christina administers the shot. A pregnant mother comes in for a pre-natal visit.

Group Exercise:

1. What information have you gathered in the site visit?

2. Where/how can you use this information in your analysis?



3. What additional information would you gather at this site visit, if any? What ways could you gather this information?

4. Is there any other information needed beyond what you are able to gather in the site visit?

Handout 2: Additional Information from the Site-Visit

Business Assets

You verify that the assets Christina has claimed that she owns do exist – the TV, CD player, refrigerator and tricycle - and that they are in good condition. The equipment, supplies and stock she has claimed to own are all there. She tells you the purchase prices of the equipment, stock and other supplies she uses. You write down the following:



Table 1: BUSINESS ASSETS & INVENTORY

| Type/Description | Quantity | Unit Price | Total Value |
|---|----------|------------------|--------------------|
| <u>Business Assets / Supplies</u> | | | |
| <i>Birthing bed (a.k.a. steer-up table)</i> | 1 | 25,000 | 8,000 ¹ |
| <i>oxygen tank</i> | 1 | 13500 | |
| <i>shelf</i> | 1 | 10800 | |
| <i>Examination Table</i> | 1 | 4320 | |
| <i>Medical Tools</i> | 15 | 1080 | |
| <i>Stethoscope</i> | 1 | 3500 | |
| <i>Baby scale</i> | 1 | 2700 | |
| <i>Thermometers</i> | 2 | 400 | |
| <i>bandages</i> | 8 | 110 | |
| <i>sterile gloves</i> | 50 | 15 | |
| <i>sterile needles</i> | 25 | 165 | |
| <i>desk</i> | 1 | 2700 | |
| <i>chairs</i> | 2 | 1620 | |
| | | <i>Sub-Total</i> | |
| <u>Stock for Resale</u> | | | |
| <i>Prenatal vitamins</i> | 15 | 210 | |
| <i>Baby & child vitamins</i> | 20 | 180 | |
| <i>pain medicine</i> | 12 | 150 | |
| <i>earrings</i> | 20 | 200 | |
| <i>baby medicine for teething</i> | 6 | 70 | |
| <i>pregnancy tests</i> | 10 | 205 | |
| <i>injectible contraceptives</i> | 15 | 150 | |
| <i>pill cycles</i> | 14 | 180 | |
| <i>condoms</i> | 50 | 5 | |
| <i>baby vaccines</i> | 25 | 250 | |
| | | <i>Sub-Total</i> | |
| | | <i>Total</i> | |

¹ Due to depreciation, the birthing bed isn't worth what she paid for it. She estimates the resale value is P8,000.

Christina's Home

You go to Christina's home. Her husband is there, he stayed home that afternoon to meet you. They show you around the house. You find there the following assets:

Table 2: PERSONAL PROPERTIES (Household appliances, equipment, etc.)

| Description | Date Acquired | Acquisition Cost | Current Value | Outstanding Balance |
|-----------------------------------|---------------|------------------|---------------|---------------------|
| <i>TV</i> | <i>Dec-02</i> | <i>15,000</i> | <i>5,000</i> | <i>0</i> |
| <i>Refrigerator</i> | <i>Mar-01</i> | <i>15,000</i> | <i>7,000</i> | <i>0</i> |
| <i>CD player (mini-component)</i> | <i>Dec-03</i> | <i>10,800</i> | <i>7,500</i> | <i>0</i> |
| <i>Tricycle</i> | <i>Nov-99</i> | <i>65000</i> | <i>32500</i> | |
| | | TOTAL | | |

Exercises:

1. Tally the value of the assets of Christina's business on the Table 1.
2. Tally the value of Christina's personal assets on Table 2.

Why are the current values different from the purchase costs?

More information about the business

Christina usually has about 30 patient/customer visits per month. But a midwife clinic isn't like a sari-sari store. She cannot count on clients coming every single day, although clients do come in most days.

Christina can plan her cash flow a few months in advance, because she knows how many pregnant patients she has and when they are due. She tries to encourage the mothers to save so that they can pay her for the delivery when the time comes.

About half of her clients who come to the clinic are there for deliveries or family planning counseling or products. The rest come for vaccines, prenatal visits, well-

baby visits, pregnancy tests, suturing, and to purchase the vitamins and small selection of prenatal and baby medicines she keeps in stock.

Trainer: Point out to participants that there is a great deal of information that can be gathered in the site visit including:

- **Management capacity** – We can see that Christina is operating a busy clinic, so she is able to provide a good service. Her assistant seems happy, so perhaps she is a good manager of people. She keeps good patient records, but she doesn't keep complete financial records. While not essential, it is always preferable to have a client with bookkeeping skills. Her time is devoted to her business, she has help at home with her kids from her mother and husband.
- **Financial information** – From what you see and the information that Christina provides you about her months sales and costs, she is making a healthy income. She also has significant net worth in the business.

Trainer should provide this financial information (written on the completed Credit Analysis Report, Cash Flow and excel spreadsheet that support them) to the class verbally while processing the exercises or during the mock interview.

Groups should put this information into the appropriate forms when it is gathered.

- **Tax compliance information** – Christina files tax documents regularly, as is required.
- **The market, competition, and character references.**

Trainer: After the site visit, give the participants Attachment 2, **Handout 7 “Site Visit Checklist for Account Officers”** and review.

Handout 3: Background Information on Midwife Businesses

The Midwife Market and Competition

There are tens of thousands of midwives working in the Philippines, serving large segments of the population in rural and urban areas. It has been found in recent surveys that most women in the Philippines prefer going to a midwife for their reproductive health needs. Midwives can offer a valuable service to their communities.



The market for private midwife services and products is growing. The government of the Philippines is moving to encourage those who can afford private services and products to do so, conserving precious government funds to pay for the healthcare of those who are truly unable to pay. Midwives in private practice – either full or part-time, with and without clinics - are filling a growing gap between government services and expensive, higher-end private hospital and clinic facilities.

Clients of private sector midwives are typically the lower and lower-middle income segments of the Philippine population – those who can afford to pay for services and products, but may not be able to afford the price of a private hospital stay. In rural areas, midwives can be a welcome alternative to the local government hospital, as they may provide quality services that are delivered at a price that the majority can afford.

Competitors to midwives are rural health units (RHUs), other home-delivery based midwives, other midwife clinics, and private doctors. While rural health units and government hospitals offer free products and services, the competitive advantage of private practice midwives is *in the quality of their services and facilities* - at a price that is affordable. Patients often find midwife clinics to be more comfortable than the RHUs and feel safer in a midwife clinic than with a home delivery. Private practice midwives are also less likely to suffer from product shortages that government facilities may experience.

Marketing activities include buntis parties, community talks, and paying commissions for referrals to other health care providers and people in the community such as motorbike taxi drivers.

The Midwife Clinic Business Model

Midwife clinics offer a range of services and products. Most income is derived from pre and postnatal care and deliveries, generally at least 50% of total revenues. The sale of family planning products and services contribute 10%, more or less, to gross income. Other health care services and products such as

vaccines for babies, vitamins, blood pressure taking, and the sale of over the counter medicines, contribute at least another 10%.

A small number of midwife clinics have PhilHealth accreditation in addition to Department of Health “Birthing Home” accreditation. Midwife clinics that have PhilHealth accreditation have an expanded customer base as a result. See the section on PhilHealth, below.

In addition to private practice, many midwives also work in government facilities, where they get referrals for their private business, and where they can access top-notch training offered by the Department of Health on maternal and child health issues.

The Home-Delivery Midwife Practice

Midwives who offer home deliveries as a service may also have a healthy business and income, although they do not have the actual facilities to offer for deliveries.

These midwives are not able to charge as much for delivery services as those midwives with facilities for their services. They tend to possess less assets. They may provide both services and products, however.

These midwives are also likely to have other jobs, which they work during regular hours, and perform home deliveries in their off-hours.

How Midwives and Midwife Clinics are Paid

- Clinics have two main types of payments
 - Fee for service (including products and services)
 - PhilHealth
- Midwives may receive commissions on referrals to Ob/Gyne physicians, hospitals, and laboratories
- Fee for service clients typically pay at the time of sale and pay in cash
 - Some midwives provide services on credit
 - These midwives often have an incentive system in place that encourages the mothers to pay quickly after the delivery. This may entail holding an asset until the balance is paid such as the cell phone, birth certificate, television, or radio. These methods tend to work well. Another tactic is to give the accounts

receivable collection responsibility to their assistant or husband, in order to 'de-personalize' it a bit.

- Some of these midwives experience problems with accounts receivable (the money due to them for services provided) due to two common reasons: 1) Not keeping track of the money due to them 2) feeling uncomfortable asking for the money after the delivery.
- Credit is usually a small percentage of total cost of service
 - This is mainly for deliveries which are the most expensive services offered by midwives
- In the long term, midwives may seek a mix of PhilHealth and fee for service clients in order to expand their markets and reduce risk to their cash flow.

PhilHealth

PhilHealth is the Philippine Health Insurance Corporation (PHIC), also known as the national insurance program of the Philippines (NHIP.)

Potential midwife patients who may be covered by the NHIP include the following:

- Employed - all those employed in the government and private sector.
- Individually Paying Members - Self-employed, Overseas Filipino Workers, professionals in private practice (doctors, lawyers, dentists, etc.)
- Non Paying Members - the following are entitled to lifetime coverage:
 - Retirees and pensioners of the GSIS and SSS (including permanent total disability and survivorship pensioners of the SSS) prior to RA 7875 in March 4, 1995.
 - Members who have reached the age of retirement and have paid at least 120 monthly contributions. Optional Retirees are not yet entitled to lifetime coverage until they reach the age of retirement (60 years old).
- Indigent Members - under the impoverished component of the NHIP (this is a small percentage of total members that are covered).

As of February 2005, PhilHealth covers the cost of prenatal visits, delivery, and one post-natal/well-child visit. PhilHealth pays midwives a total of P4,500 per

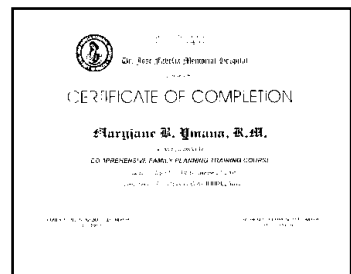
delivery “package” which includes all of the above. Typically, midwives wait 3-6 months after each delivery for payment from PhilHealth.

PhilHealth covers other preventative and outpatient care. More information on what is covered by PhilHealth contact PhilHealth at City State Centre, 709 Shaw Boulevard, Pasig City, Healthline telephone: 637-9999, www.philhealth.gov.ph.

Midwife Requirements²

There are a number of requirements that midwives in the Phillipines must meet to be certified:

1. **2- Year Degree:** Midwives must have at least a two-year degree in midwifery from a Department of Health accredited school of midwifery.
2. **Certification:** The Professional Certification Board (PCB) certifies midwives. They must renew their certification every three years.
3. **Product Trainings:** In order for a midwife to offer specific services they must attend trainings certified by the Department of Health.



The services that require such trainings are: prescription and distribution of family planning products; IUD insertion and removal; and others related to procedures and the use of certain medicines.

Certified midwives may assist spontaneous, normal deliveries (no twins, no high-risk mothers, and no-caesarians without a doctor.)

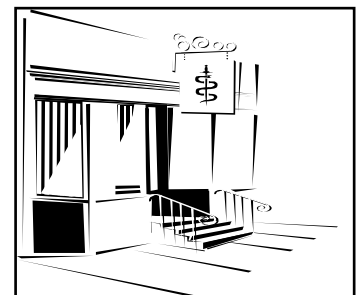
Services Not Licensed to Perform: Midwives are not licensed to perform bi-lateral tubal ligation or vasectomies.

Note: Some midwives offer these services on a referral basis using a doctor who performs the service at a hospital or some other Department of Health certified location.

Clinic Requirements³

There are various types of certification requirements for midwife clinic space:

1. Department of Health,
2. Fire Department
3. Department of Sanitation



² See Attachments 1a and 1b: Requirements of Midwives and Midwife Facilities in the Philippines.

³ See Attachment 1a and 1b : Requirements of Midwives and Midwife Facilities in the Philippines.

4. Business Registration with the local baranguay.

The Department of Health (DOH) certification for the **space** where a midwife delivers and performs her other services is called a “**Birthing Home**” **certification** under current DOH regulations (August 2005.)

Reasons for Certification: This certification allows the midwife to perform certain revenue-generating procedures such as IUD insertion and pap smears at her clinic.

Benefits of Certification:

1. It allows the midwife to apply for PhilHealth accreditation and accept patients covered under PhilHealth.

In February 2005, PhilHealth paid P4,500 per delivery including all necessary pre-natal visits and one post-natal visit. It usually takes PhilHealth 3-4 months to pay a midwife after a delivery. While PhilHealth accreditation expands the midwife’s market substantially, it can be a burden on cash flow.

2. Another benefit of DoH certification is that other midwives may use the clinic-owner’s accredited space, and provide her a commission for the use.

Unlicensed Clinics: Midwives with a lying-in clinic that is not certified by Department of Health are not operating outside of the law.

1. **Services Can Perform:** They may deliver babies in their clinics and perform certain exams, provide family planning counseling and products, sell over-the-counter drugs, and administer vaccines.
2. **Services Cannot Perform:** They cannot perform pap smears or IUD insertion and removal without the Birthing Home certification.

Site visit guidelines for lenders⁴

Lying-in Clinic

Definition: Lying-in clinics are those clinics that allow a woman to give birth and then recover for some time.

Items in Clinic:

1. Single or few rooms: Smaller clinics, or those just starting out, tend to have less rooms. It is possible that there is only one room, with a curtain that may be pulled back for women in recovery.
2. Birthing table: This table is for the delivery process and has special equipment attached such as metal stirrups for the mother's feet.
3. Recovery Bed: This is a separate bed for the mother to lie in while recovering. (Often, the midwife requires that the mother bring her own clean sheets for the recovery bed.)
4. Sanitary Conditions/Requirements:
 - Water Source: There should be a clean water source for the delivery process.
 - Clean Floors
5. Certificates: midwifery school and other trainings and her PCB number.⁵

Additional Items in Larger Clinics:

1. Additional Rooms: separate waiting room, exam room, birthing room and recovery room.
2. Sale Products on display
3. Staff: A midwife who is doing particularly well in her business may have a full or part-time assistant to help her with the workload.

Average Number of Clients/month:

1. Small Clinics: have less than 25 client visits per month.
2. Large Clinics: Have 25-75 client visits – or more - per month.

Clinic without Lying-in:

These clinics may have an exam table, desk, and a small supply of family planning products and over-the-counter medicines.

Private practice midwives who assist deliveries at the mothers' home may have a clinic without lying-in for check-ups, family planning counseling and product sales.

⁴ See Attachment 2: Site Visit Checklist for Account Officers

⁵ See Attachments 1a and 1 b: Requirements of Midwives and Midwife Facilities in the Philippines.

Non-borrower Sources of Information

Trainer: Review the list below and guide a class discussion on information gathering techniques related to character references.

The **Sources of Information for Character Investigation/Background Investigation (Credit Analysis Report)** sheet could be handed out.

Key messages for trainees:

- **Speak with Neighbors:** In the case of midwives who may have opportunities to work overseas, you may want to ask if she has ever talked about going abroad. Confirm how long she has lived in the current location, her good reputation, and the existence of her family.
- **Speak with existing borrowers:** Check with existing borrowers who know applicant for reference checks
- **Speak with Association:** When applicant is a member of a professional association, check with association to see if he/she is indeed a member in good standing. In this case, the local midwife association may be willing to offer a non-binding letter of recommendation. AOs could make it clear to the applicant and the association that if the applicant borrows and doesn't pay, that you would inform the association. This will help ensure repayment, by adding an incentive to repay.

See **Attachment 3 List of Midwife Associations** for contact information of national associations. The national offices can provide local association contact information to bank officers.

- **Check with Product Suppliers:**
 1. current suppliers if possible
 2. future suppliers if loan is for new supplies from a new source.

Weigh the costs and benefits of all these checks.

Ask: "At what point have you done enough checking?"

Must you exhaust the entire list on the **Sources of Information for Credit Analysis Report** for every loan request to every borrower?

In which cases would you check some but not all of these sources?"

Answer: For successful **repeat borrowers**, most sources don't need to be rechecked, only perhaps new suppliers. For **first time borrowers**, it may depend on the size of the loan and the state of the business.

For example, if the business has only been in operation for 2 years, it is riskier than a business that has been operating for 10 years.

Hand Out 4: Sources of Information for Credit Analysis Report

1. Applicant interview

2. Site visit - This is a wealth of information: inventory needs, business cycle, management ability, and level of owner's investment in the business.

3. Applicant's financial records

4. Clients of the bank who know the Applicant

5. Suppliers* - Call these contacts with the Applicant's permission.

6. Creditors - Such as utility suppliers or other lenders.

7. Neighbors – What is her reputation? How long has she lived there?

8. Other Personal and Professional References

- Professional/Trade Associations:

In the case of midwives, check with the local chapter of the midwife association to which the applicant belongs. The Integrated Midwives Association of the Philippines (IMAP) and the Philippine League of Government and Private Midwives, Incorporated, (PLGPMI) are the two largest with local chapters in each region. See Attachment 3: List Of Midwife Associations for contact information.

9. Local Authorities – Such as:

- Village Council
- Licensing Authorities (Does the borrower have the appropriate licenses to conduct business?)

10. Own bank records – If this is a repeat loan client and/or they have a pre-existing account with your bank

11. Applicant's employees – Contact with the Applicant's permission

12. Past or regular customers of the Applicant – Contact with the Applicant's permission

13. Competitors⁶ - If you have other midwife clients, review file information from bank customers in similar lines of business. Otherwise, interview a midwife competitor. If you can't find another private practice midwife to talk to, interview a midwife or Ob/Gyne doctor at the local rural health unit (RHU) for market information.

⁶ These sources can provide a lot of information about midwife practices such as demand, competition, seasonality, prices, costs and other issues specific to this type of business.

Character Reference Checks of Christina

On the way to the site visit, you point out the sign “Christina’s Midwife Clinic” to a woman neighbor walking down the alley. She verifies that the clinic has been there for at least 3 years, and that Christina is well known in the community as a midwife as well as a source for advice on infant care and women’s health. The neighbor herself had two babies at Christina’s clinic.



The neighbor says that Christina’s husband helps her by cleaning the clinic and driving patients to the clinic in his tricycle, and sometimes to the hospital in case of emergency. Her husband works as a mechanic and also does odd jobs in the community such as repair work on cars and tricycles.

After the meeting, you visit the local pharmacy where Christina gets her pharmaceutical and medical supplies for her business. The owner confirms that he supplies Christina’s clinic. He typically allows her to pay 50% up front, and 50% after 15 days, and she always pays him on time.

You call the local midwife association of which she is a member. According to the association head, Christina is friendly, gets along well with people, and is a hard working person who supports herself, her husband, her mother, and her two children with the income from the clinic. She is very responsible and prides herself on keeping a clean and orderly clinic for her patients. She regularly attends association-meetings and has participated in the on-going professional training offered by the association. The association representative wholeheartedly recommends this applicant for a loan.

Christina has given you the name and contact number of the supplier who has offered to sell her supplies in bulk at a discounted price. You call the supplier and verify this information.

Lastly, you remember that Christina heard of your bank through a sari sari shop owner who is a borrower. You check that the borrower is in good standing. You call the borrower for a reference check, and the borrower confirms that his wife plans to give birth to their first child at Christina’s clinic. They had heard that Christina has a good reputation in the barangay.

Processing the Reference Check

Trainer :

Do participants have any questions?

Give the groups time to fill out the information in the Credit Analysis Report.

Is there anything missing?

Answer: Yes, checking out the competition.

The account officer should ask the borrower, and others, about competitors. If this is a new business type for the bank or account officer, then he/she should interview a competitor. Questions like the following should be asked [trainer should attempt to solicit these questions from the class, and tally them questions on a flipchart for easy reference]:

1. What products do you sell? What services do you provide? (compare with those of midwife to be sure that they are competing in this way. Think about how or if your applicant has a competitive advantage.)
2. Who are your clients – where do they live? What type of jobs do they have? (again to compare with your applicant.)
3. What prices do you charge?
4. What is your business cycle like? Which are the busy and slow months?

See if participants can think of any other questions that may be relevant to service or mixed product and service businesses or to midwife businesses in particular.

Information from a Competitor

You interview a private practice midwife in the neighboring barangay and learn that:



- The other midwife charges P2,500 for deliveries
- The other midwife has a smaller clinic, with a plastic sheet used as a temporary wall in the recovery area. The clinic isn't as clean as Christina's, and there is no sign marking it.
- The other midwife works full time in a government clinic, and spends only late afternoons and some weekends at her clinic.
- She opened her clinic because many women at the government clinic were asking her to assist deliveries for them in their home. There was growing demand, it seemed, and she was earning enough to refurbish a small room in her home for the clinic. For her, it is more convenient to do the deliveries at her own clinic, and more importantly, she could more easily control the cleanliness of the environment with her own clinic.
- Her clients are mainly women who come to the government clinic, but who happen to deliver outside of her usual working hours.
- The other midwife doesn't offer over the counter medicines, only family planning products for sale.
- The midwife confirms that most of her customers are married women of childbearing age who are unsatisfied with conditions at the government clinic. They feel safer at her clinic, and prefer to have their baby there rather than at home with the distraction of family and other children.

The midwife confirms the typical cost and retail prices of products sold by Christina.

Processing the Interview with a Competitor

Trainer:

From the information presented above participants should conclude that:

- the market for midwife services in this area is healthy and growing.
- Christina charges more for her services, but she offers better quality and convenience – she is available all the time, she offers more products, and her clinic is cleaner and more comfortable. Also, the competing midwife is in a neighboring barangay.
- The competitor has two advantages – lower prices (but this may indicate a different client group) and a constant source of clients from her job at the government clinic.

Loan Analysis and Structuring

Now it is time for the Account Officer to put it all together. Making a decision on whether or not to recommend a loan is much more than collecting information and making sure all the numbers add up. There is some analysis involved – analysis of financial and non-financial information.

Loan Analysis Exercise:

In your groups, review the Credit Analysis Report information and the inputs into the Cash Flow Analysis.

1. Analyze the non-financial information.
 - a. What factors do you consider in this process?
 - b. Why are they important to the credit decision?

2. Analyze the financial information
 - a. What is included in this analysis?
 - b. What are your group's conclusions about the applicant's debt capacity?

Trainer Processing Loan Analysis and Structuring Exercise

Trainer:

For this exercise, hand out the completed Credit Analysis Report and the Cash Flow Analysis **with the debt capacity analysis left blank** for the groups to use in their analysis.

Trainer should go around the room while groups are working to check and see how they are doing, helping them individually. After they have completed this exercise, review the chart below. Then, move on to the loan decision exercise.

Be sure that the following is covered in the groups' analysis

| Non-financial information includes: | Financial Information includes |
|---|---|
| Applicant character | Cash flow of business and home <ul style="list-style-type: none"> ▪ does current cash flow from the business and home support the loan request? |
| Market information: size of market, competition | Collateral offered <ul style="list-style-type: none"> ▪ this may be considered financial or non-financial depending on the value depending on whether it is marketable or more personally valuable to the borrower |
| Industry Characteristics | Balance Sheet – <ul style="list-style-type: none"> ▪ Does the applicant have sufficient equity invested in the business? ▪ Are the assets listed on the balance sheet, if necessary? ▪ Does the borrower have a reasonable debt level? ▪ Is the borrowed owed an unreasonable amount from past clients? (is there a problem with collecting accounts receivable?) |
| Economic environment | Supplier(s) – paid on time, costs of supplies to be purchased are verified |
| Information on suppliers | |

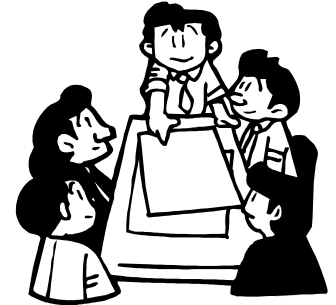
The Loan Decision

Christina has returned to talk about her loan request. Christina thought the loan approval process would be quick. She would like a loan as soon as possible.

You are relieved that your credit committee had met that morning and had come to a decision, so you could provide Christina with the answer.

Final Group Exercise:

In your groups, make a decision on whether or not to approve the loan, including the loan amount, collateral or guarantees required, the loan payment structure (daily, weekly, or monthly) and the loan term. Select a member of the group to present your decision.



1. If not already completed, complete the Credit Analysis Report and Cash Flow based on the information provided by the case study and your trainer.
2. What has your credit committee decided? Do you approve her loan request?
3. If yes, how much can she borrow? If not, why not?
4. Over what period of time?
5. What are the other terms and requirements of Christina related to the loan?
 - Why have you chosen these?
 - How will they help ensure repayment?

Hand out 5: Bangko Credito Sample Credit Analysis Report

PERSONAL DATA

Name of Applicant: CHRISTINA MARIA GOMEZ Age: 37
 Residence Address: 104 Gonzaga Street, San Jose, Panay Length of stay: 12 years
 Educational Attainment: 2nd year college, Midwifery Degree Birthplace: San Jose, Panay
 Name of Spouse: JOSE PENA Age: 38
 Occupation of Spouse: Mechanic (Gomez Car Repair), regular
 Educational Attainment: Vocational school graduate Birthplace: Iloilo City

Number of Dependents:

| Name | Age | School | Grade/Year | Remarks |
|-------------------|-----------|-----------------------------------|------------|-------------------------------------|
| <u>Maria Anne</u> | <u>10</u> | <u>San Jose Elementary School</u> | <u>5</u> | <u>Applicant's mother cares for</u> |
| <u>Pedro</u> | <u>8</u> | <u>San Jose Elementary School</u> | <u>3</u> | <u>Children after school</u> |

COURT CASES

| Court/Location | Case No. | Plaintiff | Date Filed | Remarks |
|-------------------------|-------------|------------|------------|------------|
| <u>Barangay records</u> | <u>NONE</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| <u>Municipal court</u> | <u>NONE</u> | | | |

CREDIT HISTORY AND REFERENCES

| Source of Loan | Loan Amount | Date Granted | Date Due | Amount & Frequency Of Installments | Status of Loan |
|----------------|---------------|----------------|-----------------|------------------------------------|-------------------|
| <u>Bombay</u> | <u>10,000</u> | <u>8/10/05</u> | <u>11/21/05</u> | <u>P100 daily</u> | <u>Fully paid</u> |

SAVINGS HISTORY

| Name/Address of Institution | Amount |
|---|--------------|
| <u>1. San Jose Credit Cooperative (share capital)</u> | <u>1,500</u> |
| <u>2.</u> | |
| <u>Total Savings</u> | <u>1,500</u> |

PROOF OF PAYMENT:

| Bills | Documents Supplied | Comments (on time, delinquent payment, etc.) |
|---------------------------------|---|--|
| <u>Water</u> | <u>August, September, October 05 ORs (# 3389979, # 3378821, #3395468)</u> | <u>On-time</u> |
| <u>Electricity</u> | <u>August, September, October 05 ORs (# 2456788, #2498027, # 2502267)</u> | <u>On-time</u> |
| <u>Telephone</u> | <u>Global mobile phone bill paid</u> | <u>On-time</u> |
| <u>Installment Plan</u> | | |
| <u>Mortgage/Rental payments</u> | <u>Receipt from Tax authorities</u> | <u>On-time</u> |
| <u>Loan payments</u> | <u>records of loan payments (Bombay)</u> | <u>On-time</u> |
| <u>Others</u> | | |

REAL PROPERTIES OWNED:

| Description | Reg. No. | Area | Location | Improvements | Current Value | Remarks |
|--------------|----------|-----------------|------------------------|------------------------------|-----------------|----------------------|
| <u>House</u> | | <u>1,250 ft</u> | <u>104 Gonzaga St</u> | <u>Renovated Clinic Room</u> | <u>P200,000</u> | <u>Tax docs only</u> |
| | | | <u>San Jose, Panay</u> | <u>TOTAL</u> | <u>P200,000</u> | |

PERSONAL PROPERTIES (Household appliances, transportation equipment, farm equipment, etc.)

| Description | Date Acquired | Acquisition Cost | Current Value | Outstanding Balance |
|----------------------------|---------------|------------------|---------------|---------------------|
| TV | Dec-02 | 15,000 | 5,000 | 0 |
| Refrigerator | Mar-01 | 15,000 | 7,000 | 0 |
| CD player (mini-component) | Dec-03 | 10,800 | 7,500 | 0 |
| Tricycle | Nov-99 | 65000 | 32500 | |
| | | TOTAL | 52000 | |

MAIN BUSINESS ACTIVITY

Type of Business : Midwife Clinic No. of years in the business: 3 yrs.
 Location of Business: Home-based
 Type of shop or stall: None/Temporary At home/permanent In or near the public
 (check) structure structure X market, permanent
 Business space: Owned: X Rented: _____ If rented, have lease contract? (Y/N) _____
 Type of Goods Produced/Merchandise/Services Provided: Deliveries of babies, mother and child health services, family planning

BUSINESS ASSETS & INVENTORY

| Type/Description | Quantity | Unit Price | Total Value |
|--|----------|------------------|---------------|
| <u>Business Assets / Supplies</u> | | | |
| Birthing bed (a.k.a. steer-up table) | 1 | 25,000 | 8,000 |
| oxygen tank | 1 | 13500 | 13,500 |
| shelf | 1 | 10800 | 10,800 |
| Examination Table | 1 | 4320 | 4,320 |
| Medical Tools | 15 | 1080 | 16,200 |
| Stethoscope | 1 | 3500 | 3,500 |
| Baby scale | 1 | 2700 | 2,700 |
| Thermometers | 2 | 400 | 800 |
| bandages | 8 | 110 | 880 |
| sterile gloves | 50 | 15 | 750 |
| sterile needles | 25 | 165 | 4,125 |
| desk | 1 | 2700 | 2,700 |
| chairs | 2 | 1620 | 3,240 |
| | | Sub-Total | 71,515 |
| <u>Stock for Resale</u> | | | |
| Prenatal vitamins | 15 | 210 | 3,150 |
| Baby & child vitamins | 20 | 180 | 3,600 |
| pain medicine | 12 | 150 | 1,800 |
| earrings | 20 | 200 | 4,000 |
| baby medicine for teething | 6 | 70 | 420 |
| pregnancy tests | 10 | 205 | 2,050 |
| injectible contraceptives | 15 | 150 | 2,250 |
| pill cycles | 14 | 180 | 2,520 |
| condoms | 50 | 5 | 250 |
| baby vaccines | 25 | 250 | 6,250 |
| | | Sub-Total | 26,290 |
| | | Total | 97,805 |

BALANCE SHEET

| ASSETS | | LIABILITIES AND NETWORTH | |
|--------------------------------------|---------|-------------------------------|---------|
| Cash on hand | 500 | Loan Payables | 0 |
| Bank Deposits (<i>Credit coop</i>) | 1,500 | Other payables | 1,250 |
| Accts. Receivable | 2,500 | | 0 |
| Real Properties | 200,000 | TOTAL LIABILITIES | 1,250 |
| Personal Assets | 52,000 | TOTAL NET WORTH | 350,355 |
| Business Assets | 95,105 | | |
| TOTAL ASSETS | 351,605 | TOTAL LIABILITIES & NET WORTH | 351,605 |

SALES:

Frequency of sales/income from business (daily, weekly or monthly): Daily
 Gross sales (daily/weekly/monthly) High P55,000 Low P25,000 Normal P40,000
 % of credit sales to total sales: 5-10% (gives partial credit) on deliveries if family can't pay it all at once/)

BUSINESS TRENDS:

Peak Months : August – Oct. Slow Months: April-May Regular Months: Rest of year

WORKING CAPITAL:

How often do you buy stocks/raw materials? Monthly or as-needed
 How much do you normally spend each time? P15,000 - 18,000 per month
 Where do you usually get your stocks? Pharmaceutical distributor, retail pharmacy in town
 Do you get your stocks on cash, credit or consignment basis? Cash

CASH FLOW ANALYSIS (See attached sheet)

RESULTS OF INTERVIEW WITH CREDITORS/SUPPLIERS

| FOR SUPPLIER/CREDITOR ONLY | Supplier/Creditor 1 <i>JOSIE PATINA, Wyeth Pharmaceuticals</i> | Supplier/Creditor 2 <i>REYMUNDO CARLOTTA, Mercury Drugs, pharmacist and store manager</i> |
|---|---|--|
| 1. How long have you known the applicant? | <i>10 years</i> | <i>Over 2 years</i> |
| 2. Are you a relative of the applicant? | <i>No</i> | <i>No</i> |
| 3. How long have the applicant been purchasing/borrowing from you? | <i>3 years</i> | <i>More than 2 years</i> |
| 4. Based on your experience, is he/she reliable/unreliable borrower? | <i>Yes</i> | <i>Yes</i> |
| 5. Did you have Any problem collecting from the applicant? If yes, why? | <i>No, she always pays in cash</i> | <i>No, she pays in cash</i> |
| Date of Interview | <i>11/25/05</i> | <i>11/25/05</i> |

| RESULT OF INTERVIEW WITH CHARACTER REFERENCES | |
|--|---|
| Name and Address of Barangay Official (indicate position) and Date of Interview | <i>PAULA MARIA SANTOS, Barangay Secretary, Bgy. Poblacion 3, San Jose 11/30/05</i> |
| 1. Are you a relative of the applicant | No |
| 2. How long has the applicant lived in the community? | More than 10 years |
| 3. Has the applicant been involved in a legal case or dispute? If yes, what is it? | <i>None that I know of.</i> |
| 4. How would you assess the character of the applicant? | <i>Both she & her husband are known to be hard-working, religious, and get along well with others</i> |
| 5. Do you know if he/she has vices? | None that I know of. |
| 6. Is he/she known to borrow loans? | No. |
| 7. Is he/she known to be a reliable/unreliable borrower? | <i>It would seem so, since she is known to be a good and reliable person in the community.</i> |

| RESULT OF INTERVIEW WITH CHARACTER REFERENCES | |
|--|--|
| Name and Address of CO-MAKER, Occupation, and Date of Interview | <i>CATARINA MEDINA, nurse, government hospital of San Jose, 11/28/05</i> |
| 1. Are you a relative of the applicant | <i>No, we have been friends since childhood</i> |
| 2. How long has the applicant lived in the community? | About 12 years |
| 3. Has the applicant been involved in a legal case or dispute? If yes, what is it? | No |
| 4. How would you assess the character of the applicant? | She's an honest, sincere person |
| 5. Do you know if he/she has vices? | None |
| 6. Is he/she known to borrow loans? | Occasionally, for her business |
| 7. Is he/she known to be a reliable/unreliable borrower? | Reliable. She always pays back her debts on time |
| 8. Would you willing to guarantee for his/her loan? | Yes |
| 9. Would you be willing to lend him/her money out of your own pocket? | Yes |

| RESULT OF INTERVIEW WITH CHARACTER REFERENCES | |
|--|---|
| Name and Address OF CO-MAKER, Occupation, and Date of Interview | <i>NORINA TOLEDO, Head, Panay Chapter of Midwife Association 11/30/05</i> |
| 1. Are you a relative of the applicant | No. |
| 2. How long has the applicant lived in the community? | <i>More than 10 years, I think.</i> |
| 3. Has the applicant been involved in a legal case or dispute? If yes, what is it? | No |
| 4. How would you assess the character of the applicant? | <i>She's a reliable, good person and a respected midwife.</i> |
| 5. Do you know if he/she has vices? | None |
| 6. Is he/she known to borrow loans? | <i>Yes, for her business</i> |
| 7. Is he/she known to be a reliable/unreliable borrower? | <i>She is known to be reliable and trustworthy – a good borrower.</i> |
| 8. Would you willing to guarantee for his/her loan? | Yes |
| 9. Would you be willing to lend him/her money out of your own pocket? | Yes |

| RESULT OF INTERVIEW WITH CHARACTER REFERENCES | |
|--|--|
| Name and Address of NEIGHBOR, Occupation, and Date of Interview | <i>JOSEPH CASTANZA, Sari-sari shop owner 11/29/05</i> |
| 1. Are you a relative of the applicant | <i>No</i> |
| 2. How long has the applicant lived in the community? | <i>More than 10 years</i> |
| 3. Has the applicant been involved in a legal case or dispute? If yes, what is it? | <i>None</i> |
| 4. How would you assess the character of the applicant? | <i>She's friendly and good natured (mabait)</i> |
| 5. Do you know if he/she has vices? | <i>None</i> |
| 6. Is he/she known to borrow loans? | <i>Yes. She borrows from a Bombay.</i> |
| 7. Is he/she known to be a reliable/unreliable borrower? | <i>Yes</i> |
| 8. Would you willing to guarantee for his/her loan? | <i>Yes</i> |
| 9. Would you be willing to lend him/her money out of your own pocket? | <i>Yes</i> |
| RESULT OF INTERVIEW WITH CHARACTER REFERENCES | |
| Name and Address of NEIGHBOR, Occupation, and Date of Interview | <i>ERLINDA CORRABA, housewife 11/30/05</i> |
| 1. Are you a relative of the applicant | <i>No</i> |
| 2. How long has the applicant lived in the community? | <i>Matagal na. More than 10 years already.</i> |
| 3. Has the applicant been involved in a legal case or dispute? If yes, what is it? | <i>No</i> |
| 4. How would you assess the character of the applicant? | <i>Mabait. Masipag. She delivered my second baby for me.</i> |
| 5. Do you know if he/she has vices? | <i>None</i> |
| 6. Is he/she known to borrow loans? | <i>Sometimes. From a Bombay.</i> |
| 7. Is he/she known to be a reliable/unreliable borrower? | <i>Yes</i> |
| 8. Would you willing to guarantee for his/her loan? | <i>Yes</i> |
| 9. Would you be willing to lend him/her money out of your own pocket? | <i>Yes</i> |
| ACCOUNT OFFICER'S OTHER OBSERVATIONS, CONCLUSIONS AND RECOMENDATIONS | |
| <p>Mrs. Gomez keeps a record of her loan payments in a notebook. This record shows that Mrs. Gomez indeed pays her daily installment payments regularly, and had fully repaid her last loan with the Bombay.</p> <p>Mr. Gomez is fully aware of her wife's loan application at the bank, and is fully supportive of her wife's plan to borrow form the bank. He claimed that they need additional capital for expanding their products offered and replacing old equipment. They prefer to borrow from the bank because of its much lower interest. The undersigned observed that at the time his visit, the midwife clinic had many clients. Clients claimed that Ms. Gomez has a friendly manner, keeps her clinic clean and well-stocked, and provides gentle, good services to them and their babies.</p> <p>Based on the information presented in this report, the undersigned believes that Mrs. Gomez possesses a good moral character, a good credit record, a vibrant business, and is, therefore, eligible to borrow under the bank's microfinance program.</p> <p>Based on an analysis of the applicant's cash flow, the undersigned respectfully recommends the approval of a P40,000 loan to Mrs. Gomez, payable within three months, in weekly installments.</p> <p>I hereby certify that all the information stated in the Credit Investigation Report are true and correct and that I shall be held responsible for any misrepresentation.</p> | |
| December 1, 2007 (Date) | TERESA TENNARIO (Account Officer) |

Hand out 6: CASH FLOW ANALYSIS, CHRISTINA GOMEZ

| Item | Daily | Weekly | Monthly | MONTHLY TOTALS |
|--|-----------|-------------|---------------|----------------|
| Income from Business | | | | |
| Business 1: <i>Midwife Clinic</i> | | | 37000 | 37,000 |
| Business 2: | | | | 0 |
| Business 3: | | | | 0 |
| Total Business Income | 0 | 0 | 37000 | 37,000 |
| Business Expenses | | | | |
| Raw Materials/Purchase | | | | |
| Business 1: <i>Midwife Clinic</i> | | | 18000 | 18,000 |
| Business 2: | | | | |
| Business 3: | | | | |
| Salaries and Wages: <i>Clinic Assistant</i> | | 500 | | 2,167 |
| Salaries and Wages: <i>Assistant Midwife</i> | | | 450 | 375 |
| Rent | | | | |
| Utilities | | | 550 | 550 |
| Transportation Expenses | | | 400 | 400 |
| Fuel | | | | |
| Business Taxes & Licenses | | | | 400 |
| Other Business Expenses | | | | 200 |
| Total Business Expenses | | 500 | 19,400 | 22,092 |
| NET BUSINESS INCOME | | -500 | 17,600 | 14,908 |
| Other Household Income | | | | |
| Salaries & Wages (<i>Husband's take-home pay</i>) | | | 21,600 | 21,600 |
| Pension | | | | |
| Remittances from other family members | | | | |
| Other Income Sources | | | | |
| Total, Other Household Income | 0 | 0 | 21,600 | 21,600 |
| TOTAL BUSINESS & HH INCOME | 0 | -500 | 39,200 | 36,508 |
| HOUSEHOLD EXPENSES | | | | |
| Food (<i>Husband's snacks at work</i>) | 30 | | | 650 |
| House Rent | | | | |
| Education and School Allowance | 15 | | 150 | 2125 |
| Utilities | | | 300 | 300 |
| Transportation (<i>Husband's transp. fare to work</i>) | 25 | | | 542 |
| Medical Expenses | | | | |
| Insurance premium / Association Dues | | | 50 | 600 |
| Other Loan Payments | | | 0 | 0 |
| Other Expenses (<i>Groceries</i>) | | 600 | | 2,600 |
| Sub-Total | 70 | 600 | 500 | 6,817 |
| Add: Miscellaneous Expenses (10%) | 7 | 60 | 50 | 682 |
| Total Household Expenses | 77 | 660 | 550 | 7,498 |



| | | | | |
|-------------------------------------|------------|---------------|---------------|---------------|
| NET BUSINESS & HH INCOME | -77 | -1,160 | 38,650 | 29,010 |
|-------------------------------------|------------|---------------|---------------|---------------|

| | | | | |
|--|--------------|--|------------|--|
| Debt Capacity Analysis | | | | |
| Amount available for debt service (monthly) | 29,010 | | | |
| Adjusted Debt Capacity @ 25 - 50% for first time borrower | 10,879/month | | 2,510/week | |
| Max. Loan Amount for 3 months/ 91 days / 13 weeks | 32,636 | | | |

Handout 7: Site Visit Checklist for Lenders

Account officers may use the following checklist to be sure that they have gathered all relevant information during a site visit.

As each task is completed or information is collected, it may be checked off the list. Be sure to write in any comments or other relevant information that may not be listed here.

Note that this checklist should be complemented by:

1. the Credit Analysis report, in which most of the information collected is recorded;
2. the Cash Flow Analysis worksheet, where financial information on the cash inflows and outflows of the business and home is recorded; and
3. the Banking on Health List of Requirements for Private Practice Midwives in the Philippines

- Verify address/location of business

- Site conditions - Compare cleanliness, orderliness with other businesses of the same type.
___Very Good ___Good ___Average ___Poor

- Stock - Tally stock levels and verify value with applicant.

- Equipment
___ Applicant has all the equipment needed to run the current business
___ Equipment offered as collateral is present, ownership, condition and value confirmed.

- Business conditions
___ Client(s) activity / sales are witnessed which match applicant's description of business flow. Note number/value of clients/sales witnessed during site visit:_____.

___ Applicant and/or employees appear to be performing services, providing products as described in loan application.

Business Location

___ Business location is easily accessible for clients

___ Business is marked by a sign.

Market information & Competition

___ Business is located in/near a sizable market of clients.

___ Market opportunities perceived, described by applicant:

___ Possible threats to business in the market:

Competition

| Competitors in area consist of | Applicant's advantage over competitors |
|--------------------------------|--|
| 1. | |
| 2. | |
| 3. | |

Bookkeeping

___ Client keeps records, which confirm cash flow information given verbally

___ Client doesn't keep formal records, but has receipts and other information to confirm cash flow information collected.

___ Client doesn't keep any records of financial or business activity.

___ Records of past and current loans collected and verified

___ Past paid bills collected and verified

___ Bank account information collected and verified

___ Stock levels verified in stock records.

Financial Records

- ___ Tax records from the last period collected
- ___ No tax records are submitted by this business
- ___ Management's balance sheet collected
- ___ Management's income statement collected
- ___ Management's informal financial records collected

Other documentation

- ___ Tax documents for property collected/verified
- ___ Ownership documents for property collected/verified
- ___ Ownership documents for other assets verified
- ___ Other _____

Cash flow information

- ___ Accounts receivable information collected
- ___ Accounts payable information collected
- ___ Typical payment terms of clients _____
- ___ Typical payment terms of suppliers _____
- ___ Payment terms for employees, if applicable _____
- ___ Payment terms of any outstanding debts _____
- ___ Home / personal cash inflow and outflow information collected

Certifications

- ___ Applicant has the required business certifications for current business operations.
- ___ Applicant has the required, up-to-date, professional certifications to perform services and dispense products for current business operations.
- ___ Applicant has the required business certifications for new, planned business operations.
- ___ Applicant has the required, up-to-date, professional certifications to perform services and dispense products for new, planned, business operations.

- Other information specific to business type
___ Applicant is member of local midwife professional association: Name of association and contact person _____

- Personal Information about Applicant
___ Family information verified
___ Spouse is supportive of loan and business
___ Other _____

- Management Capacity
___ Applicant has personable, appropriate manner with clients and employees
___ Applicant appears organized, comfortable in business
___ Applicant has well-conceived plan for business

- Employees
___ Number of employees seen at site visit: _____
___ Employees appear content
___ Employees appear busy

- Character and business references
___ Confirmed character, length of time in neighborhood with neighbor or client
Number of personal references collected ____
Number still needed _____
___ Collected name and contact information of relevant supplier (s)
Number of business references collected ____
Number still needed ____
___ Collected local government official name and contact information as a reference

List of Attachments

Attachment 1: List of Legal and Clinical Requirements of Private Practice Midwives in the Philippines

Attachment 2: List of Midwife Associations

Attachment 3: List of Legal Requirements of Private Practice Midwives in the Philippines with Sample Certificates



Attachment 1: LIST OF LEGAL CLINICAL REQUIREMENTS OF MIDWIVES IN PRIVATE PRACTICE

| | CERTIFICATION | TRAINING REQUIREMENTS | SERVICES ALLOWED TO PERFORM | PRODUCTS ALLOWED TO PRESCRIBE / SELL |
|--|--|---|---|---|
| Home Deliveries | <ul style="list-style-type: none"> ▪ Diploma / Certificate ▪ Professional License | <ul style="list-style-type: none"> ▪ 2 year degree in midwifery course ▪ Post graduate course <ul style="list-style-type: none"> - Suturing perineal lacerations (1st and 2nd degree) - Intra Venous Fluid (IVF) insertion | <ul style="list-style-type: none"> • Normal Spontaneous Delivery (NSD) • Immediate care of newborn <ul style="list-style-type: none"> - Give Vitamin K (intramuscularly) - Eye prophylaxis • Suture perineal laceration (1st and 2nd degree) • Insert IV fluid | |
| Home Deliveries with Family Planning product preceptor | <ul style="list-style-type: none"> ▪ Diploma / Certificate ▪ Professional License ▪ 6 weeks comprehensive training | <ul style="list-style-type: none"> ▪ 2 year degree in midwifery course ▪ Post graduate course <ul style="list-style-type: none"> - Suturing perineal lacerations (1st and 2nd degree) - Intra Venous Fluid (IVF) insertion Basic comprehensive Family Planning <ul style="list-style-type: none"> - IUD insertion - IUD removal - Pill dispensing - DMPA (Depomedroxy Progesterin Acetate) | <ul style="list-style-type: none"> • Normal Spontaneous \delivery (NSD) • Immediate care of newborn <ul style="list-style-type: none"> - Give Vitamin K (intramuscularly) - Eye prophylaxis • Suture perineal laceration (1st and 2nd degree) • Insert IV fluid • Insert / Remove IUD • Dispense pill • Inject DMPA | <ul style="list-style-type: none"> - Pill and Over the counter product |
| Home Deliveries with Family Planning product preceptor and child vaccine | <p>Note : Under the existing Midwifery Law (RA 7392) a registered midwife is allowed to give Vitamin K to newborn . Immunization (BCG, DPT, Measles vaccine) is given at the health Center , Midwives in private practice (with Birthing Home and back-up support from doctor) can give vaccine .</p> | | | |



Attachment 2: List of Midwife Associations

National Associations

Integrated Midwives Association of the Philippines (IMAP)
Patricia Mines Gomez, R.M., BCHS, President
Pinaglabanan corner Ejercito St., San Juan, Manila
Telephone no:724-48-49
Email: imap@mozcom.com

Philippine League of Government and Private Midwives Incorporated
Ms. Cecille Santos, President
T: 415-8439; 376-2771
Email: Asec_santos@yahoo.com

Regional Associations and Chapters

NCR

Ms. Linda Congresso
President, United Midwives Association, Quezon City
Tel: 428 2927
Cell: 09192463425

Region VI

Ms. Marte Soperio, Regional IMAP President, Region VI
Cell: 0916 4968841

Ms. Ramona David, President in Aclan, IMAP
Cell: 09173366733

Dr. Alice Sanz De La Gente
Administrator, Integrated Midwives Association of the Philippines (IMAP)
Foundation School of Midwifery
43 Burgos Street, Lapaz, Iloilo City
Telefax: (033) 329-74-55
Email: imapschool@pldtvive.net

Region VII

Ms. Getrudes Calzada, IMAP Regional President
Cell: 09174686717

Ms. Corazon Paras, Bohol IMAP Midwife Association President



Cell: 09176186392

Region XII

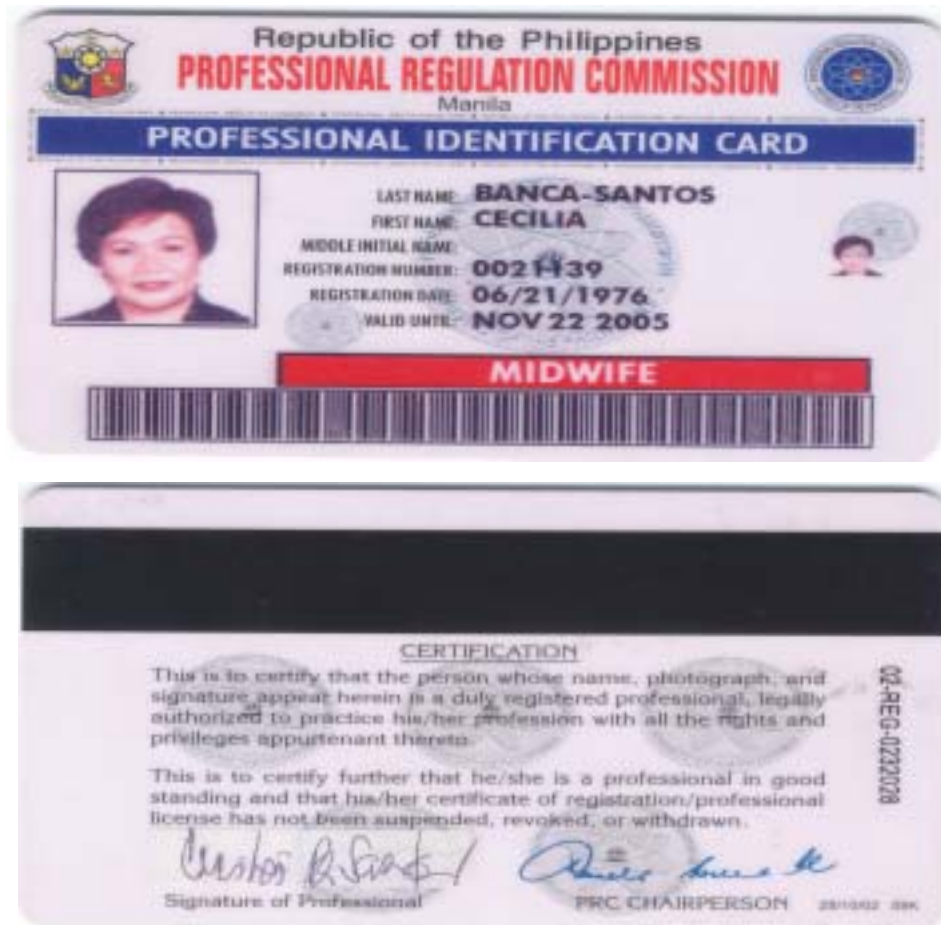
Aurora Badunando, IMAP Regional President

IMAP Contact: Rebecca Valdivia, Tel: 082 296 2351

Linda Padilla, Clinic Manager and Head of APMID Midwife Association

**LIST OF LEGAL
REQUIREMENTS OF
MIDWIVES IN
PRIVATE PRACTICE /
FACILITY
(PHILIPPINE SETTING)**

Professional License



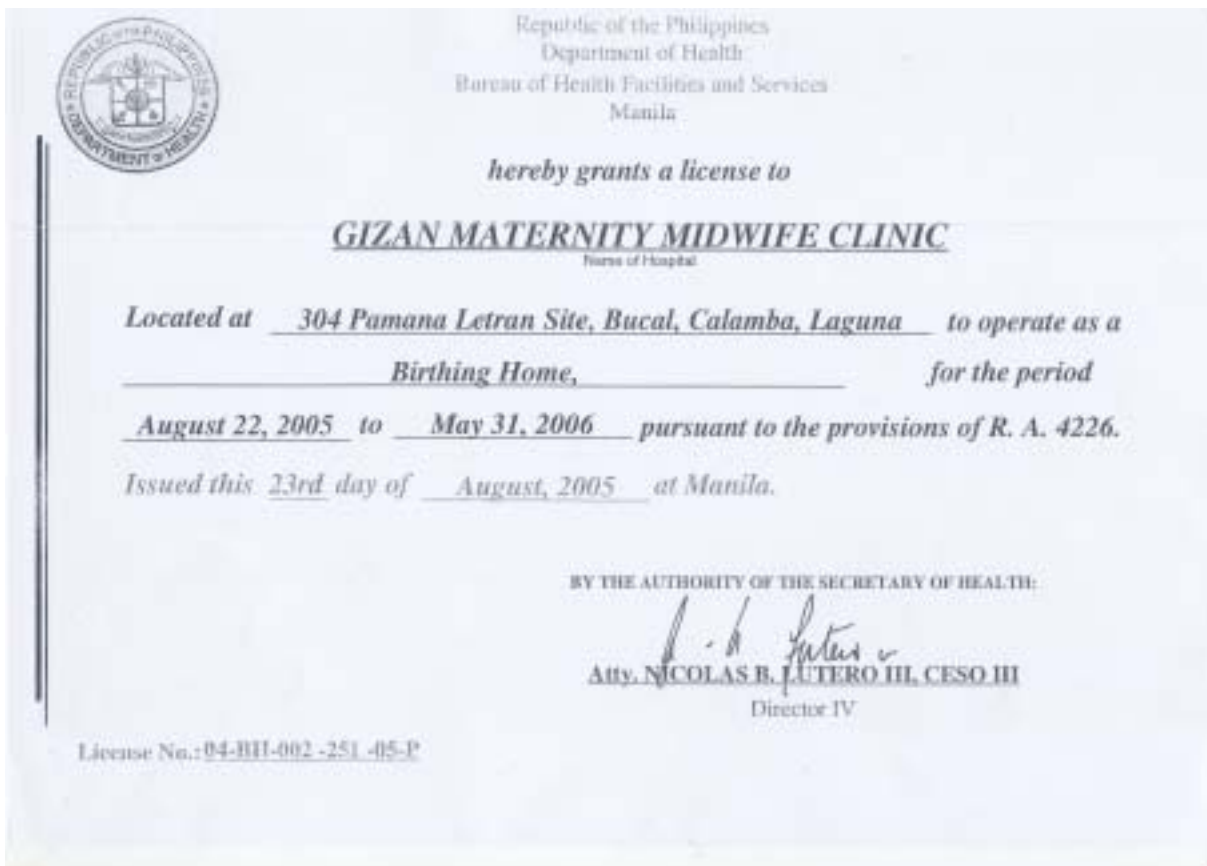
Issued by the Professional Regulation Commission (PRC) to a midwife who passed the licensure examination given by the Board of Midwifery, PRC. It is also one of the requirements needed in opening a birthing home and is required by Philhealth in order to avail the Maternity Care Package for normal spontaneous delivery. License is valid for three (3) years. This year renewal fee is Php 540 pesos.

Certificate of Completion for Comprehensive Training



A six (6) week comprehensive training course which entitles the midwives to offer services such as IUD insertion, removal, pill dispensing, natural family planning and Depomedroxy-acetate (DMPA) injectable.

Certificate of Accreditation : Birthing Home




The Bureau of Health Facilities, Department of Health (DOH) gives accreditation to birthing home regardless of bed capacity. As defined in the inspection tool it is a health facility that provides maternity services or pre-natal and post-natal care, normal spontaneous delivery and care of new born babies. Birthing home and lying-in can be used interchangeably but for the purpose of using inspection tool the former was given preference.

Schedule of fees for Birthing Home

1. Permit to construct : Php 300
2. License : Php 750 (initial)
Php 375 (renewal)

Bureau Circular No. 002 S 2005


Republic of the Philippines
Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES
Bldg. 10, San Carlos Compound, Quezon Ave., Quezon City

Date: 7, 2005

BUREAU CIRCULAR
No. 002 S 2005

TO: ALL DIRECTORS, THE CENTERS FOR HEALTH DEVELOPMENT, REGULATORY OFFICERS, OWNERS/ADMINISTRATORS OF BIRTHING HOMES, AND OTHERS CONCERNED


SUBJECT: Licensure Standards for Birthing Homes

Permittal to Administrative Order No. 147 s. 2004 "Amending Administrative Order No. 70-A s. 2002 re: Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and Other Health Facilities in the Philippines", the Licensure standards for Birthing Homes were reviewed and revised by the Bureau of Health Facilities and Services (BHFS) in consultation with various stakeholders. The new licensure standards are incorporated in the attached Inspection Tool for Birthing Homes.

The Regulatory Offices of the BHFS and the Centers for Health Development shall use the said Inspection Tool in the licensure and regulation of Birthing Homes.

The Inspection Tool shall be made available to the general public by posting in the Department of Health's official website www.doh.gov.ph.

This Circular shall take effect immediately.


ATTY. NICOLAS B. LUTERO III, CESO III
Director IV

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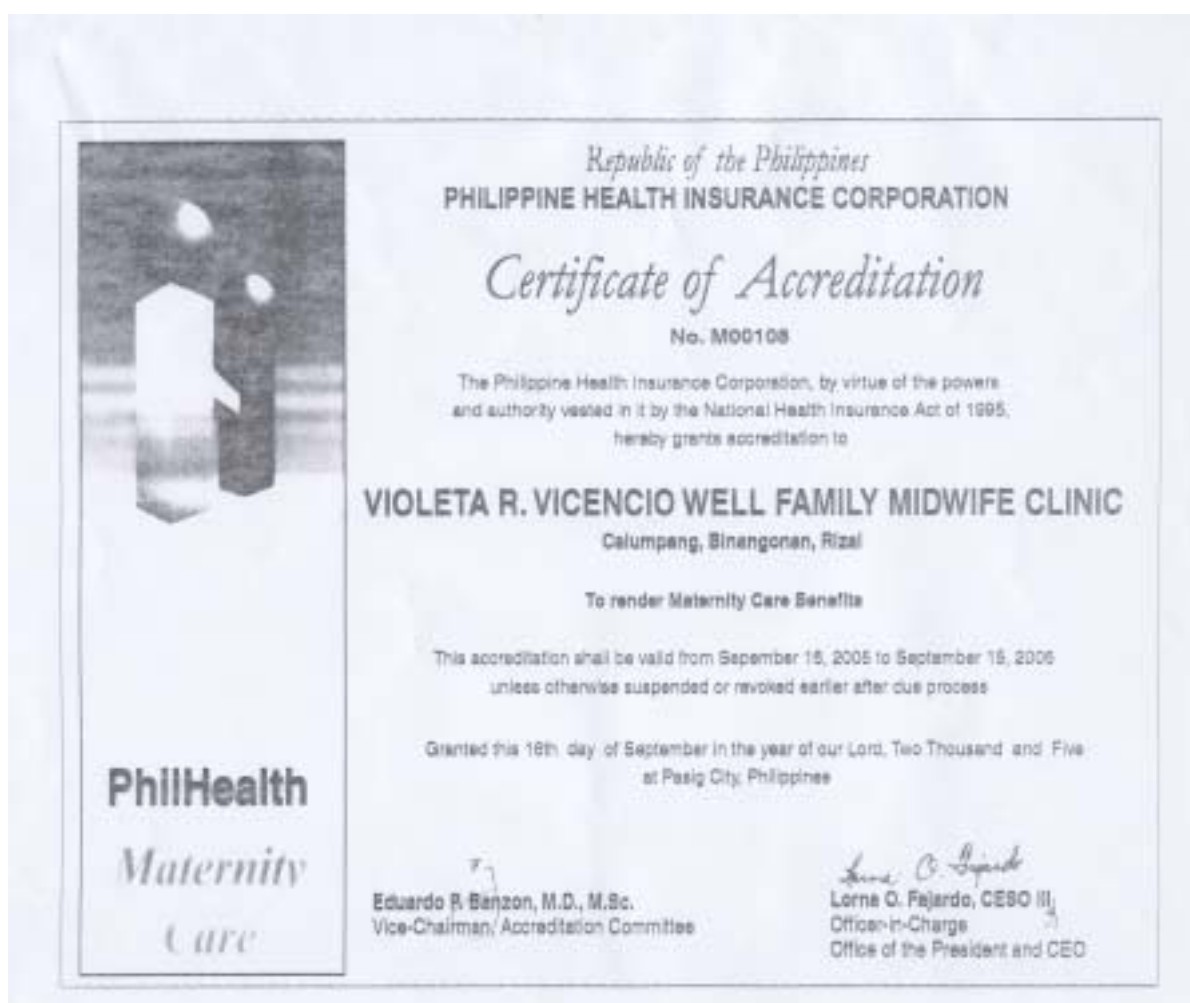
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Philhealth Certificate of Accreditation



Philhealth Accreditation ID



Issued to a midwife once application for accreditation has been approved. Accreditation entitles the midwives, the Philhealth maternity care. Package for Normal Spontaneous Delivery (NSD). A case rate of 4,500 pesos shall be paid to a midwife. This package shall only be limited to the first two (2) normal deliveries.

**PHILHEALTH APPLICATION
FOR
ACCREDITATION
(Front)**

The image shows a document titled "PHILHEALTH APPLICATION FOR ACCREDITATION (Front)". The document is a form with multiple sections and tables. The text is extremely blurry and low-resolution, making it impossible to read. The form appears to have several columns and rows, possibly for data entry or reporting. There are some faint headers and sub-headers visible, but no specific content can be discerned.

PHILHEALTH APPLICATION FOR ACCREDITATION (Back)

The image shows a document that is extremely faded and blurry. It appears to be a form with multiple sections, possibly containing text, tables, and checkboxes. The content is illegible due to the low resolution and blurriness of the scan.

A midwife shall submit as accomplished application for accreditation and all required documents to the Accreditation Department either to the Regional or Phil Health Central Office. A fee of 500 pesos shall be paid upon initial or renewal of accreditation. The validity period of accreditation shall be for three (3) years renewable on the anniversary date. For renewal of accreditation application shall be filed within 31 calendar days before the ninety (90) calendar days prior to the examination of the existing accreditation.

**PHILHEALTH APPLICATION
FOR
ACCREDITATION
(Last Page)**



**PHILHEALTH APPLICATION
FOR
ACCREDITATION OF MIDWIVES
(Page 1)**

The image shows a document with a header section at the top containing a logo and some text. Below the header is a large table with multiple columns and rows. The text and data within the table are extremely pixelated and blurry, making them completely illegible. The table appears to be a structured form for data entry, possibly for accreditation purposes.

**PHILHEALTH APPLICATION
FOR
ACCREDITATION OF MIDWIVES
(Page 2)**



**PHILHEALTH APPLICATION
FOR
ACCREDITATION OF MIDWIVES
(Page 3)**



Permit / License issued by the Local Government Unit (Included is the Inspection Tool for Birthing Home)


Building Permit

- Plumbing, electrical, and mechanical permits
- Fire Safety Permit
- Fire Safety Inspection Certificate
- Sanitary Permit
- Certificate of Occupancy
- Water Source Analysis

Building permit is issued by the engineering department of the Local Government Unit. Certificates and permits are renewable yearly. Fee is more or less 600 pesos. The Municipal Health Officer (MHO) issues sanitary permit.


Certificate of occupancy is given after and ocular inspection on the site to verify whether the application confirms the actual specification of the building applied for.

Building Permit (Front)



Republic of the Philippines
Municipality of San Juan, Metro Manila

OFFICE OF THE BUILDING OFFICIAL



DPWH Form No. TB-001-B

APPLICATION NO.

AREA CODE 7405-A

BUILDING PERMIT

ORIGINAL RENEWAL

PERMIT NO.

DATE OF APPLICATION _____

DATE ISSUED _____

BOX 1 (TO BE ACCOMPLISHED BY DESIGNING ARCHITECT/CIVIL ENGINEER IN PRINT)

| | | | | | |
|---|-----|--|------------|---|---------------|
| NAME OF OWNER/APPLICANT | | LAST NAME | FIRST NAME | MIDDLE INITIAL | TAX ACCT. NO. |
| FOR CONSTRUCTION OWNED BY AN ENTERPRISE | | FORM OF OWNERSHIP | | MAIN ECONOMIC ACTIVITY/KIND OF BUSINESS | |
| ADDRESS: | NO. | STREET | BARANGAY | CITY/MUNICIPALITY | TELEPHONE NO. |
| LOCATION OF INSTALLATION | NO. | STREET | BARANGAY | CITY/MUNICIPALITY | |
| SCOPE OF WORK | 2 | <input type="checkbox"/> ADDITION OF _____ | | OTHERS (SPECIFY) _____ | |
| NEW INSTALLATION | 3 | <input type="checkbox"/> REPAIR OF _____ | | | |
| | 4 | <input type="checkbox"/> RENOVATION OF _____ | | 6 <input type="checkbox"/> _____ OF _____ | |
| 1 <input type="checkbox"/> NEW CONSTRUCTION | 5 | <input type="checkbox"/> DEMOLITION OF _____ | | 7 <input type="checkbox"/> _____ OF _____ | |

USE OR TYPE OF OCCUPANCY.

| | |
|---|---|
| <p>RESIDENTIAL</p> <p>11 <input type="checkbox"/> SINGLE</p> <p>12 <input type="checkbox"/> DUPLEX</p> <p>13 <input type="checkbox"/> ROWHOUSE/ACCESSORIA</p> <p>10 <input type="checkbox"/> OTHERS (SPECIFY) _____</p> <p>COMMERCIAL</p> <p>21 <input type="checkbox"/> BANK</p> <p>22 <input type="checkbox"/> STORE</p> <p>23 <input type="checkbox"/> HOTEL/MOTEL, ETC.</p> <p>24 <input type="checkbox"/> OFFICE/CONDOMINIUM/BUSINESS OFFICE BUILDING</p> <p>25 <input type="checkbox"/> RESTAURANT, ETC.</p> <p>26 <input type="checkbox"/> SHOP (e.g. DRESS SHOP, TAILORING SHOP, BARBER SHOP, ETC.)</p> <p>27 <input type="checkbox"/> GASOLINE STATION</p> <p>28 <input type="checkbox"/> MARKET</p> <p>29 <input type="checkbox"/> DORMITORY OR OTHER LODGING HOUSE</p> <p>30 <input type="checkbox"/> OTHERS (SPECIFY) _____</p> <p>OTHER CONSTRUCTION</p> <p>60 <input type="checkbox"/> (SPECIFY) _____</p> <p>STREET FURNITURE, LANDSCAPING & SIGNBOARDS</p> <p>71 <input type="checkbox"/> PARKS, PLAZAS, MONUMENTS, POOLS, PLANT BOXES, ETC.</p> <p>72 <input type="checkbox"/> SIDEWALKS, PROMENADES, TERRACES, LAMPPOSTS, ELECTRIC POLES, TELEPHONE POLES, ETC.</p> <p>73 <input type="checkbox"/> OUTDOOR ADS, SIGNBOARDS, ETC.</p> <p>74 <input type="checkbox"/> FENCE ENCLOSURE</p> | <p>INDUSTRIAL</p> <p>31 <input type="checkbox"/> FACTORY/PLANT</p> <p>32 <input type="checkbox"/> REPAIR SHOP, MACHINE SHOP</p> <p>33 <input type="checkbox"/> REFRINERY</p> <p>34 <input type="checkbox"/> PRINTING PRESS</p> <p>35 <input type="checkbox"/> WAREHOUSE</p> <p>INSTITUTIONAL</p> <p>41 <input type="checkbox"/> SCHOOL</p> <p>42 <input type="checkbox"/> CHURCH AND OTHER RELIGIOUS STRUCTURES</p> <p>43 <input type="checkbox"/> HOSPITAL OR SIMILAR STRUCTURES</p> <p>44 <input type="checkbox"/> WELFARE AND CHARITABLE STRUCTURES</p> <p>45 <input type="checkbox"/> THEATER, AUDITORIUM, GYMNASIUM, COURT</p> <p>40 <input type="checkbox"/> OTHERS (SPECIFY) _____</p> <p>AGRICULTURAL</p> <p>61 <input type="checkbox"/> BARN(S), POULTRY HOUSE(S), ETC.</p> <p>52 <input type="checkbox"/> GRAIN MILL</p> <p>50 <input type="checkbox"/> OTHERS (SPECIFY) _____</p> <p>30 <input type="checkbox"/> OTHERS (SPECIFY) _____</p> |
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BOX 2 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

BUILDING DOCUMENTS (FIVE SETS EACH)

| | |
|---|--|
| <input type="checkbox"/> SITE DEVELOPMENT AND LOCATION PLAN | <input type="checkbox"/> MECHANICAL PLANS & SPECIFICATIONS |
| <input type="checkbox"/> ARCHITECTURAL PLAN & SPECIFICATIONS | <input type="checkbox"/> LOGBOOK (1 COPY) |
| <input type="checkbox"/> STRUCTURAL DESIGNS & COMPUTATIONS | <input type="checkbox"/> OTHERS (SPECIFY) _____ |
| <input type="checkbox"/> SANITARY/PLUMBING PLANS & SPECIFICATIONS | |
| <input type="checkbox"/> ELECTRICAL PLANS & SPECIFICATIONS | |

BOX 3 (TO BE ACCOMPLISHED BY THE BUILDING OFFICIAL)

ACTION TAKEN

PERMIT ISSUES/RENEWED GRANTED TO INSTALL THE MECHANICAL EQUIPMENT ENCLOSED HEREIN SUBJECT TO THE FOLLOWING CONDITIONS:

- THAT THE PROPOSED CONSTRUCTION (ADDITION/REPAIR/RENOVATION/DEMOLITION/INSTALLATION, ETC.) SHALL BE IN CONFORMITY WITH THE "NATIONAL BUILDING CODE" (R.D. 1586) AND ITS CORRESPONDING IMPLEMENTING RULES AND REGULATIONS.
- THAT A DULY LICENSED ARCHITECT / CIVIL ENGINEER HAS BEEN ENGAGED TO PREPARE PLANS & SPECIFICATIONS AND TO UNDERTAKE THE SUPERVISION / INSPECTION OF THE CONSTRUCTION OF THE PROJECT.
- THAT A CERTIFICATE OF COMPLETION (DULY NAMED AND SEALED BY THE DESIGNING ARCHITECT/CIVIL ENGINEER AND THE ARCHITECT/ CIVIL ENGINEER - IN - CHARGE OF CONSTRUCTION SHALL BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE CONSTRUCTION OF THE PROJECT.
- THAT A "CERTIFICATE OF OCCUPANCY" SHALL BE SECURED PRIOR TO ACTUAL OCCUPANCY OF THE BUILDING.

ARCH. ROMEO S. GONZALES
Building Official

Date _____

NOTE: THIS PERMIT MAY BE CANCELLED OR REVOKED PURSUANT TO SECTION 365 & 390 OF "THE NATIONAL BUILDING CODE"

Building Permit (Back)

BOX 4 (TO BE ACCOMPLISHED BY DESIGNING ARCHITECT/CIVIL ENGINEER IN PRINT)

| | | | |
|-------------------------|----------|-----------------------------|---|
| TOTAL ESTIMATED COST | | COST OF EQUIPMENT INSTALLED | NUMBER OF STOREYS |
| BUILDING | P. _____ | P. _____ | TOTAL FLOOR AREA |
| ELECTRICAL | P. _____ | P. _____ | PROPOSED DATE OF CONSTRUCTION |
| MECHANICAL | P. _____ | P. _____ | EXPECTED DATE OF COMPLETION |
| PLUMBING | P. _____ | P. _____ | MATERIAL OF CONSTRUCTION (WOODEN, CONCRETE, STEEL, MIXED) |
| OTHERS | P. _____ | | |
| TOTAL CONSTRUCTION COST | P. _____ | | |

BOX 5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

| ASSESSED FEES | | | | |
|--|------------|-------------|-------------|------------------------------------|
| | AMOUNT DUE | ASSESSED BY | O.R. NUMBER | DATE PAID |
| <input type="checkbox"/> LAND USE/ZONING | | | | |
| <input type="checkbox"/> LINE AND GRADE | | | | |
| <input type="checkbox"/> BUILDING | | | | |
| <input type="checkbox"/> PLUMBING | | | | |
| <input type="checkbox"/> ELECTRICAL | | | | |
| <input type="checkbox"/> MECHANICAL | | | | |
| OTHERS | | | | |
| TOTAL | | | REVIEWED | CHIEF, PROCESSING DIVISION/SECTION |

BOX 6 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

| PROGRESS FLOW | | | | | | |
|--|------|------|------|------|----------------|--------------|
| NOTED CHIEF PROCESSING DIVISION/SECTION | IN | | OUT | | ACTION/REMARKS | PROCESSED BY |
| | TIME | DATE | TIME | DATE | | |
| RECEIVING AND RECORDING | | | | | | |
| LAND USE AND ZONING | | | | | | |
| GEODETIC (LINE AND GRADE) | | | | | | |
| ARCHITECTURAL | | | | | | |
| STRUCTURAL | | | | | | |
| SANITARY | | | | | | |
| ELECTRICAL | | | | | | |
| MECHANICAL | | | | | | |

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SET FORTH

BOX 7

| | | |
|--|-------------|---------------|
| ARCHITECT/CIVIL ENGINEER SIGNED AND SEALED PLANS & SPECIFICATION | | PRC. REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| P.T.R. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TAN |

BOX 9

| | | |
|----------------|-------------|--------------|
| SIGNATURE | | |
| APPLICANT | | |
| RES. CERT. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TAN |

BOX 8


| | | |
|--|-------------|---------------|
| ARCHITECT/CIVIL ENGINEER IN CHARGE OF CONSTRUCTION | | PRC. REG. NO. |
| PRINT NAME | | |
| ADDRESS | | |
| P.T.R. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TAN |

WITH CONSENT

BOX 10 (TO BE ACCOMPLISHED BY LOT OWNER)


| | | |
|-------------------------|---------------------|--------------|
| TCT/OCT NO. | TAX DECLARATION NO. | |
| PRINT NAME OF LOT OWNER | | |
| ADDRESS | | |
| RES. CERT. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | | TAN |

Plumbing, electrical, and mechanical permits (Front)



Republic of the Philippines
Municipality of San Juan
Metropolitan Manila Development Authority
OFFICE OF THE MUNICIPAL ENGINEER

OFFICE OF THE MUNICIPAL ENGINEER



DPWH Form No. 77-001-E

AREA CODE 7405-A

APPLICATION NO.

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

APPLICATION FOR ELECTRICAL PERMIT
(Accomplish in print)

DATE OF APPLICATION FILED

| |
|--|
| |
|--|

BOX 1 (To be accomplished by a duly qualified Electrical Engineer or Master Electrician)

| | | | | |
|---|-------------------------------|--|----------------|-------------------|
| NAME OF OWNER/APPLICANT | LAST NAME | FIRST NAME | MIDDLE INITIAL | TAX ACCT. NO. |
| ADDRESS: | NO. | STREET, | BARANGAY, | CITY/MUNICIPALITY |
| LOCATION OF INSTALLATION: | NO. | STREET, | BARANGAY, | CITY/MUNICIPALITY |
| SCOPE OF WORK: | | <input type="checkbox"/> ALTERATION OF EXISTING INSTALLATION <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> REPAIR OF EXISTING INSTALLATION _____ <input type="checkbox"/> ADDITIONAL INSTALLATION <input type="checkbox"/> REMOVAL OF EXISTING INSTALLATION _____ | | |
| TYPE OF OCCUPANCY OR USE: | | <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> MARINAS AND BOATYARDS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> AGRICULTURAL _____ | | |
| NUMBER OF DEVICES AND EQUIPMENT TO BE INSTALLED | | | | |
| LIGHTS _____ | SWITCHES _____ | CONV. OUTLETS _____ | | |
| BELL SYSTEM _____ | ELECTRIC RANGE _____ KW _____ | WATER HEATER _____ KW _____ | | |
| AIRCONDITIONING UNIT _____ | TELEPHONE SET _____ | MOTORS _____ Hp _____ | | |
| OTHERS _____ | | | | |
| DATE OF PROPOSED START OF INSTALLATION _____ | | APPROXIMATE COST OF ELECTRICAL INSTALLATION _____ | | |
| EXPECTED DATE OF COMPLETION _____ | | ESTIMATED BY _____ | | |

BOX 2 (Person who prepared sketch for installation up to 20 outlets or 4kw, 600V)

| | | | |
|--|-------------|--------------|--|
| <input type="checkbox"/> PROFESSIONAL EE <input type="checkbox"/> ASSOCIATE EE <input type="checkbox"/> ASSISTANT EE <input type="checkbox"/> MASTER ELECTRICIAN | | | |
| NAME | | REG. NO. | |
| ADDRESS | | | |
| PTR. NO. | DATE ISSUED | PLACE ISSUED | |
| SIGNATURE | DATE SIGNED | TAN | |

BOX 3 (Person who signed and sealed plans and specifications for installations exceeding 20 outlets or 4kw)

| | | |
|-----------|-------------|-----------------|
| NAME | | P.E.E. REG. NO. |
| ADDRESS | | |
| PTR. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | DATE SIGNED | TAN |

BOX 4 (Person in charge of installation)

| | | | |
|---|-------------|--------------|--|
| <input type="checkbox"/> PROFESSIONAL EE <input type="checkbox"/> ASSOCIATE EE <input type="checkbox"/> ASSISTANT EE <input type="checkbox"/> MASTER ELECTRICIAN (up to 500 volts only) | | | |
| NAME | | REG. NO. | |
| ADDRESS | | | |
| PTR. NO. | DATE ISSUED | PLACE ISSUED | |
| SIGNATURE | DATE SIGNED | TAN | |


BOX 5 (Owner)

| | | | | |
|-----------|-----|----------------|-------------|--------------|
| SIGNATURE | TAN | RES. CERT. NO. | DATE ISSUED | PLACE ISSUED |
| | | | | |

BOX 6 (To be received by Receiving/Recording Section)

| | |
|--|--|
| ELECTRICAL DOCUMENTS TO BE SUBMITTED (5X (6) SETS EACH) | |
| <input type="checkbox"/> ELECTRICAL PLANS & SPECIFICATIONS | <input type="checkbox"/> ELECTRICAL SKETCHES |

Plumbing, electrical, and mechanical permits (Back)



 RECEIPTS ARE ISSUED
 ALL INFORMATION IS TO BE REPORTED
 TO THE STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 1111 GULF BLVD., SUITE 1000
 TAMPA, FL 33602-1111

BOX 3 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

| BUILDING DOCUMENTS | |
|---|---|
| <input type="checkbox"/> SANITARY/PLUMBING PLANS & SPECIFICATIONS | <input type="checkbox"/> COST ESTIMATES |
| <input type="checkbox"/> BILL OF MATERIALS | <input type="checkbox"/> OTHERS (SPECIFY) _____ |

BOX 4 (TO BE ACCOMPLISHED BY THE RECEIVING & RECORDING SECTION)

| ASSESSED FEES | | | |
|---------------|-------------|-------------|-----------|
| AMOUNT DUE | ASSESSED BY | O.R. NUMBER | DATE PAID |
| | | | |
| | | | |

BOX 5 (TO BE ACCOMPLISHED BY DIVISION/SECTION CONCERNED)

| PROGRESS FLOW | | | | | | |
|--|------|------|------|------|-------------------|-----------------|
| NOTED CHIEF PROCESSING DIVISION/SECTION | IN | | OUT | | ACTION REMARKS | PROCESSED BY |
| | TIME | DATE | TIME | DATE | | |
| RECEIVING AND RECORDING | | | | | | |
| GRADIENT (LINE AND GRADE) | | | | | | |
| SANITARY | | | | | | |

WE HEREBY AFFIX OUR HANDS SIGNIFYING OUR CONFORMITY TO THE INFORMATION HEREIN ABOVE SET FORTH

BOX 6
SANITARY ENGINEER/MASTER PLUMBER PRC. REG. NO. _____
 SIGNED AND SEALED PLANS & SPECIFICATION
 PRINT NAME _____
 ADDRESS _____
 P.T.R. NO. _____ DATE ISSUED _____ PLACE ISSUED _____
 SIGNATURE _____ TAX _____

BOX 7
SANITARY ENGINEER/MASTER PLUMBER PRC. REG. NO. _____
 IN CHARGE OF INSTALLATION
 PRINT NAME _____
 ADDRESS _____
 P.T.R. NO. _____ DATE ISSUED _____ PLACE ISSUED _____
 SIGNATURE _____ TAX _____

THE STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 1111 GULF BLVD., SUITE 1000
 TAMPA, FL 33602-1111

ELECTRICAL PERMIT (FRONT)



Republic of the Philippines
Municipality of San Juan
Metropolitan Manila Development Authority
OFFICE OF THE MUNICIPAL ENGINEER



DPWTE Form No. 77-001-E

AREA CODE 7405-A

APPLICATION NO.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

APPLICATION FOR ELECTRICAL PERMIT

(Accomplish in print)

DATE OF APPLICATION FILED

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

BOX 1 (To be accomplished by a duly qualified Electrical Engineer or Master Electrician)

| | | | | |
|---|-------------------------------|--|----------------|--|
| NAME OF OWNER/APPLICANT | LAST NAME | FIRST NAME | MIDDLE INITIAL | TAX ACCT. NO. |
| ADDRESS: | NO. | STREET, | BARANGAY, | CITY/MUNICIPALITY |
| TELEPHONE NO. | | | | |
| LOCATION OF INSTALLATION: | NO. | STREET, | BARANGAY, | CITY/MUNICIPALITY |
| SCOPE OF WORK: | | | | |
| <input type="checkbox"/> NEW INSTALLATION | | <input type="checkbox"/> ALTERATION OF EXISTING INSTALLATION | | <input type="checkbox"/> OTHERS _____ |
| <input type="checkbox"/> ADDITIONAL INSTALLATION | | <input type="checkbox"/> REPAIR OF EXISTING INSTALLATION | | _____ |
| <input type="checkbox"/> REMOVAL OF EXISTING INSTALLATION | | _____ | | |
| TYPE OF OCCUPANCY OR USE: | | | | |
| <input type="checkbox"/> RESIDENTIAL | | <input type="checkbox"/> INDUSTRIAL | | <input type="checkbox"/> MARINAS AND BOATYARDS |
| <input type="checkbox"/> COMMERCIAL | | <input type="checkbox"/> INSTITUTIONAL | | <input type="checkbox"/> OTHERS _____ |
| <input type="checkbox"/> AGRICULTURAL | | _____ | | |
| NUMBER OF DEVICES AND EQUIPMENT TO BE INSTALLED: | | | | |
| LIGHTS _____ | SWITCHES _____ | CONV. OUTLETS _____ | | |
| BELL SYSTEM _____ | ELECTRIC RANGE _____ KW _____ | WATER HEATER _____ KW _____ | | |
| AIRCONDITIONING UNIT _____ | TELEPHONE SET _____ | MOTORS _____ Hp _____ | | |
| OTHERS _____ | _____ | | | |
| DATE OF PROPOSED START OF INSTALLATION _____ | | APPROXIMATE COST OF ELECTRICAL INSTALLATION _____ | | |
| EXPECTED DATE OF COMPLETION _____ | | ESTIMATED BY _____ | | |

BOX 2 (Person who prepared sketch for installation up to 20 outlets or 4kw, 600V)

| | | | |
|--|-------------|--------------|--|
| <input type="checkbox"/> PROFESSIONAL EE <input type="checkbox"/> ASSOCIATE EE <input type="checkbox"/> ASSISTANT EE <input type="checkbox"/> MASTER ELECTRICIAN | | | |
| NAME | | REG. NO. | |
| ADDRESS | | | |
| PTR. NO. | DATE ISSUED | PLACE ISSUED | |
| SIGNATURE | DATE SIGNED | TAN | |

BOX 3 (Person who signed and sealed plans and specifications for installations exceeding 20 outlets or 4kw)

| | | |
|-----------|-------------|-----------------|
| NAME | | P.E.E. REG. NO. |
| ADDRESS | | |
| PTR. NO. | DATE ISSUED | PLACE ISSUED |
| SIGNATURE | DATE SIGNED | TAN |

BOX 4 (Person in charge of installation)

| | | | |
|---|-------------|--------------|--|
| <input type="checkbox"/> PROFESSIONAL EE <input type="checkbox"/> ASSOCIATE EE <input type="checkbox"/> ASSISTANT EE <input type="checkbox"/> MASTER ELECTRICIAN (up to 600 volts only) | | | |
| NAME | | REG. NO. | |
| ADDRESS | | | |
| PTR. NO. | DATE ISSUED | PLACE ISSUED | |
| SIGNATURE | DATE SIGNED | TAN | |

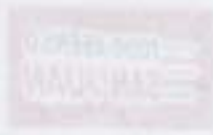
BOX 5 (Owner)

| | | | | |
|-----------|-----|----------------|-------------|--------------|
| SIGNATURE | TAN | RES. CERT. NO. | DATE ISSUED | PLACE ISSUED |
|-----------|-----|----------------|-------------|--------------|

BOX 6 (To be received by Receiving/Recording Section)

| | |
|--|--|
| ELECTRICAL DOCUMENTS TO BE SUBMITTED (SIX (6) SETS EACH) | |
| <input type="checkbox"/> ELECTRICAL PLANS & SPECIFICATIONS | <input type="checkbox"/> ELECTRICAL SKETCHES |

ELECTRICAL PERMIT (BACK)



Republic of the Philippines
Municipality of San Juan
Metropolitan Manila Development Authority
OFFICE OF THE MUNICIPAL ENGINEER

PERMIT NO.

AREA CODE 7405-A

APPLICATION NO.

ELECTRICAL PERMIT

DATE ISSUED: _____

BOX 7 (To be accomplished by a duly qualified Electrical Practitioner)

| | | | | |
|--------------------------|-----------|-------------------|----------------|-------------------|
| NAME OF OWNER/APPLICANT | LAST NAME | FIRST NAME | MIDDLE INITIAL | TAX. ACCT. NO. |
| ADDRESS | NO. | STREET | BARANGAY | CITY/MUNICIPALITY |
| LOCATION OF INSTALLATION | | NO. | STREET | BARANGAY |
| | | CITY/MUNICIPALITY | | |

BOX 8 (To be accomplished by Division/Section concerned)

| CHIEF PROCESSING DIVISION/SECTION | PROGRESS FLOW | | | | ACTION/REMARK | PROCESSED BY |
|--------------------------------------|---------------|------|------|------|---------------|--------------|
| | NOTED | IN | | OUT | | |
| | | TIME | DATE | TIME | DATE | |
| RECEIVING AND RECORDING | | | | | | |
| ELECTRICAL | | | | | | |

BOX 9 (To be accomplished by Division/Section concerned)

| ASSESSED FEES | | | |
|---------------|-------------|--------------|-----------|
| AMOUNT DUE | ASSESSED BY | O. R. NUMBER | DATE PAID |
| | | | |
| | | | |
| | | | |

RECEIVED
CHIEF, PROCESSING DIV/SEC

BOX 10 (To be accomplished by the Building Official)

ACTION TAKEN:

PERMIT IS HEREBY GRANTED TO INSTALL THE ELECTRICAL WIRING, DEVICES AND EQUIPMENT ENUMERATED IN BOX 1 SUBJECT TO THE FOLLOWING CONDITIONS:

1. THAT THE PROPOSED INSTALLATION BE IN ACCORDANCE WITH APPROVED SKETCHES/PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE PROVISIONS OF THE PHILIPPINE ELECTRICAL CODE.
2. THAT A DULY LICENSED ELECTRICAL PRACTITIONER BE IN CHARGE OF THE INSTALLATION/CONSTRUCTION, SEE BOX 4.
3. THAT A CERTIFICATE OF COMPLETION DULY SIGNED BY THE ELECTRICAL PRACTITIONER IN CHARGE OF THE INSTALLATION BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
4. THAT A CERTIFICATE OF FINAL ELECTRICAL INSPECTION BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.

NAME OF BUILDING OFFICIAL

SIGNATURE

DATE

Note 1: Electrical permit shall be issued within fifteen (15) days from the payment of the required fees provided the building official is entitled with the work and, the plans and specifications conform to the requirements of the Building Code and other pertinent rules and regulations (Section 304, National Building Code).

Note 2: This permit may be cancelled or revoked pursuant to Section 305 and 306 of the National Building Code.

Fire Safety Permit



Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
BUREAU OF FIRE PROTECTION
NATIONAL CAPITAL REGION
SAN JUAN FIRE STATION VI
SAN JUAN, METRO MANILA

FIRE SAFETY INSPECTION CERTIFICATE

for **BUSINESS PERMIT**

Control No.:

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the FIRE CODE OF THE PHILIPPINES (PD-1185),

(Name of Individual or Concern)

with postal address at _____

is hereby granted the FIRE SAFETY INSPECTION CERTIFICATE for BUSINESS OPERATION after said building or occupancy has been duly inspected for fire safety with the finding that it has substantially complied with the fire safety and protection requirements of the Fire Code of the Philippines (PD-1185) and its implementing rules and regulations. This certificate is issued on condition that all Fire Code provisions now adopted, or shall hereafter be adopted, shall continue to be complied with.

This certificate is valid for: _____

Violation of the Fire Code provisions shall IPISO FACTO immediately cause this certificate to become null and void, and shall hold the owner of the building liable to the penalties provided for by the said Fire Code (PD-1185).

BFP Fund Code: D2531-151

RECOMMENDING APPROVAL

Amount: _____

O.R.No.: _____

Date Issued: _____

APPROVED:

Previous Certificate No.: _____


Inspector's: _____

Signature over printed name

This certificate does not take the place of any license required by law and is not transferable, and must be posted under glass at the building premises.

Sanitary Permit

MMHS Form No. 8-A
B. of 1977

 **SANITARY PERMIT TO OPERATE**

REPUBLIC OF THE PHILIPPINES
MUNICIPALITY OF SAN JUAN, METRO MANILA
OFFICE OF THE MUNICIPAL HEALTH OFFICER

SAMPLE ONLY

Issued to _____
Registered Name

Type of Establishment

Address _____

Sanitary Permit No. _____ Date Issued _____, 19____

Date of Expiration December 31, 19____


This permit is not transferable and will be revoked for violation of the Sanitary Rules, Laws or Regulation of P.D. 522 & P.D. 856 and Pertinent Local Ordinances.

Sanitarian

Victor A. Lacandola
Municipal Health Officer

Certificate of Occupancy

DPW/TC Form No. 77-607-B



Republic of the Philippines
Municipality of San Juan
Metropolitan Manila Development Authority
OFFICE OF THE BUILDING OFFICIAL

Certificate of Occupancy

NUMBER
[] [] [] [] [] [] [] [] [] []

Date Issued _____

This certifies that the building/structure which has been designed and constructed as a _____ under Bldg. Permit No. _____ dated _____ issue under the name of _____ has been inspected and found to be in conformity with the approved plans and specifications on file in this office and the provisions of the National Building Code (P.D. 1096) and its implementing rules and regulations and therefore the building/structure may now be occupied or used.

The owner shall properly maintain this building to enhance its architectural well-being, structural stability, sanitation and fire-protective properties and shall not be occupied or used for purposes other than its intended use as stated above.

This Certificate is issued in accordance with section 309, Chapter 3 of P.D. 1096.

ARHC. ROMEO B. GONZALES
Municipal Architect &
Concurrent Building Official

NOTE:
A certified copy hereof shall be posted within the premises of the building and shall not be removed without authority from the Building Official. The official number(s) assigned to the building(s) is/are: _____

Water Source Analysis



University of the Philippines
NATURAL SCIENCES RESEARCH INSTITUTE
Microbiological Services Laboratory
Southeast Corner Quirino Avenue and Velasquez Street, Diliman, Quezon City
Tel. Nos. 9205301 to 399 loc. 6803, 9207730; Fax No. 9286868

SERVICE REPORT

Date: 29 July 2004

Requesting Party : Waters Unlimited

Service Requested : Potability Testing
(040722b)

SAMPLE: Distilled 0422071110 Exp. Jul'2006

METHODOLOGY:

The sample was analyzed using the standard Multiple-Tube Fermentation Technique for the Members of the Coliform Group (APHA, 1985).

RESULTS:

| Parameters | No. of Positive tubes (out of 5 tubes) | Most Probable Number (MPN) per 100ml | |
|----------------|---|--------------------------------------|-----------------------------|
| | | Sample | PNSDW ² standard |
| Total Coliform | 0 | Less than 2.2 | less than 2.2 |
| Fecal Coliform | 0 | Less than 2.2 | less than 2.2 |

*Philippine National Standards for Drinking Water

Note: Test results were based on sample as labeled and submitted by the client.

REMARKS:

The sample conforms with the Philippine National Standards for Drinking Water with respect to coliform bacteria.

REFERENCES:

American Public Health Association (APHA). 1985. Standard Methods for Examination of water and Wastewater, 16th ed. APHA, Washington DC.

Department of Health. 1993. Philippine National Standards for Drinking Water. DOH, Manila.

Service done by: Sonia Sp. Bulaong

Vina B. Argayosa

Celia A. Cereno

Checked by:

Maria Auxilia T. Siringan

PERMIT TO CONSTRUCT



Republic of the Philippines
Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES
Bldg. 15, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila

No. 05-146

PERMIT TO CONSTRUCT

is hereby granted to

BATANGAS CITY MATERNITY HOUSE AND PUERICULTURE CENTER

located at

No. 1 Pandan Street, Batangas City

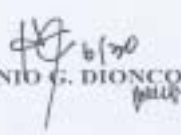
Pursuant to R.A. 4226: Hospital Licensure Act

Scope of Work:

- * For construction of a birthing home with 9 beds capacity.

Terms and Conditions:

1. That the construction, alteration, expansion or renovation of a hospital or other health facility is implemented in accordance with:
 - 1.1. Floor plans prepared by a duly licensed Architect and/or Civil Engineer and approved by the Bureau of Health Facilities and Services;
 - 1.2. Architectural and engineering drawings (based on approved floor plans by the Bureau of Health Facilities and Services), specifications, building permit and fire safety permit prepared by a duly licensed Architect and/or Civil Engineer and approved by the Office of the Building Official and the Bureau of Fire Protection in the locality;
2. That the permit to construct and approved floor plans comprise observance of appropriate professional practices, prescribed functional relationships and applicable codes in the layout of a hospital;
3. That the permit to construct and approved floor plans are available for ready reference at the construction site;
4. That the permit to construct is considered lapsed and fee paid is forfeited when the work authorized by the permit does not commence within 365 days from date of issuance, or is abandoned during the period specified; in which case, another application shall be filed;
5. That any addition and/or alteration of scope of work shall be reported immediately to the Bureau of Health Facilities and Services for appropriate action;
6. That any unauthorized deviation from approved floor plans, or any violation of the above conditions, will be sufficient ground for the revocation of this permit.


ENGR. HERMINIO G. DIONCO, CESO IV
Director III

Date Issued: June 28, 2005

Other Information

A government employee under the Civil Service Law has to work eight (8) hours a day or forty (40) hours a week.

A midwife with government position can engage in private practice after office hours. They can also attend home delivery. However there are local government official (isolated cases) who wants a midwife on call after office hours without remuneration. There are also midwives who owns lying-in or birthing home (one to two bed).

According to the Civil Service Commission they are now in the process of preparing guidelines regarding the practice of health professionals beyond office hours.