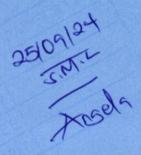
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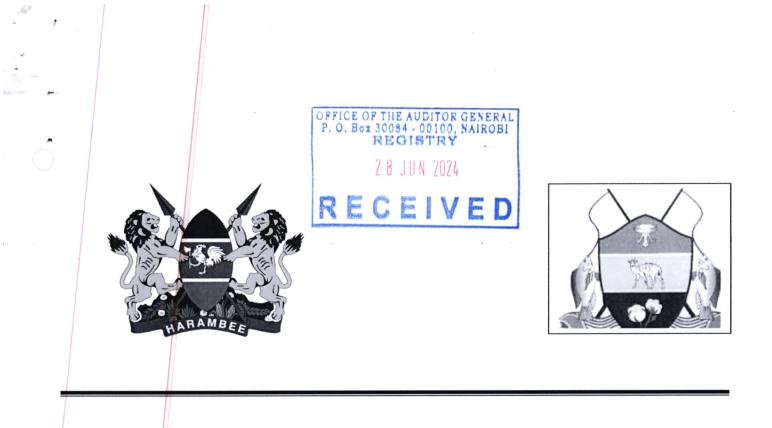
THE AUDITOR-GENERAL

ON

AMBIRA SUB-COUNTY LEVEL 4 HOSPITAL

FOR THE YEAR ENDED 30 JUNE, 2023

COUNTY GOVERNMENT OF SIAYA



Ambira Sub County Level 4 HOSPITAL (Siaya County Government)

ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 2023

Prepared in accordance with the Accrual Basis of Accounting Method under the International Public Sector Accounting Standards (IPSAS) **Table of Contents**

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1. Acronyms & Glossary of Terms

Provide a list of all acronyms and glossary of terms used in the preparation of this report e.g.

CSR	Corporate Social Responsibility
OSHA	Occupational Health & Safety Act
PFMA	Public Financial Management Act
MED SUP	Medical Superintendent
Fiduciary Management	Key management personnel who have financial responsibility in the
	entity.

2. Key Entity Information and Management

(a) Background information

Ambira Sub County level 4 Hospital established under Gazette Notice Number- Vol. CXXII-No.24 and is domiciled in Siaya County under the Health Department. The hospital is governed by a Board of Management.

(b) **Principal Activities**

Vision

We strive to improve Health by providing preventive, promotive, curative Health care by 2030

Mission

To provide quality Health care services that is accessible, affordable while being responsive to community Health needs.

(c) Key Management

The *hospital's* management is under the following key organs:

- County department of health
- Board of Management
- Accounting Officer/ Medical Superintendent
- Hospital Administrator
- Hospital Accountant

(d) Fiduciary Management

The key management personnel who held office during the financial year ended 30th June 2023 and who had direct fiduciary responsibility were:

No.	Designation	Name
1.	Medical Superintendent	Dr Tony Kinja
2.	Accountant	Mr. Kingsley Otieno
3.	Administrator	Mr Charles Lolwe Ombori

(e) **F**iduciary Oversight Arrangements

County Assembly

Parliamentary committees

- County Assembly health Committee
- County Assembly Finance Committee
- County Assembly Public Investment and Accounts Committee

Audit committee

Key Entity Information and Management (continued) (a) Entity Headquarters

P.O. Box 597-40600 SIAYA, KENYA MILIMANI ROAD ADJACENT TO JCC CHURCH

(b) Entity Contacts

Telephone: +254739178239 +254706704627 E-mail: <u>ambirasdh@gmail.com</u>

(c) Entity Bankers

Kenya Commercial Bank Ugunja Branch P. O Box 52-40600 Ugunja A/C NOs 1294087010 1117740803 1156762758

(d) Independent Auditors

Auditor General Office of Auditor General Anniversary Towers, Institute Way P.O. Box 30084 GPO 00100 Nairobi, Kenya

(e) Principal Legal Adviser

The Attorney General State Law Office Harambee Avenue P.O. Box 40112 City Square 00200 Nairobi, Kenya

(f) County Attorney

P.O. Box.803-40600 Siaya County Headquarters Siaya, Kenya

3. The Board of Management

Ambira level 4 Hospital doesn't have Board of management. The previous Board of Management term expired on 30th June, 2021.Currently the board of management nominees is before the County Assembly for consideration

4. Key Management Team

Ref	Management	Details
1.	DR. Tony Kinja Medical Superintendent MBCHB	 Medical Superintendent of the hospital and chair of the management team. MBCHB holder. Duties include: Seeing patients for treatment Overall supervision of the hospital Chairing of HMT meetings of the hospital
2.	Mr Charles Lolwe Ombori Hospital Administrator	 Hospital administrative officer (HAO) and member of HMT Duties include Ensuring effective running of facility daily activities Developing work and leave schedules for staff Is the secretary to the HMT
3.	Mr Job Kingsley Otieno Accountant BCOM	 Hospital accountant and a member of HMT Duties Supervising revenue staff Budgeting for the facility Maintain book of accounts for the facility Control expenditure
4.	Mrs Hellen Raganga Nursing Service Manager (NSM)	 Nurse in charge and HMT member Duties Preparing duty rotas for all nursing staff Preparing end month nursing reports Supervising the nursing staff
5.	Dr Sharon Onyango Pharmacy In-charge Bachelor of pharmacy	 Pharmaceutical technologist and member of HMT Duties Issuing medicine to patients Managing pharmacy operations Ordering and receiving medical supplies Doing stock takes

5. Chairman's Statement

Ambira level 4 Hospital doesn't have Board of management. The previous Board of Management term expired on 30th June, 2021.Currently the board of management nominees is before the County Assembly for consideration

6. Report of The Medical Superintendent

During the 2022/2023 financial year, Ambira level 4 Hospital had an average performance generally. We were able to maintain our core mandate of provision of curative and rehabilitative services during the year. The following were areas of priority that the hospital focussed on to ensure the delivery of the said services

- 1. Availability of health product and technologies
- 2. Sustaining the payment for utilities especially electricity and water
- 3. Payment of pending bills

Like all other entities, the hospital experienced a myriad of challenges that greatly affected the income and general cash flow to the hospital hence delaying execution of the financial plan. These include

- 1. Interruption of service delivery due to the electoral process
- 2. High cost of living that saw the increase in price of commodity across almost all areas but significantly on food items, electricity and fuels
- 3. Reduced purchasing power of the patients resulting less revenue from the FIF revenue stream
- 4. Non remittance of funds from NHIF managed schemes especially Linda mama
- 5. Inadequate human resources as a service oriented entity, adequate human resources remains an important pillar to the delivery of our services. During this financial year the hospital had severe shortage of personnel cutting across all departments. The worst affected being nursing, clinical officers, medical officers and specialists making it difficult to discharge our mandate of service provision.

These significantly affect the facility since the hospital largely relies on its own revenue generated to facilitate services. This is further compounded by the requirement to surrender 25% of the revenue it generates to the department for running other rural facilities.

Despite all the above challenges, the hospital still managed to improve its revenue generation. This was largely possible due to the strengthening of our revenue collection system and better supervision by the various departmental heads that assisted in ensuring better revenue collection at their service delivery point. It shows the potential the hospital has to further improve service delivery once more funds are available.

To mitigate on the challenges raised above, the Hospital management team was very responsive and deliberate in decision making to prioritise key spending areas to keep the hospital running.

We hope that more deliberate efforts shall be made to support the operations of the hospital especially in making more funds available through direct funding from the exchequer and allowing the hospital to utilise 100% of their collection.

KOTTOWA - DAMBRA LEVEL 4 HOSPITAL DR Name Secretary to the Board P. O. Box 55 - 40606 UGUNJA Email: ambirasdh@gmail.com

7. Statement of Performance Against Predetermined Objectives

(Section 164 (2) (f) of the Public Finance Management Act, 2012 requires that, at the end of each financial year, the accounting officer when preparing financial statements of each County Government entity Government entities in accordance with the standards and formats prescribed by the Public Sector Accounting Standards Board includes a statement of the county government entity's performance against predetermined objectives.

Strategic development objectives (Adopted from Siaya County)

The County's CIDP has identified 10 key strategic development objectives. Broadly, these objectives have been identified through a participatory process that reviewed the development priorities of the Governor's Manifesto, the National Government's "Big Four", NIUPLAN, SDGs and the MTP III.

The strategic objectives are a synthesised product of the afore-mentioned planning frameworks that amalgamate the thematic focus and development aspirations in these policy frameworks. The targets set for the FY 2022/2023 period for its strategic pillars, as indicated in the diagram below:

Strategic Pillar/Theme/Is sues	Objective	Key Performance Indicators	Activities	Achievements
Pillar/ theme/ issue 1:				
			No. Completed medical laboratories	3
			No. Completed maternity units	5
		To reduce	No. Completed general wards	2
Health and	To reduce mortality		No. Completed dispensaries	3
Sanitation	from preventable deaths	mortality from preventable deaths	% of Clients counselled and tested for HIV	83%
		dealins	% of HIV positive clients linked to care	97%
			% of WRA who know their HIV status	92%
			Percentage of HEI turning HIV positive at 18 months	2%

		•
		ients with viral 93%
		accredited CHVs eedback
	No. of C on eye	CHAs sensitized 24
	No. of I distribu	half jackets 2200
	on NCI	
	commu	CHAs trained on nity MNH 30
	meeting	
		HHs reached with 250,698 250,698
	No. of t days he	targeted dialogue 6
Improved		
diagnostic servi		
through comple		
of maternity with	ng	

8. Corporate Governance Statement

During the year under review the facility did not have a Board of management. The previous Board of Management term expired on 30th June, 2021.Currently the board of management nominees is before the County Assembly for consideration.

9. Management Discussion and Analysis

It is my pleasure to present Ambira level 4 hospital financial statements for the year ended 30th June 2023. The financial statements present the financial performance of Ambira level 4 Hospital over the past year.

Clinical/operational performance

• Bed capacity of the hospital.

The hospital bed capacity stood at 150 though a whole 50 bed capacity remained unutilized due to staff shortage.

- Overall patient attendance during the year for both inpatient and outpatient. The overall patient attendance stood at 16476 and 2318 for outpatient and inpatient respectively.
- o Accident and Emergency attendance
- The attendance for accidents and emergencies was 629 for the FY 2021/2022. This was a significant rise compared to the FY ending 30th June 2021.
- Specialised clinic attendance

Special clinic attendance was majorly the medical outpatient clinic with a documented record of 846 clients being seen.

• Average length of stay for in patient

The average length of hospital stay was evaluated and documented to be 16 days which is way above the recommended average by the ministry of health. All hands are however on deck to ensure this indicator is brought down and subsequently sustained.

• Bed occupancy rate

The bed occupancy rate was 555 clients for the period under review.

• Mortality rate

The mortality rate stood at 27/100000 population.

• Surgical theatre utilisation (number of operations over a period of time)

The facility did not have an operational theatre during the period under review.

Sponsorships and partnerships

Major partner was the care and treatment partner CHS.

The entity's operational and financial performance

The Hospital has seen a growth in revenue trends over the past periods. During the year under review, the facility raised a total of **Kshs. 20,634,832 as** revenues. A total of **Kshs. 20,151,563** as incurred as expenditures.

Entity's compliance with statutory requirements

The Hospital is continually carrying out its mandate in line with different regulations guiding its operations. **Major risks facing the entity**

The major risk factor facing the Hospital is the lack of liquidity to finance most of its operations. Moreover, this poses a challenge in terms of offsetting its accrued pending bills.

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Material arrears in statutory/financial obligations

During the reporting period, the hospital accrued a total of Ksh. 4,656,802 as pending bills.

AMBIRA LEVEL 4 HOSPITA ADMINISTRATIVE OFFICER 21:1-9 Name KOTPOWA - D. = P. O. Box 55 - 40606 UGUNJA Email: ambirasdh@gmail.com Secretary to the Board

10. Environmental And Sustainability Reporting

i.

Ambira Sub-County Hospital exists to transform lives. It's what guides us to deliver our strategy, putting the client/Citizen first, delivering health services, and improving operational excellence. Below is an outline of the organisation's policies and activities that promote sustainability.

Sustainability strategy and profile

Ambira Sub-County Hospital has identified the following sustainability priorities; consultative planning and budgeting process, improving own source revenue collection and sourcing for local service providers.

In consultative planning and budgeting process, the county has ensured all stakeholders are brought on board in project identification, implementation to completion and this has ensured project ownership by the intended beneficiaries and ultimately creating the desired impact. The county has developed own source revenue collection strategy as a deliberate effort of laying down strategies of improving own source revenue collected within the county. These efforts are aimed at boosting the fiscal resource basket of the county that is largely supported by the exchequer from the National Government. In the end, the county is also promoting sourcing of services from local providers with an objective of 'buying Siaya building Siaya'. This translates to promoting local goods and services that will ultimately build the local economy.

While implementing the above sustainability priorities, there are broad political and macroeconomic trends from the National outlook that are likely to affect their realization. The major macroeconomic trend projected is high cost of inflation in the country. The high inflation rate will affect the cost of living and production cost that will negatively affect the business environment and eventually own source revenue collection. Similarly, the country is also headed in the electioneering period and the political environment interfere with the sustainability priorities. Notwithstanding, the county will align its policies to adjust to the microeconomic conditions and implement succession management plan in the transition period to manage the political environment.

. However, in the course of implementation, there are challenges experienced across departments. They include; effects of covid-19, inadequate staffing, inadequate funding and delays in disbursement of funds

ii. Environmental performance

Ambira Sub-County Hospital is yet to establish an environmental policy however, the county has adopted National laws to guide the public and help in compliance with environmental laws. Some of the environmental and climate change issues experienced in the County include; deforestation in hills, flooding in areas near water bodies, pollution in urban areas, drought and famine, invasive species, loss of biodiversity and change in water levels especially in lake Victoria. To manage these environmental hazards, the county is; developing policies that will help protect the environment; investing in woodlots to promote tree planting, establishing designated dumping sites for waste management; promoting irrigation; establishing dykes in flood prone areas; preserving indigenous trees and certain wild animals.

iii. Employee welfare

To improve staff performance, Ambira Sub County Hospital has initiated capacity building programmes to staffs through trainings by Kenya School of Government and partners such as World Bank. Further, the Human Resource department coordinates staff appraisal, performance contracting and propose rewards and sanctions.

The County has complied with Occupational Safety and Health Act of 2007, (OSHA) by providing adequate office space that is regularly cleaned, providing sanitation facilities, regular trainings on drug and substance abuse and providing PPEs to staffs in health-related fields.

iv. Market place practices-

In 2019, the County Government was declared a corruption free zone after engagements with Ethics and Anti-corruption commission. The county government advocates for fairness in service provision, resource allocation, open bidding, evaluation and awarding of tenders to suppliers. All advertisement of tenders and communications are done through the County Government website and official social media platforms. The county has fully embraced the e-procurement system to help in the tendering process. To successful suppliers, the county makes timely payment of goods and services delivered and made efforts of settling pending bills owed to creditors. The County expect quality goods and services despite not having a quality assurance unit to check on standards. Nonetheless, the process of ISO certification is on course.

v. Community Engagements-

Ambira Sub-County Hospital is fostering interaction with businesses, NGOs and other key stakeholders to address social problems through Corporate Social Responsibility (CSR) agenda. Various sectors have partnered with NGO's to provide CSR services. In health sector, the county has partnered with NGO's to provide polio vaccine to new born in the communities, training of expectant mothers, providing mosquito nets and providing food supplements. In agriculture, through partners, farmers have benefitted from free extension services, provision of certified seeds and fertilizers, provision of fingerlings and fishing gears.

11. Report of The Board of Management

Ambira level 4 Hospital doesn't have Board of management. The previous Board of Management term expired on 30th June, 2021.Currently the board of management nominees is before the County Assembly for consideration

Auditors

The Auditor General is responsible for the statutory audit of *Ambira Sub County Hospital* in accordance with Article 229 of the Constitution of Kenya and the Public Audit Act 2015 for the year/period ended June 30, 2023 in accordance to section 23 of the Public Audit Act, 2015 which empowers the Auditor General to appoint an auditor to audit on his behalf.

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By Order of the Board

Secretary to the Board

Name DK

KOTTOWA

12. Statement of Board of Management's Responsibilities

Section 164 of the Public Finance Management Act, 2012 requires the Board of Management to prepare financial statements in respect of Ambira level 4 hospital, which give a true and fair view of the state of affairs of Ambira Level 4 Hospital at the end of the financial year/period and the operating results of the Ambira level 4 hospital for that year/period. The Board of Management is also required to ensure that the Ambira level 4 hospital has proper accounting records which disclose with reasonable accuracy the financial position of Ambira level 4 hospital. The council members are also responsible for safeguarding the assets of Ambira level 4 hospital.

The Board of Management is responsible for the preparation and presentation of Ambira level hospital financial statements, which give a true and fair view of the state of affairs of Ambira level 4 hospital for and as at the end of the financial year (period) ended on June 30, 2023. This responsibility includes: (i) maintaining adequate financial management arrangements and ensuring that these continue to be effective throughout the reporting period, (ii) maintaining proper accounting records, which disclose with reasonable accuracy at any time the financial position of the entity, (iii) designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements, and ensuring that they are free from material misstatements, whether due to error or fraud, (iv) safeguarding the assets of Ambira level 4 hospital; (v) selecting and applying appropriate accounting policies, and (vi) making accounting estimates that are reasonable in the circumstances.

The Board of Management accepts responsibility for Ambira level 4 hospital financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgements and estimates, in conformity with International Public Sector Accounting Standards (IPSAS), and in the manner required by the PFM Act, 2012. The Board members are of the opinion that Ambira level 4 hospital financial statements give a true and fair view of the state of Ambira level 4 hospital transactions during the financial year ended June 30, 2023, and of the Ambira level 4 hospital financial position as at that date. The Board members further confirm the completeness of the accounting records maintained for Ambira level 4 hospital, which have been relied upon in the preparation of Ambira level 4 hospital financial statements as well as the adequacy of the systems of internal financial control.

In preparing the financial statements, the Directors have assessed the Fund's ability to continue as a going concern.

Approval of the financial statements

The Hospital's financial statements were approved lits behalf by:	by the Board on $30 2023$ and signed on
Name: Chairperson Board of Management	Name: DR 160170WA-D-D
5	SPITAL

REPUBLIC OF KENYA

Telephone: +254-(20) 3214000 mail: info@oagkenya.go.ke Website: www.oagkenya.go.ke



HEADQUARTERS Anniversary Towers Monrovia Street P.O. Box 30084-00100 NAIROBI

REPORT OF THE AUDITOR-GENERAL ON AMBIRA SUB-COUNTY LEVEL 4 HOSPITAL FOR THE YEAR ENDED 30 JUNE, 2023 - COUNTY GOVERNMENT OF SIAYA

PREAMBLE

I draw your attention to the contents of my report which is in three parts:

- A. Report on the Financial Statements that considers whether the financial statements are fairly presented in accordance with the applicable financial reporting framework, accounting standards and the relevant laws and regulations that have a direct effect on the financial statements.
- B. Report on Lawfulness and Effectiveness in Use of Public Resources which considers compliance with applicable laws, regulations, policies, gazette notices, circulars, guidelines and manuals and whether public resources are applied in a prudent, efficient, economic, transparent and accountable manner to ensure Government achieves value for money and that such funds are applied for the intended purpose.
- C. Report on Effectiveness of Internal Controls, Risk Management and Governance which considers how the entity has instituted checks and balances to guide internal operations. This responds to the effectiveness of the governance structure, the risk management environment and the internal controls, developed and implemented by those charged with governance for orderly, efficient and effective operations of the entity.

An unmodified opinion does not necessarily mean that an entity has complied with all relevant laws and regulations and that its internal controls, risk management and governance systems are properly designed and were working effectively in the financial year under review.

The three parts of the report are aimed at addressing the statutory roles and responsibilities of the Auditor-General as provided by Article 229 of the Constitution, the Public Finance Management Act, 2012 and the Public Audit Act, 2015. The three parts of the report, when read together constitute the report of the Auditor-General.

REPORT ON THE FINANCIAL STATEMENTS

Qualified Opinion

I have audited the accompanying financial statements of Ambira Sub-County Level 4 Hospital - County Government of Siaya set out on pages 1 to 40, which comprise of the

statement of financial position as at 30 June, 2023, and the statement of financial performance, statement of changes in net assets, statement of cash flows and statement of comparison of budget and actual amounts for the year then ended, and a summary of significant accounting policies and other explanatory information in accordance with the provisions of Article 229 of the Constitution of Kenya and Section 35 of the Public Audit Act, 2015. I have obtained all the information and explanations which, to the best of my knowledge and belief, were necessary for the purpose of the audit.

In my opinion, except for the effect of the matters described in the Basis for Qualified Opinion section of my report, the financial statements present fairly, in all material respects, the financial position of the Ambira Sub-County Level 4 Hospital - County Government of Siaya as at 30 June, 2023, and of its financial performance and its cash flows for the year then ended, in accordance with the International Public Sector Accounting Standards (Accrual Basis) and comply with the Health Act, 2017, the County Governments Act, 2012 and the Public Finance Management Act, 2012.

Basis for Qualified Opinion

1. Variances in Revenue from Rendering of Service

The statement of financial performance reflects Kshs.13,133,957 in respect of rendering of services - medical services income as disclosed in Note 8 to the financial statements. Included in the amount is the National Health Insurance Fund reimbursement of Kshs.3,493,918. However, the National Health Insurance Fund records revealed an amount of Kshs.2,934,070 was paid to the hospital resulting to an unexplained variance of Kshs.559,848.

In the circumstances, the accuracy and completeness of revenue from rendering services of Kshs.13,133,957 could not be confirmed.

2. Variances in Receivables from Exchange Transactions

The statement of financial position reflects receivables from exchange transactions balance of Kshs.2,987,080 as disclosed in Note 17 to the financial statements. The amount relates to dues from the National Health Insurance Fund (NHIF) whose records indicate a balance of Kshs.8,594,765 resulting to. an unexplained variance of Kshs.5,607,685. Further, the amount has been outstanding for more than twelve (12) months while the contract between the Hospital and NHIF indicates the period to pay genuine claims is within thirty (30) days of submission.

In the circumstances, the accuracy, completeness and recoverability of the trade receivables balance from exchange transactions of Kshs.2,987,080 could not be confirmed.

3. Non-Disclosure of Donated Drugs

The statement of financial performance reflects a Nil amount on grants from donors and development partners as reported in the financial statements. However, distribution data from Kenya Medical Supplies Authority (KEMSA) revealed that the Hospital received donations and program commodities drugs amounting to Kshs.23,037,166.34 and Universal Health Coverage of Kshs.708,997.95 but were not disclosed in the financial statements.

In the circumstances, the accuracy and completeness of Nil grants from donors and development partners could not be confirmed.

4. Inaccurate Property, Plant and Equipment Balances

The statement of financial position reflects property, plant and equipment balance of Kshs.485,305 as disclosed in Note 19 to the financial statements. The balance includes ICT equipment and plant and medical equipment of Kshs.120,430 and Kshs.364,875 respectively. However, Management did not disclose other assets like land and buildings, specialized and non-specialized medical equipment and furniture and fittings. In addition, excluded from property, plant and equipment balance is the value of a parcel of land in South Ugenya on which the facility has set up own buildings. Although Management indicated that the parcel of land was donated by the community, the facility is yet to initialize the process of conveyancing to transfer the ownership of the land to Ambira Sub-County Level 4 Hospital.

In the circumstances, the accuracy, completeness, valuation and ownership of property, plant and equipment balance of Kshs.485,305 could not be confirmed.

The audit was conducted in accordance with International Standards of Supreme Audit Institutions (ISSAIs). I am independent of the Ambira Sub-County Level 4 Hospital Management in accordance with ISSAI 130 on the Code of Ethics. I have fulfilled other ethical responsibilities in accordance with the ISSAI and in accordance with other ethical requirements applicable to performing audits of financial statements in Kenya. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Key Audit Matters

Key audit matters are those matters that, in my professional judgment, are of most significance in the audit of the financial statements. There were no key audit matters to report in the year under review.

REPORT ON LAWFULNESS AND EFFECTIVENESS IN USE OF PUBLIC RESOURCES

Conclusion

As required by Article 229(6) of the Constitution, based on the audit procedures performed, except for the matters described in the Basis for Conclusion on Lawfulness and Effectiveness in Use of Public Resources section of my report, I confirm that, nothing else has come to my attention to cause me to believe that public resources have not been applied lawfully and in an effective way.

Basis for Conclusion

1. Inconsistencies in Presentation and Disclosure in the Financial Statements

Review of the financial statements submitted for audit revealed inconsistencies as detailed below;

i. The financial statements were not approved by Chairman of the Board of Management.

ii. The Head of Finance did not indicate his/her ICPAK membership number when signing the financial statements.

In the circumstances, Management did not comply with the requirements of the Public Sector Accounting Standards Board (PSASB) financial reporting template.

1. Long Outstanding Trade and Other Payables

The statement of financial position and as disclosed in Note 21 to the financial statements reflects a balance of Kshs.4,656,802 in respect of trade and other payables. However, included in the balance are twenty-six (26) historical creditors amounting to Kshs.3,636,821 which remained unpaid for more than ninety (90) days as at 30 June, 2023. This is contrary to Section 53(8) of the Public Procurement and Asset Disposal Act, 2015 which states that an Accounting Officer shall not commence any procurement proceedings until satisfied that sufficient funds to meet the obligations of the resulting contract(s) are reflected in approved budget estimates

In the circumstances, Management was in breach of the law.

2. Long Outstanding Receivables from Exchange Transactions

The statement of financial position and as disclosed in Note 17 to the financial statements reflects a balance of Kshs.2,987,080 in respect to receivables from exchange transactions. The balance relates to medical services receivables or claims from National Hospital Insurance Fund (NHIF) which remained unpaid for a period of more than ninety (90) days since the date the claims were lodged with NHIF and as observed in the hospital's Health Insurance Claim System (HICS). This was in violation of the contract between Ambira Sub-County Level 4 Hospital and NHIF which requires that clean claims be paid within ninety (90) days of receipt of the claim from the health care provider.

In the circumstances, the ability of the Hospital to effectively deliver quality health care services to patients may have been jeopardized.

3. Failure to Prepare a Procurement Plan

During the year under review, it was observed that the Hospital did not have a procurement plan despite having procured several items and services. This was contrary to Regulation 114(2) of the Public Finance Management (County Governments) Regulations, 2015 which states that every year a procurement plan shall be prepared by Accounting Officers to form the basis for procurement activities undertaken by Government entities in the fiscal year.

In the circumstances, Management was in breach of the law.

4. Deficiencies in Implementation of Universal Health Coverage

Review of Hospital records and interviews on verification of services offered, equipment used and medical specialists in the Hospital at the time of audit revealed that the Hospital did not meet the requirements of Kenya Quality Model for Health Policy Guidelines due to staff deficits by seventy-two (72) staff requirements or 71.3% of the 101 authorized establishment.

Report of the Auditor-General on Ambira Sub-County Level 4 Hospital for the year ended 30 June, 2023 - County Government of Siaya

Staff Requirements	Level 4 Standard	Number in Hospital	Variance	Percentage %
Medical Officers	16	9	7	43.8
Anaesthesiologists	2	-	2	100
General Surgeons	2	-	2	100
Gynaecologists	2	-	2	100
Paediatrics	2	-	2	100
Radiologists	2	-	2	100
Kenya Registered Community Health Nurses	75	27	48	64
Total	101	29	72	71.3

In addition, the Hospital lacked the necessary equipment and machines outlined in the Health Policy Guidelines as detailed below;

Service		Level 4 Hospital Standard	Actuals in the Hospital	Variance	Percentage %
Beds		150	150	-	-
Resuscitaire (2 I Theatre)	In Labor & 1 in	3	2	1	33.3
New Born Unit I	ncubators	5	2	3	60
New Born Unit C	Cots	5	1	4	20
Functional ICU	Beds	6	-	6	0
High Dependend Beds	cy Unit (HDU)	6	-	6	0
Renal Unit with a Dialysis Machine		5	0	5	100
Two Functional (Theatres-Materr	•	2	1	1	50

These deficiencies contravene the First Schedule of the Health Act, 2017 and imply that accessing the highest attainable standard of health, which includes the right to health care services, including reproductive health care as required by Article 43(1) of the Constitution of Kenya, 2010 may not be achieved.

In the circumstances, the Hospital will not be able to deliver on its mandate.

The audit was conducted in accordance with ISSAI 4000. The Standard requires that I comply with ethical requirements and plan and perform the audit to obtain assurance about whether the activities, financial transactions and information reflected in the financial statements are in compliance, in all material respects, with the authorities that govern them. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my conclusion.

REPORT ON EFFECTIVENESSOF INTERNAL CONTROLS, RISK MANAGEMENT AND GOVERNANCE

Conclusion

As required by Section 7(1)(a) of the Public Audit Act, 2015, based on the audit procedures performed, except for the matters described in the Basis for Conclusion on Effectiveness of Internal Controls, Risk Management and Governance section of my report, I confirm that, nothing else has come to my attention to cause me to believe that internal controls, risk management and overall governance were not effective.

Basis for Conclusion

1. Failure to Dispose Unserviceable Assets

The statement of financial position reflects a balance of Kshs.485,305 in respect of property, plant and equipment as disclosed in Note 19 to the financial statements. Physical verification at the facility in the month of April, 2024 revealed that numerous assets were either grounded, unserviceable or abandoned. Further, the disposal plan for these assets had not been approved. In addition, there was no clear explanation provided on why the assets had not been disposed.

In the circumstances, the existence and effectiveness of internal controls for asset management could not be confirmed.

2. Failure to Maintain Fixed Asset Register

The statement of financial position reflects balances of the statement of financial position reflects Kshs.485,305 in respect to property, plant and equipment as disclosed in Note 19 to the financial statements. Physical verification revealed existence of various assets which include land and buildings, specialized and non-specialized medical equipment, furniture and fittings, motor vehicle (ambulance) and ICT equipment. However, it was noted that the Hospital does not maintain fixed asset register to control its assets.

In the circumstances, the existence of an effective mechanism to safeguard assets could not be confirmed and Management was in breach of the regulations.

3. Stock-Outs of Essential Medical Supplies

The statement of financial position reflects inventory balance of Kshs.1,577,453 as disclosed in Note 18 to the financial statements. Review of the Hospital stock cards for controlling stores indicated that the Hospital experienced stock out of medical supplies ranging from days to fifteen (15) to thirty (30) days.

In the circumstances, the effectiveness of internal controls on the management of pharmaceutical and non-pharmaceutical inventory to achieve the Hospital mandate could not be confirmed.

4. Lack of Board of Management

During the year under review, the Hospital did not have a Board of Management in place that is supposed to direct the Hospital in achieving its strategic objectives was not constituted.

In the circumstances, the Hospital will not achieve its strategic objectives.

5. Lack of Risk Management Policy, Information Communication Technology Policy and Disaster Recovery Plan

Review of records revealed that the Hospital did not have in place, a risk management policy and did not perform formal risk assessments on all key financial risk areas such as revenue, expenditure and fraud review. Further, the Hospital did not have a disaster recovery plan and information communication technology policy in place to guide continuity of services in case of disruptions.

In the circumstances, existence of risk management strategies, internal controls in fraud prevention and services continuity could not be confirmed.

6. Failure to Establish Internal Audit Unit and Audit Committee

Review of Hospital organizational structure revealed that the Hospital did not have an internal audit department contrary to Section 155(1a) of the Public Finance Management Act, 2012 which requires that County Government entity to ensure that it complies with this Act and has appropriate arrangements for conducting internal audit according to the guidelines issued by the Accounting Standards Board. Further, it was also observed that the Hospital did not have an audit committee.

In the circumstances, the existence of an effective internal control system could not be confirmed.

The audit was conducted in accordance with ISSAI 2315 and ISSAI 2330. The Standards require that I plan and perform the audit to obtain assurance about whether processes and systems of internal controls, risk management and overall governance were operating effectively, in all material respects. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my conclusion.

Responsibilities of Management and the Board of Management

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the International Public Sector Accounting Standards (Accrual Basis) and for maintaining effective internal controls as Management determines is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error and for its assessment of the effectiveness of internal controls, risk management and governance.

In preparing the financial statements, Management is responsible for assessing the Hospital's ability to continue to sustain its services, disclosing, as applicable, matters related to sustain ability of services and using the applicable basis of accounting unless the Management is aware of the intention to terminate the Hospital or to cease operations.

Management is also responsible for the submission of the financial statements to the Auditor-General in accordance with the provisions of Section 47 of the Public Audit Act, 2015.

In addition to the responsibility for the preparation and presentation of the financial statements described above, Management is also responsible for ensuring that the activities, financial transactions and information reflected in the financial statements are

in compliance with the authorities which govern them, and that public resources are applied in an effective way.

The Board of Management is responsible for overseeing the Hospital's financial reporting process, reviewing the effectiveness of how Management monitors compliance with relevant legislative and regulatory requirements, ensuring that effective processes and systems are in place to address key roles and responsibilities in relation to governance and risk management, and ensuring the adequacy and effectiveness of the control environment.

Auditor-General's Responsibilities for the Audit

The audit objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion in accordance with the provisions of Section 48 of the Public Audit Act, 2015 and submit the audit report in compliance with Article 229(7) of the Constitution. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISSAIs will always detect a material misstatement and weakness when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

In addition to the audit of the financial statements, a compliance audit is planned and performed to express a conclusion about whether, in all material respects, the activities, financial transactions and information reflected in the financial statements are in compliance with the authorities that govern them and that public resources are applied in an effective way, in accordance with the provisions of Article 229(6) of the Constitution and submit the audit report in compliance with Article 229(7) of the Constitution.

Further, in planning and performing the audit of the financial statements and audit of compliance, I consider internal controls in order to give an assurance on the effectiveness of internal controls, risk management and overall governance processes and systems in accordance with the provisions of Section 7(1)(a) of the Public Audit Act, 2015 and submit the audit report in compliance with Article 229(7) of the Constitution. My consideration of the internal controls would not necessarily disclose all matters in the internal controls that might be material weaknesses under the ISSAIs. A material weakness is a condition in which the design or operation of one or more of the internal controls components does not reduce to a relatively low level the risk that misstatements caused by error or fraud in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions.

Because of its inherent limitations, internal controls may not prevent or detect misstatements and instances of noncompliance. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies and procedures may deteriorate.

Report of the Auditor-General on Ambira Sub-County Level 4 Hospital for the year ended 30 June, 2023 - County Government of Siaya

As part of an audit conducted in accordance with ISSAIs, I exercise professional judgement and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Management.
- Conclude on the appropriateness of Management's use of the applicable basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to sustain its services. If I conclude that a material uncertainty exists, I am required to draw attention in the auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my audit report. However, future events or conditions may cause the Hospital to cease to sustain its services.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information and business activities of the Hospital to express an opinion on the financial statements.
- Perform such other procedures as I consider necessary in the circumstances.

I communicate with Management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that are identified during the audit.

I also provide Management with a statement that I have complied with relevant ethical requirements regarding independence and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and where applicable, related safeguards.

FCPA Nancy Gath nod. CBS AUDITOR-GENERAL

Nairobi

11 July, 2024

14. Statement of Financial Performance for The Year Ended 30 June 2023

Description	Notes	Period ended 30th June 2023	Period ended 30th June 2022
		Kshs .	Kshs
Revenue From Non-Exchange Transactions			
Transfers from the County Government	6	-	-
In- kind contributions from the County Government	7	7,500,876	1,859,562
		7,500,876	1,859,562
Revenue From Exchange Transactions			
Rendering of services- Medical Service Income	8	13,133,957	11,130,880
Revenue From Exchange Transactions		13,133,957	11,130,880
Total Revenue		20,634,832	12,990,442
Expenses			
Medical/Clinical costs	9	8,898,772	7,242,384
Employee costs	10	5,270,461	722,722
Repairs and maintenance	11	516,800	230,000
Grants and subsidies	12	1,574,700	545,470
General expenses	13	3,766,673	3,138,360
Finance costs	14	31,894	43,692
Depreciation and Amortization	15	92,268	
Total Expenses		20,151,567	11,922,628
Net Surplus For The Year		483,265	1,067,814
Attributable to:			

The Hospital's financial statements were approved by the Board on $3\sqrt{2\sqrt{2}}$ and signed on its behalf by:

Chairman

Board of Management

Head of Finance ICPAK No:

Medical Superintendent

or 859 7024 VCACION SCHOOL P. C. BRIEFS - ADDIE VELINDA SUCCEPTION POLICY STATES

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13. Report of the Independent Auditor on the financial statements of Ambira Sub-County Hospital.

Description	Notes	Period ended 30th June 2023	Period ended 30th June2022
		Kshs	Kshs
Assets		4	
Current Assets			
Cash and cash equivalents	16	1,698,272	1,608,043
Receivables from exchange transactions	17	2,987,080	1,851,757
Inventories	18	1,577,453	41,533
Total Current Assets		6,262,805	3,501,333
Non-Current Assets			
Property, plant, and equipment	19	485,305	-
Intangible assets	20	-	-
Total Non-current Assets		485,305	-
Total Assets		6,748,110	3,501,333
Liabilities			
Current Liabilities			
Trade and other payables	21	4,656,802	1,893,290
Total Current Liabilities		4,656,802	1,893,290
Non-Current Liabilities			
Total Non-Current Liabilities		-	-
Total Liabilities		4,656,802	1,893,290
Net Assets			
Revaluation reserve	23	540,228	
Accumulated surplus/Deficit		1,551,080	1,067,815
Capital fund		-	540,228
		2,091,308	1,608,043
Total Net Assets and Liabilities		6,748,110	3,501,333

15. Statement of Financial Position As At 30th June 2023

The Hospital's financial statements were approved by the Board on $35 \, \ 223 \, \ 323$ and signed on its behalf by:

Chairman **Board of Management**

Head of Finance ICPAK No: **Medical Superintendent**

AMBIRA LEVEL 4 HOSPITA ADMINISTRATIVE OFFICER an 10-P 2023 - 40606 UGUNJA 2 Email: ambirasdh@gmail.com P. O. Box 55

16. Statement of Changes in Net Asset for The Year Ended 30 June 2023

	Revaluation reserve	Accumulated surplus/Deficit	Capital Fund	Total
As at July 1, 2021	540,228	-		540,228
Revaluation gain				-
Surplus/(deficit) for the year		1,067,815		1,067,815
Capital/Development grants				-
As at June 30, 2022	540,228	1,067,815		1,608,043
				-
At July 1, 2022	540,228	1,067,815		1,608,043
Revaluation gain				-
Surplus/(deficit) for the year		483,265		483,265
Capital/Development grants				-
At June 30, 2023	540,228	1,551,080		2,091,308

Description		Period ended 30th June 2023	Period ended 30th June 2022
	Note	Kshs	Kshs
Cash Flows From Operating Activities			
Receipts			
Transfers from the County Government	6	-	-
Grants from donors and development partners	7	-	-
Rendering of services- Medical Service Income		13,133,957	11,130,880
Total Receipts		13,133,957	11,130,880
Payments			
Medical/Clinical costs	9	5,741,207	5,382,822
Employee costs	10	927,150	722,722
Repairs and maintenance		516,800	230,000
Grants and subsidies	12	1,574,700	545,470
General expenses	13	3,766,673	3,138,360
Finance costs	14	31,894	43,692
Refunds paid out			
Total Payments		12,558,423	10,063,066
Net Cash Flows From/(Used In)Operating			
Activities		575,533	1,067,815
Cash Flows From Investing Activities			
Purchase of property, plant, equipment, &			
intangible assets		485,305	
Proceeds from the sale of property, plant, and			
equipment			
Acquisition of investments			
Net Cash Flows From /(Used In) Investing Activities		90,229	1,067,815
Cash Flows From Financing Activities		90,229	1,007,015
Proceeds from borrowings			
Repayment of borrowings			
Capital grants received			
Net Cash Flows From /(Used In) Financing			
Activities			-
Net Increase/(Decrease)In Cash And Cash			
Equivalents		90,229	1,067,815
Cash and cash equivalents at 30th June 2022	16	1,608,043	540,229
Cash and Cash Equivalents as at 31st June 2023	16	1,698,272	1,608,043

17. Statement of Cash Flows for The Year Ended 30 June 2023

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Description	Original budget	Adjustments	Final budget	Actual Cumulative to date	Performance Difference	% of utilization
	а	В	c=(a+b)	d	e=c-d	e=d/c %
	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs
Revenue						
Transfers from the County Government	-	-		-		
In- kind contributions from the County Government	7,850,000	-	7,850,000	7,500,876	349,124	96%
Rendering of services- Medical Service Income	13,620,000	-	13,620,000	13,133,957	486,044	96%
Revenue from rent of facilities		-			-	
Finance / interest income		-			-	
Miscellaneous receipts (specify)		-			-	
Total income	21,470,000	-	21,470,000	20,634,832	835,168	96%
					-	
Expenses					-	
Medical/Clinical costs	9,000,000	-	9,000,000	8,898,772	101,228	99%
Employee costs	5,500,000	-	5,500,000	5,270,461	229,539	96%
Remuneration of directors		-	-		-	
Repairs and maintenance	760,000	-	760,000	516,800	243,200	68%
Grants and subsidies	1,600,000	-	1,600,000	1,574,700	25,300	98%
General expenses	3,800,000	-	3,800,000	3,766,673	33,327	99%
Finance costs	45,000	-	45,000	31,894	13,106	71%
Acquisition of Assets	765,000	-	765,000	577,573	187,427	75%
Total expenditure	21,470,000	-	21,470,000	20,636,872	833,128	96%
Surplus for the period	-	-	-	- 2,040	2,040	

18. Statement of Comparison of Budget and Actual Amounts for Year Ended 30 Jun 2023

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19. Notes to the Financial Statements

1. General Information

Ambira level 4 Hospital entity is established by and derives its authority and accountability from PFM Act. The entity is wholly owned by the Siaya County Government and is domiciled in Siaya County in Kenya. The entity's principal activity is to provide quality health services.

2. Statement of Compliance and Basis of Preparation

The financial statements have been prepared on a historical cost basis except for the measurement at re-valued amounts of certain items of property, plant, and equipment, marketable securities and financial instruments at fair value, impaired assets at their estimated recoverable amounts and actuarially determined liabilities at their present value. The preparation of financial statements in conformity with International Public Sector Accounting Standards (IPSAS) allows the use of estimates and assumptions. It also requires management to exercise judgement in the process of applying Ambira sub county Hospital accounting policies. The areas involving a higher degree of judgment or complexity, or where assumptions and estimates are significant to the financial statements, are disclosed in Note xx The financial statements have been prepared and presented in Kenya Shillings, which is the functional and reporting currency of Ambira sub county Hospital. The financial statements have been prepared in accordance with the PFM Act, and *(include any other applicable legislation),* and International Public Sector Accounting Standards (IPSAS). The accounting policies adopted have been consistently applied to all the years presented.

3. Adoption of New and Revised Standards

i. New and amended standards and interpretations in issue effective in the year ended 30 June 2023.

Standard	Effective date and impact
IPSAS 41:	Applicable: 1 st January 2023
Financial	The objective of IPSAS 41 is to establish principles for the financial
Instruments	reporting of financial assets and liabilities that will present relevant
	and useful information to users of financial statements for their
	assessment of the amounts, timing and uncertainty of an Entity's
	future cash flows.
	IPSAS 41 provides users of financial statements with more useful
	information than IPSAS 29, by:
	• Applying a single classification and measurement model for
	financial assets that considers the characteristics of the
	asset's cash flows and the objective for which the asset is
	held;
	• Applying a single forward-looking expected credit loss
	model that is applicable to all financial instruments subject
	to impairment testing; and
	Applying on improved holes accounting model that
	• Applying an improved hedge accounting model that
	broadens the hedging arrangements in scope of the
	guidance. The model develops a strong link between an
	Entity's risk management strategies and the accounting
	treatment for instruments held as part of the risk
	management strategy.
IPSAS 42: Social	(State the impact of the standard to the Entity if relevant)
	Applicable: 1 st January 2023
Benefits	The objective of this Standard is to improve the relevance, faithful
	representativeness and comparability of the information that a
	reporting Entity provides in its financial statements about social
	benefits. The information provided should help users of the financial
	statements and general-purpose financial reports assess:

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Standard	(Paris)	Effective date and impact			
		(a) The nature of such social benefits provided by the Entity.			
		(b) The key features of the operation of those social benefit schemes			
		and			
		(c) The impact of such social benefits provided on the Entity			
		financial performance, financial position and cash flows.			
Amendment	s to	Applicable: 1 st January 2023			
Other II	PSAS	a) Amendments to IPSAS 5, to update the guidance related to the			
resulting	from	components of borrowing costs which were inadvertent			
IPSAS	41,	omitted when IPSAS 41 was issued.			
Financial		b) Amendments to IPSAS 30, regarding illustrative examples of			
Instruments		hedging and credit risk which were inadvertently omitte			
		when IPSAS 41 was issued.			
		c) Amendments to IPSAS 30, to update the guidance for			
		accounting for financial guarantee contracts which we			
		inadvertently omitted when IPSAS 41 was issued.			
		Amendments to IPSAS 33, to update the guidance on classifying			
		financial instruments on initial adoption of accrual basis IPSAS which			
		were inadvertently omitted when IPSAS 41 was issued.			
Other		Applicable 1st January 2023			
improvemen	its to	• IPSAS 22 Disclosure of Financial Information about the Genera			
IPSAS		Government Sector.			
		Amendments to refer to the latest System of National Accounts (SN			
2008).					
		IPSAS 39: Employee Benefits			
		Now deletes the term composite social security benefits as it is r			
		longer defined in IPSAS.			
		• IPSAS 29: Financial instruments: Recognition and Measurement			
		Standard no longer included in the 2023 IPSAS handbook as it is no			
		superseded by IPSAS 41 which is applicable from 1 st January 2023			
) New and an	nendea	l standards and interpretations in issue but not yet effective in the ye			
ended 30 J					

Standard	Effective date and impact
IPSAS 43	Applicable 1 st January 2025
	The standard sets out the principles for the recognition, measurement,
	presentation, and disclosure of leases. The objective is to ensure that
	lessees and lessors provide relevant information in a manner that faithfully
	represents those transactions. This information gives a basis for users of
	financial statements to assess the effect that leases have on the financial
	position, financial performance and cash flows of an Entity.
	The new standard requires entities to recognise, measure and present
	information on right of use assets and lease liabilities.
IPSAS 44:	Applicable 1 st January 2025
Non- Current	The Standard requires:-
Assets Held	i. Assets that meet the criteria to be classified as held for sale to be
for Sale and	measured at the lower of carrying amount and fair value less costs
Discontinued	to sell and the depreciation of such assets to cease and:
Operations	<i>ii.</i> Assets that meet the criteria to be classified as held for sale to be
	presented separately in the statement of financial position and the
	results of discontinued operations to be presented separately in the
	statement of financial performance.

iii) Early adoption of standards

The Entity did not early – adopt any new or amended standards in the financial year or *the entity adopted the following standards early (state the standards, reason for early adoption and impact on entity's financial statements.)*

4. Summary of Significant Accounting Policies

a. Revenue recognition

i)

Revenue from non-exchange transactions

Transfers from other Government entities

Revenues from non-exchange transactions with other government entities are measured at fair value and recognized on obtaining control of the asset (cash, goods, services and property) if the transfer is free from conditions and it is probable that the economic benefits or service potential related to the asset will flow to Ambira sub county Hospital and can be measured reliably. To the extent that there is a related condition attached that would give rise to a liability to repay the amount, the amount is recorded in the statement of financial position and realised in the statement of financial performance over the useful life of the asset that has been acquired using such funds.

ii) Revenue from exchange transactions

Rendering of services

The entity recognizes revenue from rendering of services by reference to the stage of completion when the outcome of the transaction can be estimated reliably. The stage of completion is measured by reference to labour hours incurred to date as a percentage of total estimated labour hours. Where the contract outcome cannot be measured reliably, revenue is recognized only to the extent that the expenses incurred are recoverable.

Sale of goods

Revenue from the sale of goods is recognized when the significant risks and rewards of ownership have been transferred to the buyer, usually on delivery of the goods and when the amount of revenue can be measured reliably, and it is probable that the economic benefits or service potential associated with the transaction will flow to the entity.

Interest income

Interest income is accrued using the effective yield method. The effective yield discounts estimated future cash receipts through the expected life of the financial asset to that asset's net carrying amount. The method applies this yield to the principal outstanding to determine interest income for each period.

Rental income

Rental income arising from operating leases on investment properties is accounted for on a straight-line basis over the lease terms and included in revenue.

b. Budget information

The original budget for FY 2022/2023 was approved by Board on 30th June 20222. Subsequent revisions or additional appropriations were made to the approved budget in accordance with specific approvals from the appropriate authorities. The additional appropriations are added to the original budget by the entity upon receiving the respective approvals in order to conclude the final budget. Ambira sub county Hospital budget is prepared on a different basis to the actual income and expenditure disclosed in the financial statements. The financial statements are prepared on accrual basis using a classification based on the nature of expenses in the statement of financial performance, whereas the budget is prepared on a cash basis. The amounts in the financial statements were recast from the accrual basis to the cash basis and reclassified by presentation to be on the same basis as the approved budget.

A comparison of budget and actual amounts, prepared on a comparable basis to the approved budget, is then presented in the statement of comparison of budget and actual amounts. In addition to the Basis difference, adjustments to amounts in the financial statements are also made for differences in the formats and classification schemes adopted for the presentation of the financial statements and the approved budget. A statement to reconcile the actual amounts on a comparable basis included in the statement of comparison of budget and actual amounts and the actuals as per the statement of financial performance has been presented on page 5 under Note 18 of these financial statements.

c. Taxes

Sales tax/ Value Added Tax

Expenses and assets are recognized net of the amount of sales tax, except:

- \blacktriangleright When the sales tax incurred on a purchase of assets or services is not recoverable from the taxation authority, in which case, the sales tax is recognized as part of the cost of acquisition of the asset or as part of the expense item, as applicable.
- ➤ When receivables and payables are stated with the amount of sales tax included. The net amount of sales tax recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the statement of financial position.

d. Investment property

Investment properties are measured initially at cost, including transaction costs. The carrying amount includes the replacement cost of components of an existing investment property at the time that cost is incurred if the recognition criteria are met and excludes the costs of day-to-day maintenance of an investment property.

Investment property acquired through a non-exchange transaction is measured at its fair value at the date of acquisition. Subsequent to initial recognition, investment properties are measured using the cost model and are depreciated over a period of *xxx* years. Investment properties are derecognized either when they have been disposed of or when the investment property is permanently withdrawn from use and no future economic benefit or service potential is expected from its disposal. The difference between the net disposal proceeds and the carrying amount of the asset is recognized in the surplus or deficit in the period of de-recognition. Transfers are made to or from investment property only when there is a change in use.

e. Property, plant and equipment

All property, plant and equipment are stated at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the items. When significant parts of property, plant and equipment are required to be replaced at intervals, the entity recognizes such parts as individual assets with specific useful lives and depreciates them accordingly. Likewise, when a major inspection is performed, its cost is recognized in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied. All other repair and maintenance costs are recognized in surplus or deficit as incurred. Where an asset is acquired in a non-exchange transaction for nil or nominal consideration the asset is initially measured at its fair value.

f. Leases

Finance leases are leases that transfer substantially the entire risks and benefits incidental to ownership of the leased item to the Entity. Assets held under a finance lease are capitalized at the commencement of the lease at the fair value of the leased property or, if lower, at the present value of the future minimum lease payments. The Entity also recognizes the associated lease liability at the inception of the lease. The liability recognized is measured as the present value of the future minimum lease payments at initial recognized.

Subsequent to initial recognition, lease payments are apportioned between finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognized as finance costs in surplus or deficit.

An asset held under a finance lease is depreciated over the useful life of the asset. However, if there is no reasonable certainty that the Entity will obtain ownership of the asset by the end of the lease term, the asset is depreciated over the shorter of the estimated useful life of the asset and the lease term.

Operating leases are leases that do not transfer substantially all the risks and benefits incidental to ownership of the leased item to the Entity. Operating lease payments are recognized as an operating expense in surplus or deficit on a straight-line basis over the lease term.

g. Intangible assets

Intangible assets acquired separately are initially recognized at cost. The cost of intangible assets acquired in a non-exchange transaction is their fair value at the date of the exchange. Following initial recognition, intangible assets are carried at cost less any accumulated amortization and accumulated impairment losses. Internally generated intangible assets, excluding capitalized development costs, are not capitalized and expenditure is reflected in surplus or deficit in the period in which the expenditure is incurred. The useful life of the intangible assets is assessed as either finite or indefinite.

Research and development costs

h.

The Entity expenses research costs as incurred. Development costs on an individual project are recognized as intangible assets when the Entity can demonstrate:

> The technical feasibility of completing the asset so that the asset will be available for use or sale

- > Its intention to complete and its ability to use or sell the asset
- > The asset will generate future economic benefits or service potential
- > The availability of resources to complete the asset
- \succ The ability to measure reliably the expenditure during development.

Following initial recognition of an asset, the asset is carried at cost less any accumulated amortization and accumulated impairment losses. Amortization of the asset begins when development is complete and the asset is available for use. It is amortized over the period of expected future benefit. During the period of development, the asset is tested for impairment annually with any impairment losses recognized immediately in surplus or deficit.

i. Financial instruments

IPSAS 41 addresses the classification, measurement and de-recognition of financial assets and financial liabilities, introduces new rules for hedge accounting and a new impairment model for financial assets. *The entity does not have any hedge relationships and therefore the new hedge accounting rules have no impact on the Company's financial statements. (Amend as appropriate).*

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity. At initial recognition, the entity measures a financial asset or financial liability at its fair value plus or minus, in the case of a financial asset or financial liability not at fair value through surplus or deficit, transaction costs that are directly attributable to the acquisition or issue of the financial asset or financial liability.

Financial assets

Classification of financial assets

The entity classifies its financial assets as subsequently measured at amortised cost, fair value through net assets/ equity or fair value through surplus and deficit on the basis of both the entity's management model for financial assets and the contractual cash flow characteristics of the financial asset. A financial asset is measured at amortized cost when the financial asset is held within a management model whose objective is to hold financial assets in order to collect contractual cash flows and the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal outstanding. A financial assets and the contractual terms of the financial assets/ equity if it is held within the management model whose objective is achieved by both collecting contractual cash flows and selling financial assets and the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding. A financial assets and the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding. A financial assets shall be measured at fair value through surplus or deficit unless it is measured at amortized cost or fair value through net assets/ equity unless an entity has made irrevocable election at initial recognition for particular investments in equity instruments.

Subsequent measurement

Based on the business model and the cash flow characteristics, the entity classifies its financial assets into amortized cost or fair value categories for financial instruments. Movements in fair value are presented in either surplus or deficit or through net assets/ equity subject to certain criteria being met.

Amortized cost

Financial assets that are held for collection of contractual cash flows where those cash flows represent solely payments of principal and interest, and that are not designated at fair value through surplus or deficit, are measured at amortized cost. A gain or loss on an instrument that is subsequently measured at amortized cost and is not part of a hedging relationship is recognized in profit or loss when the asset is de-recognized or impaired. Interest income from these financial assets is included in finance income using the effective interest rate method.

Fair value through net assets/ equity

Financial assets that are held for collection of contractual cash flows and for selling the financial assets, where the assets' cash flows represent solely payments of principal and interest, are measured at fair value through net assets/ equity. Movements in the carrying amount are taken through net assets, except for the recognition of impairment gains or losses, interest revenue and foreign exchange gains and losses which are recognized in surplus/deficit. Interest income from these financial assets is included in finance income using the effective interest rate method.

Fair value through surplus or deficit

Financial assets that do not meet the criteria for amortized cost or fair value through net assets/ equity are measured at fair value through surplus or deficit. A business model where the entity manages financial assets with the objective of realizing cash flows through solely the sale of the assets would result in a fair value through surplus or deficit model.

Trade and other receivables

Trade and other receivables are recognized at fair values less allowances for any uncollectible amounts. Trade and other receivables are assessed for impairment on a continuing basis. An estimate is made of doubtful receivables based on a review of all outstanding amounts at the year end.

Impairment

The entity assesses, on a forward-looking basis, the expected credit loss ('ECL') associated with its financial assets carried at amortized cost and fair value through net assets/equity. The entity recognizes a loss allowance for such losses at each reporting date. Critical estimates and significant judgments made by management in determining the expected credit loss (ECL) are set out in *Note xx*.

Financial liabilities

Classification

The entity classifies its liabilities as subsequently measured at amortized cost except for financial liabilities measured through profit or loss.

j. Inventories

Inventory is measured at cost upon initial recognition. To the extent that inventory was received through non-exchange transactions (for no cost or for a nominal cost), the cost of the inventory is its fair value at the date of acquisition.

Costs incurred in bringing each product to its present location and conditions are accounted for as follows:

- Raw materials: purchase cost using the weighted average cost method.
- Finished goods and work in progress: cost of direct materials and labour, and a proportion of manufacturing overheads based on the normal operating capacity but excluding borrowing costs.

After initial recognition, inventory is measured at the lower cost and net realizable value. However, to the extent that a class of inventory is distributed or deployed at no charge or for a nominal charge, that class of inventory is measured at the lower cost and the current replacement cost.Net realizable value is the estimated selling price in the ordinary course of operations, less the estimated costs of completion and the estimated costs necessary to make the sale, exchange, or distribution. Inventories are recognized as an expense when deployed for utilization or consumption in the ordinary course of operations Ambira Sub County Hospital.

k. Provisions

Provisions are recognized when the Entity has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

Where the Entity expects some or all of a provision to be reimbursed, for example, under an insurance contract, the reimbursement is recognized as a separate asset only when the reimbursement is virtually certain.

The expense relating to any provision is presented in the statement of financial performance net of any reimbursement.

I. Social Benefits

Social benefits are cash transfers provided to i) specific individuals and / or households that meet the eligibility criteria, ii) mitigate the effects of social risks and iii) Address the need of society as a whole. The entity recognises a social benefit as an expense for the social benefit scheme at the same time that it recognises a liability. The liability for the social benefit scheme is measured at the best estimate of the cost (the social benefit payments) that the entity will incur in fulfilling the present obligations represented by the liability.

m. Contingent liabilities

The Entity does not recognize a contingent liability but discloses details of any contingencies in the notes to the financial statements unless the possibility of an outflow of resources embodying economic benefits or service potential is remote.

n. Contingent assets

The Entity does not recognize a contingent asset but discloses details of a possible asset whose existence is contingent on the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Entity in the notes to the financial statements. Contingent assets are assessed continually to ensure that developments are appropriately reflected in the financial statements. If it has become virtually certain that an inflow of economic benefits or service potential will arise and the asset's value can be measured reliably, the asset and the related revenue are recognized in the financial statements of the period in which the change occurs.

o. Nature and purpose of reserves

The entity creates and maintains reserves in terms of specific requirements. (*Entity to state the reserves maintained and appropriate policies adopted.*)

p. Changes in accounting policies and estimates

The Entity recognizes the effects of changes in accounting policy retrospectively. The effects of changes in accounting policy are applied prospectively if retrospective application is impractical.

q. Employee benefits

Retirement benefit plans

The Entity provides retirement benefits for its employees and directors. Defined contribution plans are post-employment benefit plans under which an entity pays fixed contributions into a separate entity (a fund) and will have no legal or constructive obligation to pay further contributions if the fund does not hold sufficient assets to pay all employee benefits relating to employee service in the current and prior periods. The contributions to fund obligations for the payment of retirement benefits are charged against income in the year in which they become payable. Defined benefit plans are post-employment benefit plans other than defined-contribution plans. The defined benefit funds are actuarially valued tri-annually on the projected unit credit method basis. Deficits identified are recovered through lump-sum payments or increased future contributions on a proportional basis to all participating employers. The contributions and lump sum payments reduce the post-employment benefit obligation.

r. Foreign currency transactions

Transactions in foreign currencies are initially accounted for at the ruling rate of exchange on the date of the transaction. Trade creditors or debtors denominated in foreign currency are reported at the statement of financial position reporting date by applying the exchange rate on that date. Exchange differences arising from the settlement of creditors, or from the reporting of creditors at rates different from those at which they were initially recorded during the period, are recognized as income or expenses in the period in which they arise.

s. Borrowing costs

Borrowing costs are capitalized against qualifying assets as part of property, plant and equipment. Such borrowing costs are capitalized over the period during which the asset is being acquired or constructed and borrowings have been incurred. Capitalization ceases when construction of the asset is complete. Further borrowing costs are charged to the statement of financial performance.

t. Related parties

The Entity regards a related party as a person or an entity with the ability to exert control individually or jointly, or to exercise significant influence over Ambira Sub County Hospital, or vice versa. Members of key management are regarded as related parties and comprise the directors, the CEO/principal and senior managers.

u.

Service concession arrangements

Ambira Sub County Hospital analyses all aspects of service concession arrangements that it enters into in determining the appropriate accounting treatment and disclosure requirements. In particular, where a private party contributes an asset to the arrangement, Ambira Sub County Hospital recognizes that asset when, and only when, it controls or regulates the services. The operator must provide together with the asset, to whom it must provide them, and at what price. In the case of assets other than 'whole-of-life' assets, it controls, through ownership, beneficial entitlement or otherwise – any significant residual interest in the asset at the end of the arrangement. Any assets so recognized are measured at their fair value. To the extent that an asset has been recognized, the Ambira Sub County Hospital also recognizes a corresponding liability, adjusted by a cash consideration paid or received.

v. Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, short-term deposits on call and highly liquid investments with an original maturity of three months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value. Bank account balances include amounts held at the Central Bank of Kenya and at various commercial banks at the end of the financial year. For the purposes of these financial statements, cash and cash equivalents also include short term cash imprests and advances to authorised public officers and/or institutions which were not surrendered or accounted for at the end of the financial year.

w. Comparative figures

Where necessary comparative figures for the previous financial year have been amended or reconfigured to conform to the required changes in presentation.

x. Subsequent events

There have been no events subsequent to the financial year end with a significant impact on the financial statements for the year ended June 30, 2023.

5. Significant Judgments and Sources of Estimation Uncertainty

The preparation of the Entity's financial statements in conformity with IPSAS requires management to make judgments, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the disclosure of contingent liabilities, at the end of the reporting period. However, uncertainty about these assumptions and estimates could result in outcomes that require a material adjustment to the carrying amount of the asset or liability affected in future periods.

Estimates and assumptions.

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year, are described below. The Entity based its assumptions and estimates on parameters available when the consolidated financial statements were prepared. However, existing circumstances and assumptions about future developments may change due to market changes or circumstances arising beyond the control of the Entity. Such changes are reflected in the assumptions when they occur. (IPSAS 1.140)

Useful lives and residual values

The useful lives and residual values of assets are assessed using the following indicators to inform potential future use and value from disposal:

- > The condition of the asset based on the assessment of experts employed by the Entity.
- The nature of the asset, its susceptibility and adaptability to changes in technology and processes.
- The nature of the processes in which the asset is deployed.
- Availability of funding to replace the asset.
- Changes in the market in relation to the asset.

Provisions

Provisions were raised and management determined an estimate based on the information available. Additional disclosure of these estimates of provisions is included in Note xxx. Provisions are measured at the management's best estimate of the expenditure required to settle the obligation at the reporting date and are discounted to present value where the effect is material.

(Include provisions applicable for your organisation e.g provision for bad debts, provisions of obsolete stocks and how management estimates these provisions).

6. Transfers from the County Government

Description	FY 2022- 2023	FY 2021- 2022
	KShs	KShs
Unconditional grants		
Operational grant		
Level 5 grants		
Unconditional development grants		
Other grants		
Conditional grants		
User fee forgone		
Transforming health services for Universal care project (THUCP)		
DANIDA		
Wards Development grant		
Paediatric block grant		
Administration block grant		
Laboratory grant		
Total government grants and subsidies		

6 b Transfers from the County Government

Name of the Entity sending the grant	Amount recognized to Statement of financial performance*	Amount deferred under deferred income	Amount recognised in capital fund.	Total grant income during the year	Comparative Period
	KShs	KShs	KShs	KShs	KShs
Siaya					
County					
Government					
Total					

7. In Kind Contributions from The County Government

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Salaries and wages	4,343,310	-
· · ·		609,562
Pharmaceutical and Non-Pharmaceutical Supplies		
	3,157,565	600,000
Medical supplies-Drawings Rights (KEMSA)		
Other medical costs	-	650,000
Total grants in kind	7,500,876	1,859,562

8. Rendering of Services-Medical Service Income

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Pharmaceuticals	1,926,510	1,491,876
Non-Pharmaceuticals	351,390	1,145,869
Laboratory	1,922,100	1,329,460
Radiology	101,200	239,500
Orthopaedic and Trauma Technology		
Theatre	3,000	21,000
Ear Nose, Eye and Throat service	12,800	25,100
Ophthalmology		
Cancer centre service		
Dental services	350,170	303,820
Reproductive health- Linda Mama	1,577,454	
Paediatrics services		
Inpatient services	1,507,330	795,660
Farewell home services	964,210	964,850
Other medical services income	-	
NHIF AND UHC	3,493,918	3,920,950
Medical Records	645,740	719,295
Outpatient Services	156,115	128,610
Physiotherapy	108,520	44,890
Special clinic	13,500	
Occupational Therapy		
Total revenue from the rendering of		
services	13,133,957	11,130,880

9. Medical/ Clinical Costs

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs 5,741,207	Kshs 5,382,822
Medical/ Clinical Costs	5,741,207	3,382,822
County Government Drawing Rights	3,157,565	1,859,562
Employee costs	8,898,772	7,242,384

9b Medical / Clinical Costs

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs 17.020	Kshs
Dental costs/ materials	17,039	
Laboratory chemicals and reagents	3,458,523	474,182
Public health activities	-	
Food and Ration	1,442,740	1,820,558
Uniform, clothing, and linen	23,600	
Dressing and Non-Pharmaceuticals	1,659,429	1,039,562
Pharmaceutical supplies	2,118,647	1,550,200
Health information stationery	-	
Reproductive health materials	-	
Surgical Consumables		
Sanitary and cleansing Materials	178,794	498,320
Purchase of Medical gases	-	
Rehabilitation materials		
X-Ray/Radiology supplies	-	
Other medical related clinical costs - Drawing Rights		1,859,562
Total medical/ clinical costs	8,898,772	7,242,384

10. Employee Costs

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Salaries, wages, and allowances	927,150	722,722
Social contribution	-	-
Employee costs paid – Drawing Rights		-
From the County	4,343,311	
Employee costs	5,270,461	722,722

• • •

11. Repairs And Maintenance

Description	Period ended 30th June 2023 Kshs	Period ended 30th June 2022 Kshs
Property- Buildings	486,800	230,000
Medical equipment	-	
Office equipment	-	
Plant and Machinery	30,000	
Furniture and fittings	-	
Computers and accessories	-	
Motor vehicle expenses	-	
Maintenance of civil works	-	
Total repairs and maintenance	516,800	230,000

12. Grants And Subsidies

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Community development and social work	-	-
Education initiatives and programs	-	-
Free/ subsidised medical camp	-	-
Disability programs	-	-
Free cancer screening	-	-
Other grants and subsidies(<i>specify</i>)	-	-
Transfers to the County Health HSSF Account	1,574,700	545,470
Total grants and subsidies	1,574,700	545,470

13. General Expenses

Description	Period ended 30th June 2023 Kshs	Period ended 30th June 2022 Kshs
Advertising and publicity expenses	-	INSUIS -
Catering expenses	234,370	276,000
Waste management expenses	-	-
Insecticides and rodenticides	15,800	-
Audit fees	-	-
Conferences and delegations	-	-
Consultancy fees	-	-
Contracted services	841,536	-
Electricity expenses	754,000	1,002,875
Insurance	-	
Research and development expenses	-	-

	122,800	75,000
Travel and accommodation allowance		
Legal expenses	-	
General Office Supplies	590,356	1,451,485
Courier and postal services	-	-
Printing and stationery	355,106	-
Computers, printers & other IT		-
Equipment's		
Other operating expenses	17,177	-
Rent expenses	-	-
Water and sewerage costs	-	-
Skills development levies	-	-
Telephone and mobile phone services	189,000	20,000
Fuel, oil & lubricants	341,528	145,000
Institutional appliances		-
Other fuel (Charcoal and firewood)	305,000	168,000
Internet expenses	-	-
Total General Expenses	3,766,673	3,138,360

14. Finance Costs

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Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Bank Charges	31,894	43,692
Borrowings (amortized cost) *	-	-
Finance leases (amortized cost)	-	-
Total finance costs	31,894	43,692

15. Depreciation And Amortization Expense

Description	Period ended 30th June 2023 Kshs	Comparative Period prior year Kshs
Property, plant and equipment	92,268	-
Intangible assets	-	-
Investment property carried at cost	-	-
Total depreciation and amortization	92,268	-

16. Cash And Cash Equivalents

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Current accounts	1,698,272	1,608,043
On - call deposits	-	-
Fixed deposits accounts		
Cash in hand	-	
Others(specify)- Mobile money	-	-
Total cash and cash equivalents	1,698,272	1,608,043

16 (a). Detailed Analysis of Cash and Cash Equivalents

Description		Pretind ended 30th Juny 2023	Period ended 30th June 2022
Financial institution	Account number	Kshs	Kshs
a) Current account			
Ambira Sub County Hospital- Revenue	1156762758	727,638	476,080
Ambira Sub County Hospital- Linda mama/NHIF	1117740803	543,808	1,010,532
Ambira Sub County Hospital- Operations	1294087010	426,826	121,431
		-	
Sub- total		1,698,272	1,608,043
d) Others(<i>specify</i>)			
cash in hand		-	-
Mobile money- Mpesa, Airtel money		-	-
Sub- total		-	-
Grand total		1,698,272	1,608,043

17. Receivables From Exchange Transactions

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Medical services receivables	2,987,080	1,851,757
Rent receivables	-	-
Other exchange debtors/ imprest	-	
Less: impairment allowance	-	-
Total receivables	2,987,080	1,851,757

18. Inventories

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Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Pharmaceutical supplies	1,577,453	41,533
Maintenance supplies	• • •	-
Food supplies	-	-
Linen and clothing supplies	-	-
Cleaning materials supplies	-	-
General supplies	-	-
Less: provision for impairment of stocks	-	-
Total	1,577,453	41,533

Notes to the Financial Statements (Continued)

19. Property, Plant and Equipment

Description	Land	Buildings and Civil works	Motor vehicles	Furniture and Fittings	ICT Equipment	Plant and medical equipment	Capital Work in progress	Total
	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs
Cost	-							
As at 1 July 2021	-	-	-	-	-	-	-	-
Additions during the year	-	-	-	-	-	-	-	-
Disposals during the year	-	-	-	-	-	-	-	-
Transfers/adjustments during the year	-	-	-	-	-	-	-	-
As at 30 June 2022	-	-	-	-		-	-	-
	-	-	-	-	-	-	-	-
As at 1 July 2022	-	-	-	-	-	-	-	-
Additions during the period	-	-	-	-	160,573	417,000	-	577,573
Disposals during the period	-	-	-	-	-	-	-	-
Transfer/adjustments during the period	-	-	-	-	-	-	-	-
As at 30 June 2023	-	-	-	-	160,573	417,000		577,573
	-	-	-	-	-	-	-	-
Depreciation and impairment	-	-	-	-	-	-	• -	-
As at 1 July 2021	-	-	-	-	-	-	-	-
Depreciation for the year	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-
Impairment	-	-	-	-	-	-	-	-
As at 30 June 2022	-	-	-	-	-	-	-	-
As at 1 July 2022	-	-	-	-	-	-	-	-

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Depreciation for the periodDisposals for the periodImpairment for the periodTransfer/adjustment during theperiodAs at 30 June 2023		- 40,143	52,125 - -	•	
Disposals for the periodImpairment for the periodTransfer/adjustment during theperiodAs at 30 June 2023	• • •				92,268
Impairment for the period - - - - Transfer/adjustment during the period - - - - - As at 30 June 2023 - - - - - -		•	1	'	1
Transfer/adjustment during the period - - As at 30 June 2023 - -				'	1
period					
As at 30 June 2023					'
	•	- 40,143	52,125	'	92,268
1		-	-	1	1
Net book values		1	'	•	1
As at 30 June 2022		•	'	'	1
As at 30 June 2023	•	- 120,430	364,875	1	485,305

20. Intangible Assets-Software

200 Intangible Hissets Soltware		
Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Cost		
At beginning of the year	-	
Additions	-	-
Disposal	-	-
At end of the period	-	-
Amortization and impairment	-	-
At beginning of the year	-	-
Amortization for the period	-	-
At end of the period	-	-
NBV	-	-

21. Trade and other Payables

Description	Period ended 30th June 2023	Period ended 30th June 2022
	Kshs	Kshs
Trade payables	4,656,802	1,893,290
Employee dues	-	-
Doctors' fee	-	-
Total trade and other payables	4,656,802	1,893,290

22. Cash Generated from Operations

Description	Period ended 30th June 2023 KShs	Period ended 30th June 2022 KShs
Surplus for the year before tax	483,265	1,067,815
Adjusted for:		
Working Capital adjustments		
Increase in inventory	-	-
	1,535,920	41,533
Increase in receivables	-	-
	1,135,323	1,851,757
Increase in payables	2,763,512	1,893,290
Net cash flow from operating activities	575,534	1,067,815

23. Revaluation Reserve

Description	Period ended 30th June 2023	Period ended 30th June 2022	
	KShs	KShs	
Balance at beginning of the period	540,228	· -	
Cash and cash equivalent balance as at 30 June 2021	-	540,228	
Addition	-		
Balance at end of the period	540,228	540,228	

24. Financial Risk Management

The entity's activities expose it to a variety of financial risks including credit and liquidity risks and effects of changes in foreign currency. The company's overall risk management programme focuses on the unpredictability of changes in the business environment and seeks to minimise the potential adverse effect of such risks on its performance by setting acceptable levels of risk. The company does not hedge any risks and has in place policies to ensure that credit is only extended to customers with an established credit history.

The entity's financial risk management objectives and policies are detailed below:

(i) Credit risk

The entity has exposure to credit risk, which is the risk that a counterparty will be unable to pay amounts in full when due. Credit risk arises from cash and cash equivalents, and deposits with banks, as well as trade and other receivables and available-for-sale financial investments. Management assesses the credit quality of each customer, taking into account its financial position, past experience and other factors. Individual risk limits are set based on internal or external assessment in accordance with limits set by the directors. The amounts presented in the statement of financial position are net of allowances for doubtful receivables, estimated by the company's management based on prior experience and their assessment of the current economic environment. The carrying amount of financial assets recorded in the financial statements representing the entity's maximum exposure to credit risk without taking account of the value of any collateral obtained is made up as follows:

Description	Total amount	Fully performing	Past due	Impaired
	Kshs	Kshs	Kshs	Kshs
At 30 June 2022				
Receivables from exchange transactions				
Receivables from –non-exchange transactions		-		
Bank balances				
Total				
At 30 June 2023				
Receivables from exchange transactions				
Receivables from –non-exchange transactions				
Bank balances				
Total				

The customers under the fully performing category are paying their debts as they continue trading. The credit risk associated with these receivables is minimal and the allowance for uncollectible amounts that the company has recognised in the financial statements is considered adequate to cover any potentially irrecoverable amounts. Ambira level 4 Hospital has significant concentration of credit risk on amounts due from. The board of management sets the company's credit policies and objectives and lays down parameters within which the various aspects of credit risk management are operated.

(ii) Liquidity risk management

Ultimate responsibility for liquidity risk management rests with the hospital's board of management who have built an appropriate liquidity risk management framework for the management of Ambira level 4 Hospital short, medium and long-term funding and liquidity management requirements. Ambira level 4 Hospital manages liquidity risk through continuous monitoring of forecasts and actual cash flows.

The table below represents cash flows payable by the company under non-derivative financial liabilities by their remaining contractual maturities at the reporting date. The amounts disclosed in the table are the contractual undiscounted cash flows. Balances due within 12 months equal their carrying balances, as the impact of discounting is not significant.

Description	Less than 1 month	Between 1-3 months	Over 5 months	Total
	Kshs	Kshs	Kshs	Kshs
At 30 June 2022				
Trade payables				
Current portion of borrowings				
Provisions				
Deferred income				
Employee benefit obligation				
Total				
At 30 June 2023				
Trade payables				
Current portion of borrowings				
Provisions				
Deferred income				
Employee benefit obligation				
Total				

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(iii) Market risk

The hospital has put in place an internal audit function to assist it in assessing the risk faced by the entity on an ongoing basis, evaluate and test the design and effectiveness of its internal accounting and operational controls. Market risk is the risk arising from changes in market prices, such as interest rate, equity prices and foreign exchange rates which will affect the entity's income or the value of its holding of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return. Overall responsibility for managing market risk rests with the Audit and Risk Management Committee.

The company's Finance Department is responsible for the development of detailed risk management policies (subject to review and approval by Audit and Risk Management Committee) and for the day-to-day implementation of those policies. There has been no change to the entity's exposure to market risks or the way it manages and measures the risk.

a) Foreign currency risk

Ambira level 4 Hospital has transactional currency exposures. Such exposure arises through purchases of goods and services that are done in currencies other than the local currency. Invoices denominated in foreign currencies are paid after 30 days from the date of the invoice and conversion at the time of payment is done using the prevailing exchange rate. The carrying amount of Ambira level 4 Hospital foreign currency denominated monetary assets and monetary liabilities at the end of the reporting period are as follows:

Description		Other currencies	Total
Description	Kshs		Kshs
At 30 June 2023			
Financial assets (investments, cash, debtors)			
Liabilities			
Trade and other payables			
Borrowings			
Net foreign currency asset/(<i>liability</i>)			

Ambira level 4 Hospital manages foreign exchange risk from future commercial transactions and recognised assets and liabilities by projecting expected sales proceeds and matching the same with expected payments.

Notes to the Financial Statements (Continued)

Description	KShs	Other currencies	Total	
Description	Kshs		Kshs	
At 30 June 2023				
Financial assets (investments, cash, debtors)				
Liabilities				
Trade and other payables				
Borrowings				
Net foreign currency asset/(<i>liability</i>)				

Foreign currency sensitivity analysis

The following table demonstrates the effect on the company's statement of financial performance on applying the sensitivity for a reasonable possible change in the exchange rate of the three main transaction currencies, with all other variables held constant. The reverse would also occur if the Kenya Shilling appreciated with all other variables held constant.

Description	Change in currency rate Kshs	Effect on Profit before tax Kshs	Effect on equity Kshs
2022			
Euro			
USD			
2023			
Euro			
USD			

b) Interest rate risk

Interest rate risk is the risk that Ambira level 4 Hospital financial condition may be adversely affected as a result of changes in interest rate levels. The company's interest rate risk arises from bank deposits. This exposes the company to cash flow interest rate risk. The interest rate risk exposure arises mainly from interest rate movements on the company's deposits.

Management of interest rate risk

To manage the interest rate risk, management has endeavoured to bank with institutions that offer favourable interest rates.

Sensitivity analysis

Ambira level 4 Hospital analyses its interest rate exposure on a dynamic basis by conducting a sensitivity analysis. This involves determining the impact on profit or loss of defined rate shifts. The sensitivity analysis for interest rate risk assumes that all other variables, in particular foreign exchange rates, remain constant. The analysis has been performed on the same basis as the prior year.

iv) Capital Risk Management

The objective of the Ambira level 4 Hospital's capital risk management is to safeguard the Hospital's ability to continue as a going concern. Ambira level 4 Hospital capital structure comprises of the following funds:

Description	Current Period Kshs	Comparative Period Kshs
Revaluation reserve		120110
Retained earnings		
Capital reserve		
Total funds		
Total borrowings		
Less: cash and bank balances		
Net debt/ (excess cash and cash equivalents)		
Gearing		

25. Related Party Balances

Nature of related party relationships

Entities and other parties related to the Ambira level 4 Hospital include those parties who have the ability to exercise control or exercise significant influence over its operating and financial decisions. Related parties include management personnel, their associates, and close family members.

Siaya County Government is the principal shareholder of Ambira level 4 Hospital the *entity*, holding 100% of the *entity*'s equity interest. The National Government of Kenya has provided full guarantees to all long-term lenders of Ambira level 4 Hospital, both domestic and external. The related parties include:

- i) The National Government;
- ii) The County Government;
- iii) Board of Directors;
- iv) Key Management

26. Segment Information

(Where an organisation operates in different geographical regions or in departments, IPSAS 18 on segmental reporting requires an entity to present segmental information of each geographic region or department to enable users understand the entity's performance and allocation of resources to different segments)

27. Contingent Liabilities

Contingent liabilities	FY 2022-2023 KShs	FY 2021-2022 KShs
Court case xxx against the company		
Bank guarantees in favour of subsidiary		
Total		

28. Capital Commitments

Capital Commitments	FY 2022-2023	FY 2021-2022
	Kshs	Kshs
Authorised For		
Authorised And Contracted For		
Total		

(NB: Capital commitments are commitments to be carried out in the next financial year and are disclosed in accordance with IPSAS 17. Capital commitments may be those that have been authorised by the board but at the end of the year had not been contracted or those already contracted for and ongoing)

29. Events after the Reporting Period

There were no material adjusting and non- adjusting events after the reporting period.

30. Ultimate and Holding Entity

The entity is a State Corporation/ or a Semi- Autonomous Government Agency under the Department of Health. Its ultimate parent is the County Government of Siaya.

31. Currency

The financial statements are presented in Kenya Shillings (Kshs) and all values are rounded off to the nearest shilling.

20. Appendices

Appendix 1: Progress on Follow up of Auditor Recommendations

The following is the summary of issues raised by the external auditor, and management comments that were provided to the auditor. We have nominated focal persons to resolve the various issues as shown below with the associated time frame within which we expect the issues to be resolved.

Reference No. on the external audit Report	Issue / Observations from Auditor	Management comments	Status: (Resolved / Not Resolved)	Timeframe: (Put a date when you expect the issue to be resolved)

Guidance Notes:

- (i) Use the same reference numbers as contained in the external audit report.
- (ii) Obtain the "Issue/Observation" and "management comments", required above, from the final external audit report that is signed by Management.
- (iii) Before approving the report, discuss the timeframe with the appointed Focal Point persons within your entity responsible for the implementation of each issue.
- (iv) Indicate the status of "Resolved" or "Not Resolved" by the date of submitting this report to National Treasury.

MBIRA DMINIS Accounting Officer Ema

Appendix II: Projects Implemented by the Entity

Projects

Projects implemented by the Hospital Funded by development partners

Project title	Project Number	Donor	Period/ duration	Donor commitment	Separate donor reporting required as per the donor agreement (Yes/No)	Consolidated in these financial statements (Yes/No)
1						
2						

Status of Projects completion

(Summarise the status of project completion at the end of each quarter, i.e. total costs incurred, stage which the project is etc)

SN	Project	Total project Cost	Total expended to date	Completion % to date	Budget	Actual	Sources of funds
1		×					
2							
3							

Appendix III: Inter-Entity Confirmation Letter

[Insert your Letterhead]

.

[Insert name of beneficiary entity] [Insert Address]

The *[insert SC/SAGA/Fund name here]* wishes to confirm the amounts disbursed to you as at 30th June 2023 as indicated in the table below. Please compare the amounts disbursed to you with the amounts you received and populate the column E in the table below Please sign and stamp this request in the space provided and return it to us.

c .)

.

Confirmation of amounts received by [Insert name of beneficiary entity] as at 30 th June 20XX							
	Amounts Disbursed by [SC/SAGA/Fund] (KShs) as at 30th June 2023						
Reference Number	Date Disbursed	Recurrent (A)	Development (B)	Inter– Ministerial (C)	Total (D)=(A+B+C)	by [beneficiary entity] (KShs) as at 30 th June 2023 (E)	Differences (KShs) (F)=(D-E)
Total							
In confirm that the amounts shown above are correct as of the date indicated.							
Head of Accounts Department of the beneficiary entity:							
Name Jos - K- Offins Sign Str. Date 30/04/2023							
			,	P. O. Box 55 – 4 Email: ambirasð	0606 UGUNJA b@gmail.com		

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Appendix IV Reporting of Climate Relevant Expenditures

Project Name	Project Description	Project Objectives	Project Activities	Quarter				Source Of Funds	Implementing Partners	
				Q1	Q2	Q3	Q4			

Appendix V: Disaster Expenditure Reporting Template

Programme	Sub- programme	Disaster Type	Category of disaster related Activity that require expenditure reporting (response/recovery/mitigation/preparedness)	Expenditure item	Amount (Kshs.)	Comments

× 3

1 3 4