



**PUBLIC FINANCE MANAGEMENT ACT, 2012 (KITUI COUNTY HEALTH
INSURANCE COVER FUND)
REGULATIONS, 2018**

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**PUBLIC FINANCE MANAGEMENT ACT (No. 18 of 2012)
(Kitui County Health Insurance Cover Fund) Regulations, 2018**

IN EXERCISE of the powers conferred by section 116 of the Public Finance Management Act, 2012 the County Executive Committee Member for County Treasury makes the following regulations.

**PUBLIC FINANCE MANAGEMENT ACT, 2012 (KITUI COUNTY HEALTH
INSURANCE COVER FUND) REGULATIONS, 2018**

PART I—PRELIMINARY

- Citation** 1. These Regulations may be cited as the Public Finance Management Act, 2012 (Kitui County Health Insurance Cover Fund) Regulations, 2018.
- Commencement** 2. These Regulations shall come into operation upon Gazettement in the Kenya Gazette.
- Interpretation** 3. In these Regulations, unless the context otherwise requires:
- “**Amenity ward**” means a special ward aimed at increasing physical comfort and the pleasantness of the patients;
- “**Beneficiary**” means any person registered under the cover;
- “**Building blocks of healthcare**” means the seven pillars of health as provided by the World Health Organization, which are leadership and governance, health care financing, health work force, essential medical products, vaccines and technologies, health information systems and research, service delivery and health infrastructure;
- “**Child**” has the same meaning as assigned in Article 260 of the Constitution of Kenya, 2010;
- “**Committee**” means the Kitui County Health Insurance Cover Management Committee established under Regulation 16 of these Regulations;
- “**County Assembly**” means the County Assembly of Kitui as established under Article 176 of the Constitution of Kenya, 2010;
- “**County Health Management Team**” means the group composed of the County Director of Health, County Deputy Director of Health, County Nursing Officer, County Public Health Officer, County Rehabilitative Services Coordinator, County Reproductive Health Coordinator, County Health Records and Information Officer, County Pharmacist, County Nutrition Coordinator, County Disease Surveillance and Response Coordinator, County Health Promotion Officer, County Acquired Immuno-Deficiency Syndrome and Sexually Transmitted Infection Coordinator, County

Expanded Programme on Immunization Coordinator, County Tuberculosis and Leprosy Coordinator, County Medical Laboratory Coordinator, County Malaria Control Coordinator, County Epidemiologist, County Health Administrative Officer, all of whom collectively oversee public health services at the county level and are established under the county department of Health and Sanitation;

“County Treasury” means the County Government of Kitui Treasury.

“Cover” means the Kitui County Health Insurance Cover to be provided under these Regulations;

“Financial year” means the period of twelve months starting from 1st July and ending on 30th June in each year;

“Fund Administrator” means an officer designated in writing by the County Executive Committee Member for the time being responsible for the County Treasury in accordance to section 116 of the Public Finance Management Act, 2012;

“Fund” means the Kitui County Health Insurance Cover Fund established under Regulation 5 in accordance with section 116 of the Public Finance Management Act, 2012;

“Guardian” has the same meaning as provided under section 2 of the Public Health Act, 2012;

“Health care provider” has the same meaning as provided under section 2 of the Health Act, 2017;

“Health Centre and Dispensary Management Committee” means the Health Centre and Dispensary Management Committees as established in section 27 of the Kitui County Health Facilities Management Committees Act, 2014;

“Health” has the same meaning as provided under section 2 of the Health Act, 2017;

“Hospital Management Committees” means the hospital management committees as established in section 4 of the Kitui County Health Facilities Management Committees Act, 2014;

“Household” means a nuclear family living together within a house;

“Orphan” means a child under 18 years of age who has lost one or both parents to any cause of death;

“Out of pocket payment” means direct payments made by individuals to public health facilities at the time of service use;

“Orphanage” means a residential institution devoted to the care of orphans and children whose biological parents are deceased or otherwise unable or unwilling to take care of them;

“Participating public health facilities” means all public health facilities within Kitui County that have submitted

invoices for reimbursement in accordance with these Regulations;

“Principle beneficiary” the eligible person who fills the prescribed registration form and includes the head of an orphanage which is registered with the relevant legally authorized body;

“Public health facilities” means all public health facilities within Kitui County;

“Public health services” has the same meaning attached to it under section 2 of the Health Act, 2017;

“Salaries and Remuneration Commission” means the commission established under Article 230 of the Constitution of Kenya, 2010;

“School” has the same meaning as assigned in section 2 of the Basic Education Act, 2013;

“Specialist” has the same meaning attached to it under section 2 of the Health Act, 2017;

“Spouse” means a husband or a wife and includes all definitions of a wife for the purposes of familial continuity in accordance to Akamba traditions;

“Sub County Health Management departments” means the groups composed of the Sub County Medical Officer of Health, Sub County Public Health Nurse, Sub County Public Health Officer, Sub County Health Records and Information Officer, Sub County Pharmacy Facilitator, Sub County Nutrition Coordinator, Sub County Disease Surveillance and Response Coordinator, Sub County Health Promotion Officer, Sub County Acquired Immuno-Deficiency Syndrome and Sexually Transmitted Infection Coordinator, Sub County Tuberculosis and Leprosy Coordinator, Sub County Medical Laboratory Coordinator, Sub County Malaria Control Coordinator, Sub County Medical Engineer, all of whom collectively oversee public health services at the sub county level and are established under the county department of Health and Sanitation;

“Team” means the Kitui County Health Insurance Cover Management Team established under Regulation 20 of these Regulations;

“Universal Health Coverage” means a health care system where beneficiaries can use the promotive, preventive, curative, rehabilitative and palliative health services available in public health facilities within Kitui County of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship;

“Vulnerable children” means children who are at risk;

Object of the Regulations

4. The object of these Regulations is to establish the Kitui County Health Insurance Cover Fund, its management, operation procedures and its winding up procedure, promote the building blocks of healthcare and protect the interests of contributors.

PART II-ESTABLISHMENT AND ADMINISTRATION OF THE FUND

Establishment of the Fund

5. There is established a Fund to be known as the Kitui County Health Insurance Cover Fund.

Purpose of the Fund

- 6.
- (1) The purpose of the Fund shall be:
- (a) to promote universal health coverage in Kitui County;
 - (b) to provide beneficiaries relief from out of pocket payments for health services;
 - (c) to guarantee access to affordable high quality health services for beneficiaries;
 - (d) to promote the achievement of staffing norms and standards for human resources for health;
 - (e) to promote public health activities and disease prevention in Kitui County;
 - (f) Reimburse participating public health facilities costs of health services rendered to beneficiaries;
- (2) in promoting Regulation 6(1) the following shall be covered under the Fund:-
- (a) All curative, preventive, promotive and rehabilitative services available within the public health facilities;
 - (b) Public health facility inpatient bills up to twenty four hours after the date of discharge;
 - (c) Referrals within the public health facilities and referrals to higher levels of care outside the county subject to approval by an authorized health care provider;
 - (d) For highly specialized services, whose appliances are not routinely available in the public health facilities, the Fund shall cover the cost of all hospital fees excluding the cost of such appliances;
 - (e) Mortuary fees excluding professional fees for autopsies or postmortems for beneficiaries for

	<p>up to seven days, after which standard daily charges shall apply and be borne by the kin.</p> <p>(f) Mortuary fees including professional fees for autopsies or postmortems for beneficiaries who have died from maternity related complications, for up to seven days, after which standard daily charges shall apply and be borne by the kin.</p> <p>(g) Ambulance services within the county.</p>
Lifespan of the Fund	7. The Fund shall exist for a period of ten years.
Extension of lifespan of the Fund	8. Authority to extend the Fund lifespan to a period greater than ten years shall be sought from the County Executive Committee and the County Assembly.
Winding up of the Fund	<p>9.</p> <p>(1) The County Executive Committee Member for County Treasury shall seek the approval of the County Assembly before winding up.</p> <p>(2) Winding up shall be done in accordance to the provisions of the Public Finance Management Act, 2012.</p>
Office of the Fund Administrator	10. There is established the office of the Fund Administrator.
Appointment of Fund Administrator	11. The Fund Administrator shall be designated in writing by the County Executive Committee Member for the time being responsible for the County Treasury.
Functions of the Fund Administrator	<p>12. The Fund Administrator shall —</p> <p>(a) Supervise and administer the Fund;</p> <p>(b) Ensure that the earnings of and accruals to the Fund are retained in the Fund unless the County Executive Committee Member for County Treasury directs otherwise;</p> <p>(c) Ensure that money held in the Fund, including any earnings and accruals referred to in subparagraph (b) is spent only for the purposes for which the Fund is established;</p> <p>(d) Ensure disbursement of monies out of the Fund to the participating public health facilities and Sub County Health Management departments is done by the twenty seventh day of every month;</p>

-
- (e) Cause to be kept books of accounts and other books and records in relation to the Fund;
 - (f) Receive and submit reports on quarterly basis to the Committee on the status of the Fund including finances and challenges faced;
 - (g) Prepare a financial statement for the Fund each financial year in a form prescribed by the Accounting Standards Board;
 - (h) Ensure that the accounts for the Fund and the annual financial statements relating to those accounts comply with the accounting standards prescribed and published by the Accounting Standards Board from time to time;
 - (i) Prepare quarterly financial statements for the Fund including its financial and non-financial performance in a form prescribed by the Accounting Standards Board;
 - (j) Not later than three months after the end of each financial year, submit financial statements relating to the accounts under (i) above to the Auditor-General;
 - (k) Not later than fifteen days after the end of each quarter, submit quarterly report to the County Treasury and the Controller of Budget; and
 - (l) Furnish such additional information as he or she may deem fit to be proper and sufficient for the purpose of examination and audit by the Controller of Budget and the Auditor-General.

Fund Manager

13. There is established the Office of the Fund Manager.

Appointment and Qualifications of the Fund Manager

14.

- (1) The Fund Manager shall be appointed through a competitive process by the Kitui County Public Service Board.
- (2) A person is qualified for appointment as a Fund Manager if that person—
 - (a) Holds a degree in a business administration, economics, commerce, or any other related field from a recognized university;
 - (b) Is a qualified certified public accountant (CPA-K);
 - (c) Has knowledge and relevant working experience of not less than ten years in a managerial position.

-
- (d) Meets the requirements of leadership and integrity as set out in Chapter Six of the Constitution of Kenya, 2010.
 - (e) Must be computer literate

Functions of the Fund Manager

- 15.** The Fund Manager shall —
- (a) Supervise and control the management of the Fund;
 - (b) Prepare books of accounts and other books and records in relation to the Fund;
 - (c) Prepare necessary documents and schedules to enable disbursement of monies out of the Fund to the participating public health facilities and Sub County Health Management departments for verification by the Team by the fifteenth day of every month; and
 - (d) Prepare and submit reports to the Fund administrator by the seventeenth day of every month on the status of the Fund including finances and challenges faced.

**PART III- THE KITUI COUNTY HEALTH INSURANCE COVER
MANAGEMENT COMMITTEE**

Establishment of the Committee

- 16.** There is established a committee to be known as the Kitui County Health Insurance Cover Management Committee.

Composition of the Committee

- 17.**
- (1) The Committee shall consist of—
 - (a) The County Executive Committee Member for Health and Sanitation or a representative, who shall be the chair;
 - (b) The County Executive Committee Member for County Treasury or a representative;
 - (c) The Fund Administrator who shall be the secretary;
 - (d) The person responsible for legal matters in the county;
 - (e) 1 representative of Medical Superintendents;
 - (f) 1 representative of youth;
 - (g) 1 representative of women;

- (h) 1 representative of persons living with disability;
 - (i) 1 representative of religious leaders;
 - (j) nominee from the Office of the Governor;
- (2) The County Executive Committee Member for Health and Sanitation shall appoint the persons referred to under (1) (c) to (1)(j) in writing.

Powers and functions of the Committee

18. The Committee shall be responsible for

- (a) Overall oversight on the Fund;
- (b) Receiving and resolving complaints and challenges regarding the Fund;
- (c) Preparing quarterly progress reports for presentation to the County Executive Committee and the County Assembly through the County Executive Committee Member for Health and Sanitation;
- (d) Proposing fees and charges for new services not otherwise prescribed in the Kitui County Finance Act from time to time;
- (e) Forming such subcommittees as may be necessary to effectively perform its functions;
- (f) Policy development for the Cover;
- (g) Issuing policy directives for the Cover;
- (h) Propose to the Team policy changes when need be;
- (i) Publicizing and publishing books of the Fund and usage of money under the Fund;
- (j) Advising on the general performance of the Fund and the health insurance cover;
- (k) Undertaking all acts towards the attainment of the puposes of this Fund and Regulations;
- (l) Upholding and maintaining the highest ethical standards in the discharge of its functions; and
- (m) Maintaining honesty, accountability and integrity in the delivery of services regarding the operations of the Fund, having regard to the principles of efficiency, equality, fairness, courtesy and discipline.

Meetings of the Committee

19.

- (1) The Committee shall meet at least once per quarter.
- (2) The meetings of the Committee shall be convened by the chairperson or in the absence of the chairperson,

by a member appointed by the chairperson and shall be convened at such times as may be necessary for the discharge of the Committee's functions.

- (3) The quorum for meetings of the Committee shall be not less than half of the members.

Allowances of the Committee

20. The committee shall be entitled to allowances as per the Salaries and Remuneration Commission.

PART IV - THE KITUI COUNTY HEALTH INSURANCE COVER MANAGEMENT TEAM

Establishment of the Team

21. There is established a team to be known as the Kitui County Health Insurance Cover Management Team which shall have powers necessary to perform its functions;

Composition of the Team

22. This team shall consist of the Chief Officer for Health and Sanitation, who shall be the chair and eight other members who shall be appointed by the County Executive Committee Member for Health and Sanitation from the County Health Management Team.

Powers and functions of the Team

23. The Team shall be responsible for:
- (a) Ensuring standard operating procedures and guidelines in health service delivery are followed;
 - (b) Verification and recommendation for settlement of invoices received by the fifteenth day of every month;
 - (c) Supporting and supervising the participating health facilities and Sub County Health Management departments;
 - (d) Addressing day to day challenges arising from the implementation of the cover;
 - (e) Recommending for provision of working tools and human resource to participating health facilities and Sub County Health Management departments in line with procurement laws and staffing norms;
 - (f) Recommending operationalization of new health facilities or departments;
 - (g) Recommending for inclusion in the Cover of new health facilities or departments operationalized under (f);
 - (h) Determining initial allocations for each participating health facility and Sub County Health Management departments under these Regulations;

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- (i) Receiving complaints regarding staff, fact finding on the complaint and recommending for action to the relevant body;
 - (j) Monitoring and evaluating the performance of participating health facilities and Sub County Health Management departments;
 - (k) Recommending capacity building, staff development and motivation to the Fund Administrator;
 - (l) Upholding and maintaining the highest ethical standards in the discharge of its functions;
 - (m) Providing technical advice to the County Executive Committee Member responsible for Health and Sanitation; and
 - (n) Maintaining honesty, accountability and integrity in the delivery of services, having regard to the principles of efficiency, equality, fairness, courtesy and discipline;

Meetings of the Team

24.

- (1) The Team shall meet at least once per month or at such times as may be necessary for the discharge of the Team's functions.
- (2) The meetings of the Team shall be convened by the Chairperson or in the absence of the chairperson, by the Vice Chairperson or in the absence of both, a member designated by the Chairperson.
- (3) The quorum for meetings of the Team shall be not less than half of the members.

PART V- OPERATION OF THE FUND

Eligibility

- 25.** All persons resident in Kitui county shall be eligible to register for the cover.

Registration

26.

- (1) Eligible persons who intend to utilize the cover shall register annually through the prescribed form and pay the prescribed annual fee.
- (2) The principle beneficiary shall register a household that intends to be covered.

-
- (3) A cover taken under (2) above, Shall cover the following:
- (a) Spouse(s);
 - (b) Children under the age of eighteen years;
 - (c) Dependants between the age of eighteen and twenty six years subject to provision of proof of enrollment in a school;
 - (d) Dependants who are persons living with disability subject to provision of proof of registration with the National Council for Persons Living with Disability or a duly filled Persons with Disability Medical Assessment Report ;
 - (e) Children born of dependants subject to provision of proof of dependency;
 - (f) Orphans under the care of the principle beneficiary;
- (4) Persons responsible for the management of registered orphanages shall register orphans and vulnerable children under their care in clusters of a maximum of ten dependents per card, in the prescribed form and pay the prescribed fee for each cluster.
- (5) Should the dependants in a household change the principle beneficiary shall notify the Fund Administrator through the prescribed form.
- (6) Upon succesful registration and payment of the prescribed fee a principle beneficiary shall be issued with a digital registration card to be used for the cover.

-
- (7) Beneficiaries who wish to have their own digital registration card on the same registration as registered by the principle beneficiary shall fill the prescribed form and pay the prescribed fee before being issued with one.
 - (8) In case of loss of the digital registration card, a principle beneficiary shall fill the prescribed form for replacement and pay the prescribed fee for such replacement.
 - (9) The cover shall be valid for the current financial year, renewable at the beginning of the subsequent financial year.
 - (10) Registration shall be continuously done through mass mobilization campaigns at Kitui County Government offices, barazas, Churches, and public health facilities and any other place that the County Executive Committee Member for Health and Sanitation may designate.

Prescribed fee

27.

- (1) The prescribed fee for purposes of Regulation 26 (1) and 26 (4) shall be One Thousand Kenya Shillings or any other amount as shall be approved by the County Assembly.
- (2) The prescribed fee for purposes of Regulation 26 (7) shall be Two Hundred Kenya Shillings.
- (3) The prescribed fee for purposes of Regulation 26 (8) shall be Five Hundred Kenya Shillings.
- (4) All prescribed fees are non-refundable either in part or wholly.
- (5) All prescribed fees shall form part of the Fund.

Fees and charges**28.**

- (1) The fees and charges to be administered for services offered under the cover shall be as prescribed in the Kitui County Finance Act in force at the time.
- (2) Similar fees and charges shall be applicable to and payable by non beneficiaries of the cover.
- (3) The Committee may from time to time propose fees and charges for new services not otherwise prescribed in the Kitui County Finance Act.

Invoicing**29.**

- (1) The participating health facilities and Sub County Health Management departments shall on a monthly basis prepare and submit invoices for services offered in each month to the Fund Manager not later than the seventh day of the subsequent month.
- (2) The invoices shall be accompanied by a summary statement of services offered by each participating health facilities and each Sub County Health Management department.

Disbursements of Funds**30.**

- (1) The capital Funds shall be domiciled in the Fund account.
- (2) Funds shall be disbursed as follows:-
 - (a) An initial allocation to each participating health facility and Sub County Health Management department shall be determined by the Team for purposes of these Regulations.
 - (b) Disbursements to participating health facilities and Sub County Health Management departments shall be done on a monthly basis for invoices so submitted.

This shall in any case not be later than the twenty seventh day of the subsequent month.

- (c) Subsequent disbursements of Funds to participating health facilities and Sub County Health Management departments shall be based on fees for services offered.
- (d) Funds so disbursed shall be deposited in individual participating health facility bank accounts and Sub County Health Management departments bank accounts to be run and operated under guidelines to be issued from the County Treasury.
- (e) Prior to utilization of disbursed funds, each participating hospital management committee and health centre and dispensary management committee, as the case may be, shall approve an expenditure work plan developed by the health facility management team and the health facility executive expenditure committee on a quarterly basis.
- (f) Prior to utilization of disbursed funds, each participating Sub County Health Management department shall develop and get approved an expenditure work plan on a quarterly basis.

Reporting by health facilities

31. All participating health facilities and Sub County Health Management departments shall prepare and submit monthly reports on issues relating to the cover, to the Fund Manager.

Utilization of the Funds

32. The Fund capital shall be utilized for the following:-

-
- (1) To promote the building blocks of healthcare;
 - (2) For operations and maintenance of public health facilities;
 - (3) Improvement of health facility infrastructure as per the list in the schedule;
 - (4) Provide medical products and technologies for public health facilities;
 - (5) To equip health facilities;
 - (6) To strengthen and maintain health management information systems;
 - (7) Health promotion and disease prevention activities;
 - (8) to incentivize the health care providers ;
 - (9) to promote leadership and governance in public health facilities;
 - (10) to provide referral services within the county and referrals to higher levels of health facilities outside the county subject to approval by an authorized health care provider;
 - (11) for capacity building of health care providers to improve the quality of services;
 - (12) for locum and engagement of health care providers to help alleviate the challenge of staff shortage in public health facilities with an aim of gradually attaining staffing norms and standards for various cadres of health care providers;
 - (13) for engagement of casual workers and support staff in public health facilities;
 - (14) for payment of salaries for staff employed under the Fund;
 - (15) for additional costs in running amenity wards

-
- (16) for administrative purposes provided that it does not exceed three percent of Funds appropriated for the Fund.

PART V- FINANCIAL PROVISIONS

Fund Capital

- 33.** The capital of the Fund shall consist of the following:-
- (a) All Funds appropriated by the Kitui County Assembly for the purposes of this Fund;
 - (b) All Funds received as grants or donations for the purpose of this Fund;
 - (c) All prescribed fees collected for purposes of these regulations;
 - (d) Any other lawful source.

Fund Account

- 34.** The capital Funds shall be domiciled in a Fund account opened with the authority of the County Treasury.

Audit

- 35.** The accounts of the Fund shall be audited in accordance with the provisions of the Public Finance Management Act, 2012 and the Public Audit Act, 2015.

PART VI- MISCELLANEOUS

Guidelines

- 36.** The County Executive Committee Member responsible for County Treasury may make guidelines for the better carrying into effect of the provisions of these Regulations.

SCHEDULE

CHIC Registration form

CHIC Orphans Registration form

CHIC Change of Dependants Details Form

CHIC Multiple Card Request Form

CHIC Card Replacement Form

CHIC List of Infrastructure

CHIC Registration Form

[serial number]

R. 25(1)

**COUNTY GOVERNMENT OF KITUI.
MINISTRY OF HEALTH AND SANITATION.
COUNTY HEALTH INSURANCE COVER (CHIC).**

Cell phone:



Tanathi Water Service Board

0702615888/0702615444
0731717100
Email: Kituicounty@kenya.go.ke

Building, Ground Floor
P. O. BOX 33-90200
KITUI

REGISTRATION FORM.

Reg. Fee 1000/=

PART I: BENEFICIARY DETAILS.

Surname:..... Other Names:.....
National ID/ Passport/ Alien I.D No:.....
Date of Birth:.....
Age:.....Gender (Male/Female):.....
Mobile Phone Number:.....
Occupation (s):.....
Place of Residence (Sub county):.....
Ward:.....
Village:.....
Postal Address:.....

PART II: SPOUSE DETAILS.

Surname:..... Other Names:.....
National ID/ Passport/ Alien I.D No:.....
Date of Birth:.....
Age:.....Gender (Male/Female):.....
Mobile Phone Number:.....

PART III: CHILDREN DETAILS.

No	Name	ID / Passport / Birth Certificate	Date of Birth.
1			
2			
3			
4			
5			

6			
7			
8			
9			
10			

PART III. HEALTH CONDITIONS.

Physically Challenged (YES) (NO)

Mentally Challenged (YES)..... (NO).....

Do you suffer from any other Chronic / terminal ailment?

If Yes, which condition(attach letter from National Council for Persons Living with Disability)

Have you ever been admitted in the hospital? Yes No

If Yes, how many times

PART IV. SOCIO-ECONOMIC SURVEY.

What type of house do you live in?

Temporary Semi permanent Permanent.....

Have you ever sold property to settle hospital bill? Yes No

If Yes, what did you sell?

How much was the bill?

PART V: DECLARATION.

I hereby declare the above information is correct to the best of my knowledge.

Name:.....

Sign:..... Date:.....

PART VI: FOR OFFICIAL USE ONLY.

Data Capture Officer:.....

Sign:.....Date:.....

COUNTY GOVERNMENT OF KITUI.
MINISTRY OF HEALTH AND SANITATION.
COUNTY HEALTH INSURANCE COVER (CHIC).

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KITUI

ORPHANAGE REGISTRATION FORM. Reg Fee 1000/=

PART I: BENEFICIARY DETAILS.

Surname:..... Other Names:.....

National ID/ Passport/ Alien I.D No:.....

Date of Birth:.....

Age:..... Gender (Male/Female):.....

Mobile Phone Number:.....

Occupation (s):.....

Place of Resident (Sub county):.....

Ward:.....

Village:.....

Postal Address:.....

PART II: CHILDREN DETAILS.

No	Name	ID / Passport / Birth Certificate	Date of Birth.
1			
2			

3			
4			
5			
6			
7			
8			
9			
10			

PART III. SPECIAL HEALTH CONDITIONS OF ANY CHILD FROM TEN (10) ABOVE.

Physically Challenged (YES) (NO)

Mentally Challenged (YES)..... (NO).....

Do you suffer from any other Chronic / terminal ailment?

If Yes, which condition

Have you ever been admitted in the hospital? Yes No

If Yes, how many times

PART IV: DECLARATION.

I hereby declare the above information is correct to the best of my knowledge.

Name:.....

Sign:..... Date:.....

PART V: FOR OFFICIAL USE ONLY.

Data Capture Officer:.....

Sign:.....Date:.....

**COUNTY GOVERNMENT OF KITUI.
MINISTRY OF HEALTH AND SANITATION.
COUNTY HEALTH INSURANCE COVER (CHIC).**

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Tanathi Water Service
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CHANGE OF DEPENDANTS FORM.

S/No	Category.	Name.	Date of Birth.				Gender M / F.	Comments.
			Date.	Month.	Year.			
1	Beneficiary.							
2	Spouse.							
3	CHILD 1							
4	CHILD 2							
5	CHILD 3							
6	CHILD 4							
7	CHILD 5							
8	CHILD 6							
9	CHILD 7							
10	CHILD 8							

11	CHILD 9						
12	CHILD 10						

DECLARATION.

I hereby declare the above information is correct to the best of my knowledge.

Name:.....

Sign:..... Date:.....

FOR OFFICIAL USE ONLY.

Data Capture Officer:.....

Sign:.....Date:.....

COUNTY GOVERNMENT OF KITUI.
MINISTRY OF HEALTH AND SANITATION.
COUNTY HEALTH INSURANCE COVER (CHIC).

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Tanathi Water Service Board

Building, Ground Floor

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KITUI

MULTIPLE CARD APPLICATION FORM. Reg Fee 200/=

PART I: BENEFICIARY DETAILS.

Surname:..... Other Names:.....

National ID/ Passport/ Alien I.D No:.....

Date of Birth:.....

Age:..... Gender (Male/Female):.....

Mobile Phone Number:.....

Occupation (s):.....

Place of Resident (Sub county):.....

Ward:.....

Village:.....

Postal Address:.....

PART II: DEPENDANT DETAILS.

No	Name	ID / Passport / Birth Certificate	Date of Birth.	REASON FOR CARD APPLICATION
1				
2				
3				
4				

5				
6				
7				
8				
9				
10				

PART III: DECLARATION.

I hereby declare the above information is correct to the best of my knowledge.

Name:.....

Sign:..... Date:.....

PART IV: FOR OFFICIAL USE ONLY.

Data Capture Officer:.....

Sign:..... Date:.....

COUNTY GOVERNMENT OF KITUI.
MINISTRY OF HEALTH AND SANITATION.
COUNTY HEALTH INSURANCE COVER (CHIC).

Cell phone:
0702615888/0702615444
0731717100
Email: Kituicounty@kenya.go.ke



Tanathi Water Service Board
Building, Ground Floor
P. O. BOX 33-90200
KITUI

CARD REPLACEMENT FORM.

Fee 500/=

PART I: BENEFICIARY DETAILS.

Surname:..... Other Names:.....
National ID/ Passport/ Alien I.D No:.....
Card No.:.....
Age:..... Gender (Male/Female):.....
Mobile Phone Number:.....
Place of Resident (Sub county):.....
Ward:.....
Village:.....
Postal Address:.....

PART II: DECLARATION.

I hereby declare the above information is correct to the best of my knowledge.

Name:.....
Sign:..... Date:.....

PART III: FOR OFFICIAL USE ONLY.

Data Capture Officer:.....
Sign:..... Date:.....



R. 31(3)

LIST OF INFRASTRUCTURE OF HEALTH FACILITIES

-
1. Wards
 2. Maternity units
 3. Outpatient department
 4. Kitchen unit
 5. Maintenance unit
 6. Mortuary
 7. Theatre
 8. Physiotherapy department
 9. Orthopedic technology
 10. Administration block
 11. Maternal child health
 12. Pharmacy
 13. Laboratory
 14. Specialist clinics
 15. Eye department
 16. Orthopedic department
 17. Dental unit
 18. Comprehensive care centre
 19. Supplies department
 20. Renal unit
 21. Laundry unit
 22. Nutrition department
 23. Minor theatre
 24. Ear, Nose and Throat department
 25. X – Ray department
 26. Central Sterile supplies department
 27. Health Records department
 28. Staff houses
 29. Ablutions

Dated 2018.

Signed.....

Mrs. Mary Nguli
Kitui County Executive Committee Member for County Treasury.