

REPUBLIC OF KENYA



GOVERNMENT OF MAKUENI COUNTY



DEPARTMENT OF HEALTH SERVICES

CITIZENS SERVICE CHARTER

1.0. VISION

An efficient and high-quality health care system that is accessible, equitable and affordable for all Kenyans.

2.0. MISSION

To promote and participate in the provision of integrated and efficacious promotive, preventive, curative and rehabilitative health care services to all Kenyans.

3.0. CORE VALUES

- Patient-centered/customer-focused
- Partnership
- Professionalism
- Integrity and transparency
- Innovation and excellence
- Impartiality

4.0. FUNCTIONS

County health services, including, in particular:

1. County health facilities and pharmacies
2. Ambulance services
3. Promotion of primary health care
4. Licensing and control of undertakings that sell food to the public;
5. Cemeteries, funeral parlours and crematoria; and
6. Refuse removal, refuse dumps and solid waste disposal.

5.0. CLIENT RIGHTS

1. Right to access all services provided by the department
2. Right to timely information and -including information related to your treatment
3. Right to effective communication
4. Right to conducive environment
5. Right of making decision regarding your treatment
6. Right to privacy and confidentiality
7. Right to safe treatment
8. Right to grievance redressal
9. Right to Emergency Care

6.0. CLIENT OBLIGATIONS

1. Respect the rights of other patients/clients and health service providers.
2. Provide accurate information for his/her diagnosis and treatment.
3. Adherence to prescribed treatment and reporting adverse effects.
4. Inform health care providers of any anticipated problems following a prescribed treatment.

5. Honouring all his/her financial responsibility.
6. Maintain a safe and hygienic environment in order to promote health.
7. Adherence to the regulations regarding our services in all our health facilities.
8. Provide feedback on our services.

7.0. SERVICE COMMITMENTS

SERVICES	REQUIREMENTS (CLIENT OBLIGATION)	CHARGES (Ksh)	TIMELINES
Customer care desk / Enquiries	Cooperation	Free	5 minutes
Registration for out-patient services	Registration card- first attendance Identification documents (National ID. card / passport)	20	Emergency: immediate Non-Emergency: Up to 1 hour
Registration for Universal Health coverage	Identification documents (ID, Birth certificate)	500 per household	15 Minutes
Consultation: Adult / Children above 5 Years Children below 5 Year	Patient card	Free	20 minutes
Laboratory Services	Investigation Request form Payment for the investigation	50-1,500 per test	15 minutes-72 Hours
Radiology services	Investigation Request form Payment for the investigation	200-2,000	15 minutes- 1 Hour

Admission of patients (After a doctor makes the decision to admit up to the allocation ward)	Doctor's recommendation for admission Identification documents (National ID. card / passport) Payment of the file	50-40,000	Emergency: immediate Non-Emergency: 30 minutes-3 Hours
Renal Services	Attendance card with booked date Deposit payment	Depends on surgical procedure (7,500-15,000)	Emergencies-30 minutes Elective as per booking
Intensive care Unit services	Patient card	500-40,000	Emergencies-30 minutes Elective as per booking
Specialized Clinics (ENT, Nutrition, ophthalmology, Psychiatry, GOPC, MOPC, SOPC,)	Clinicians recommendation Attendance card Payment slip	50-100	1 Hour
Pharmacy	Prescription	20-2,500	30 Minutes
MCH/Family planning	Mother-child booklet/card	20-500 All services to under-fives are free	5-30 Minutes
Antenatal Clinic	Mother-child booklet	Free	30 Minutes
Maternity services	Client card	Free	Depends on progress of labour-6 Hours
Surgery	Attendance card with booked date Deposit payment	Depends on surgical procedure (750-6000)	Emergencies-30 Minutes Elective as per booking

Minor operations	Patient card	500	1 Hour
Dental Services	Patient card	50-6,000	45 Minutes
Vaccinations (Routine)	New Client-Nil Revisit-immunization booklet	Free	15 Minutes
Vaccination (food handlers)	Medical examination report	200-600	15 minutes
Rehabilitative Services	Patient card	40-2,000	1 Hour
Palliative care	Patient card	50-100	1 Hour
Medical legal	Patient card P3 form	500-1000	1 Hour
Farewell Home Services (Mortuary Body Storage Post-mortem Embalming / Preservation Body Clearance)	Bill payment	50-2,500 per service	1 Hour
Business premise inspection (per year)	Nil	1,000	30 Minutes
Food handlers certificate (per year)	Nil	200	30 Minutes
School inspection (per year)	Nil	3,000	30 Minutes
Private clinic (per year)	New-Nil Existing -previous license Application form	3,000	1 Hour
Liquor licensing	Public Health Clearance	1,000	20 Minutes

	KRA Clearance		
Community referrals	Referral form	Free	1 hour
Interfacility referrals	Referral form	4,000-9,000	1 Hour
Surveillance and management of disease outbreaks	On threshold levels	Free	One week
Payment to suppliers	Copy of purchase /service order Delivery note & goods receipt note Invoice & bank detail	Free	1 Hour
Customer feedback	Compliments / complaints	Free	Acknowledgement: 3 working days Resolution: 21 working days

FEEDBACK MECHANISM

Address your complaints and comments through the:

County reception area

Customer suggestion boxes at all our offices

Email: county.health@makueni.go.ke/co.health@makueni.go.ke

Chief Officer-Health Services

P.O BOX 89-90300, Makueni

Tel.

