



**NAROK COUNTY GOVERNMENT
DEPARTMENT OF HEALTH AND SANITATION
LOLGORIAN SUB-COUNTY HOSPITAL**

MFL CODE: 15068

P.O.BOX 22-40701,

LOLGORIAN

Email: medsuplolgorian@gmail.com

SERVICE DELIVERY CHARTER

SERVICES	CLIENT REQUIREMENTS	CHARGES (KES)	WAITING TIME
Registration for Out-patient Service <ul style="list-style-type: none"> Emergency Non-Emergency Consultation <ul style="list-style-type: none"> Emergency Non-Emergency 	<ul style="list-style-type: none"> Identification Documents (National ID Card/Passport) Insurance/SHA/SHIF Form Payment receipt Observation/Triage Sheet OPD Card 	50	Emergency: Immediate Non-Emergency: 30 min Emergency: Immediate Non-Emergency: 1 hour
Admission Procedure	<ul style="list-style-type: none"> Clinicians Admission Notes Identification documents (National ID Card/Passport) Payment Receipt Pre-authorization form for SHIF/TAIFA CARE clients 	200	Emergency: Immediate Non-emergency: 1 hour
Laboratory Investigations (Basic) <ul style="list-style-type: none"> Test for Malaria Parasite Random Blood Sugar Urinalysis Stool Hemoglobin Test 	<ul style="list-style-type: none"> Laboratory Request Form Payment for Investigation 	100 100 200 200 150	1 hour Immediate 45 minutes 45 minutes 30 minutes
Maternity and Child Health Services <ul style="list-style-type: none"> Normal Delivery Family planning Services 	<ul style="list-style-type: none"> Ante-Natal Card Payment Receipt SHA Registration 	As per invoice FREE	Depends on progress of labor Emergency: Immediate
Pharmacy Services	<ul style="list-style-type: none"> Treatment sheet/Prescription 	As per prescription	30 minutes

	<ul style="list-style-type: none"> • Payment Receipt/Charge Sheet 		
Dental Services <ul style="list-style-type: none"> • Root canal(Posterior) • Scaling • Extraction 	<ul style="list-style-type: none"> • OPD Card • Payment Receipt and Patient Cooperation 	2,000 600 300	1 hour
Mortuary Services <ul style="list-style-type: none"> • Preservation of Bodies from the hospital ward • Preservation of Bodies from outside hospital • Embalming 	<ul style="list-style-type: none"> • Payment Receipt and Cooperation 	300 600 1,500	15 minutes 10 minutes 30 minutes
Discharge Process	<ul style="list-style-type: none"> • Discharge Summary • Payment Receipt and cooperation 	As per invoice	2 hours
Resolution of Customer Complaint	<ul style="list-style-type: none"> • Raised Complaint 	FREE	Acknowledgement:3 days Resolution: 14 days
Payment of Suppliers	<ul style="list-style-type: none"> • Invoice • Delivery Note • A copy of LPO • Bank Details 	FREE	30 days
Ambulance Services	<ul style="list-style-type: none"> • Referral Notes and patient Cooperation 	FREE	Time: Continuous
Daily Bed Services <ul style="list-style-type: none"> • General Wards 	Charges (KES) 200	NOTES: 1.Clients with active SHA/TAIFA CARE and/or insurance cards can use them at the hospital where applicable 2.Kindly visit the relevant service delivery point for further guidance on specific services 3.Waiting time: The entire duration taken to complete the process of providing the service required by a client. 4. Terms and Conditions Apply 5. To be reviewed in January 2026	

WE ARE COMMITTED TO QUALITY AND AFFORDABLE SERVICES TO ALL

CONTACT INFORMATION

We value your feedback.

For compliments, complains and suggestion, please write to:

The Medical Superintendent
Lolgorian Sub-County Hospital
P.O.BOX 22-40701,
LOLGORIAN.

Contact: +254 706 369 892

Email: medsuplolgorian@gmail.com