

# NYERI COUNTY DEPARTMENT OF HEALTH NYERI COUNTY REFERRAL HOSPITAL



## YOUTH FRIENDLY & GENDER BASED VIOLENCE CLINIC SERVICE CHARTER

SERVICES	PATIENT /CLIENT OBLIGATIONS	COSTS IN KSHS.	WAITING TIME
<b>CONSULTATION</b> - (10-24yr olds only). On need basis for other age groups.	<ul style="list-style-type: none"> <li>Clients' request</li> <li>Registration receipt</li> </ul>	100/= Registration (Other charges as per the services offered)	15 Minutes
<b>MEDICAL CERTIFICATE</b> <ul style="list-style-type: none"> <li>For schools</li> <li>For employment</li> </ul>	<ul style="list-style-type: none"> <li>School Request Form</li> <li>Employer request Form</li> </ul>	100/= (Registration) 500/= (Medical certificate)	45 Minutes
<b>COUNSELLING</b> <ul style="list-style-type: none"> <li>General Counselling</li> <li>Trauma Counseling</li> <li>Loss and Grief</li> <li>Youth Counselling</li> <li>Drugs &amp; Substance Use</li> <li>Spiritual Counselling</li> <li>HIV/ AIDS Counselling</li> <li>Adolescent Sexual and Reproductive Health</li> </ul>	<ul style="list-style-type: none"> <li>School Request Form</li> <li>Employer request Form</li> </ul>	100/= (Registration) 200/= (Counseling)	40 Mins - 1hr
<b>Sexual and Gender Based Violence Clinic (for all)</b> <ul style="list-style-type: none"> <li>SGBV registration</li> <li>Survivor debriefing.</li> <li>Post Exposure Prophylaxis (PEP)</li> <li>Emergency Pill (e-Pill)</li> <li>Post Rape Care form filling</li> <li>Forensic evidence sampling</li> <li>STIs Screening</li> <li>Pregnancy test</li> <li>Clinical management</li> <li>HIV Counseling</li> <li>Trauma counseling</li> <li>Filling of P3 Forms</li> </ul>	<ul style="list-style-type: none"> <li>Clients' request</li> <li>Informed Consent /Assent</li> </ul>	FREE	1hr - 2hrs
<b>Health Education</b>	Clients' availability	FREE	30 Minutes
<b>Outreach Activities</b> <ul style="list-style-type: none"> <li>School Health Program</li> </ul>	School request	Facilitation fee	
<b>Emergencies</b> <ul style="list-style-type: none"> <li>Casualty</li> </ul>	<ul style="list-style-type: none"> <li>Referral letter</li> <li>Next of kin</li> </ul>	FREE	Immediate
<b>Linkage &amp; Referral</b>	Referral letter	FREE	5 Minutes
At Night, Weekends, and on public holidays, seek Sexual/Gender Based Violence services at Casualty	Clients' availability	FREE	1 - 2hrs

**WORKING HOURS:** Every Day, 24 hours

**FEEDBACK MECHANISM;** For enquiries, complaints, and questions, please contact the Hospital Medical Superintendent through the official contact details below:

**Medical Superintendent Nyeri CRH**  
P.O. Box 27- 10100, Nyeri | Tel: 0724 249 693  
Email: pghnyeri@yahoo.com

You can also contact the Customer Care Desk in the Hospital (0724 249 693); drop your message inside any of the Suggestion Boxes that are available within the Hospital, or you can ask to talk directly to the Person In-Charge of the Unit.