

REPUBLIC OF KENYA



WOT

REPORT

OF

THE AUDITOR-GENERAL

ON

HABASWEIN SUB-COUNTY LEVEL 4
HOSPITAL

FOR THE YEAR ENDED
30 JUNE, 2025

COUNTY GOVERNMENT OF WAJIR

PAPERS LAID	
DATE	17/09/2026
TABLED BY	WELGONE
COMMITTEE	
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1. Acronyms & Glossary of Terms

FY	Financial year
RCO	Registered clinical officer
NHIF	National health insurance fund
AIE	Authority to incur expenditure
CSR	Corporate social responsibility
IPSAS	International public sector accounting standards
PFM	Public finance management
IPSASB	International public sector accounting standard board
CEO	Chief executive officer
KEMSA	Kenya medical suppliers' authority
PPE	Personal protective equipment
CoG	Council of governors
Fiduciary Management	Key management personnel who have financial responsibility in the

2. Key Entity Information and Management

(a) Background information

Habaswein Subcounty Hospital is a level (4) hospital established under gazette notice number and is domiciled in Wajir County under the Medical Service Department. The hospital is governed by a Board of Management.

(b) Principal Activities

The principal activity of Habaswein Subcounty hospital is to provide medical services.

Vision:

To be a model centre for provision of acceptable, affordable and sustainable health care in a resource poor environment.

Mission:

To maximize use of our limited resources and opportunities to provide the best possible health services to all.

Core Values

Habaswein Sub County Hospital has values that drive the institution in the decisions that we make. They are as follows;

- Service delivery
- Timeliness
- Customer service
- Efficiency & effectiveness in all individual or group undertakings
- Respect for all in the organization irrespective of background
- Proper utilization of scarce resources
- Humane approach to all
- Cooperation and team work at all times
- Sharing experience and disseminating knowledge

(c) Key Management

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

- County department of health

It's led by the county executive committee who takes overall responsibility in the day-to-day running of the Hospital on behalf of the Board of Management by;

- ✓ Providing visionary and transformational leadership
- ✓ Overseeing the implementation of the Boards resolutions
- ✓ Support to Board of Management for effective oversight
- ✓ Evaluate the hospital long term healthcare service effectiveness
- ✓ Review and recommend appropriate actions for strategic operational plans and policies
- ✓ Review performance improvement activities and patient's safety efforts
- ✓ Identify, evaluate and implement the scope of services, practice and governance of the hospital
- ✓ Prudent management of resources
- ✓ Formulating long-term strategies and business plans
- ✓ Monitoring and evaluating performance
- ✓ Ensuring effective communication within the Hospital

Board of Management

The key responsibilities for the Board are;

- ✓ Ensure that strategy is aligned with the purpose of the Hospital and legitimate interests and expectations of stakeholders.
- ✓ Ensure that the strategy of the Hospital is aligned to the long-term goals on sustainability so as not to compromise the ability of the future generations to meet their own needs.
- ✓ Approve the Hospital structure.
- ✓ Approve the annual budget of the Hospital.
- ✓ Monitor the Hospital performance and ensure sustainability.
- ✓ Enhance the corporate image of the Hospital.
- ✓ Ensure availability of adequate resources for the achievement of the Hospital objectives.
- ✓ Ensure effective communication with stakeholders.
- ✓ Protect the assets of the Hospital.

Accounting Officer/ Medical Superintendent

These are the responsibilities of the accounting officer of the hospital;

- ✓ The custodian of the hospital's book of accounts
- ✓ Manage all accounting transactions

- ✓ Prepare budget forecast
- ✓ Publish financial statements on time
- ✓ Handle monthly, quarterly and annual closings
- ✓ Reconcile accounts payable and receivable
- ✓ Ensure timely bank payments
- ✓ Compute taxes and prepare tax returns
- ✓ Manage balance sheets and profit/loss statements

- **Management**

- ✓ Serve as a liaison between the staff, management and patients
- ✓ Design and implement short, medium and long-term goals for the medical facility
- ✓ Frame budgets and operational strategy for each department.
- ✓ Oversee the finances of the hospital, including setting the rates for various health services, budgeting and revenue monitoring.
- ✓ Streamline the operational procedures of the facility to provide patients with the best care.

(d) **Fiduciary Management**

The key management personnel who held office during the financial year ended 30th June 2025 and who had direct fiduciary responsibility were:

No.	Designation	Name
1.	Medical Superintendent	Dr. Hamdi Salat
2.	Head of finance	CPA Abdirahman Adan Adow
3.	Head of supply chain	Abdifatah Hassan Bulle
4.	Hospital Administrator	Sadiq Yarrow
5.	Director Nursing Services	Laban Cheriot
6.	Internal Auditor	

(e) **Fiduciary Oversight Arrangements**

The oversight arrangements include;

1. Clinical Research and Standards Committee.

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- i) Identifying health care service problems in the hospital and ensuring that they are resolved;
- ii) Review any changes on policy issues on standards, quality assurance and research;
- iii) Liaise with the Medical Advisory Committee on matters of quality health care delivery

2. Audit committee

- i) Reviewing quarterly, half-yearly and annual financial statements before submission to the Board;
- ii) Reviewing the performance, objectivity, and independence of external auditors;
- iii) Consideration of audit findings by the external auditors;
- iv) Monitoring and reviewing the effectiveness of the Hospital's internal audit function;

3. Risk Committee

- i) Reviewing the Hospital's internal control and ensuring quality, integrity, effectiveness and reliability of the Hospital's risk management framework.
- ii) Provide a forum for communication between the board, management and external risk management advisors
- iii) Assist the board in its oversight responsibilities by monitoring and advising on operational risks, including clinical risks.

4. County Assembly

- i) Scrutinize Budget estimates and budget documents and make appropriate recommendations;
- ii) Monitors budget performance of the hospital
- iii) Ensure that the relevant hospitals accounts on its expenditure;
- iv) Consider reports of the Auditor-General;

5. Parliamentary committees

- i) Develop a framework to guide and assist County Governments in the establishment of institutional structures for the management of health;
- ii) Coordinate intra and inter agency and governmental consultations on health sector issues, including existing and evolving health policies, legislation, regulations and programmes;
- iii) Coordinate and harmonize CoG views and perspectives on health matters;
- iv) Create forums for sharing of emerging issues and best practices, including modalities for prioritization and promotion of health an instrument for socio-economic growth

(f) **Hospital Headquarters**

Habaswein Subcounty Hospital,
P.O. Box 2-70200,
Along Wajir Garissa
Road .

(g) **Hospital Contacts**

Telephone: (+254721355387/+254729613713)
E-mail: hawaswein20@gmail.com

(h) **Hospital Bankers**

Kenya Commercial Bank,
Wajir Branch
Account No. 1105252221
WAJIR, Kenya.

Kenya Commercial Bank,
Wajir Branch
Account No. 1333330650
WAJIR, Kenya.

Kenya Commercial Bank,
Wajir Branch
Account No. 1333329741
WAJIR, Kenya.

(i) **Independent Auditors**

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




(j) **Principal Legal Adviser**

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





(k) **County Attorney**

P.O. Box.13-70300,
WAJIR, Kenya.


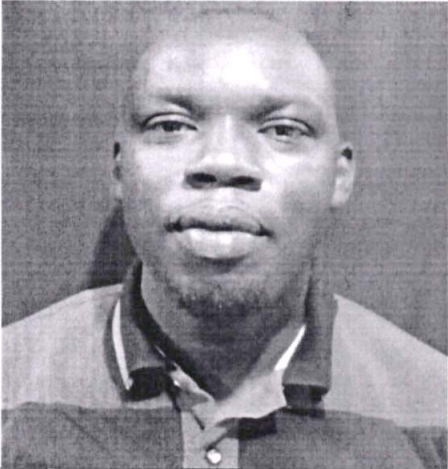
3. The Board of Management

Ref	Directors	Details
1.	<p>Chairman: Mr. Bare Mohamed Nur</p> 	Diploma in community development
2.	<p>Member: Katra Mohamed Sirat</p> 	Diploma in community development
3.	<p>Member : Abdikadir Ali Osman</p> 	Degree in business management accounting option
1.	<p>Member: Mr. Yussuf Hassan Muhumed</p>	Certificate in public administration




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<p>Member: Mrs. Deinaba Osman Afey</p> 	<p>Diploma in special education</p>
<p>Member: Katra Mohamed Ibrahim</p> 	<p>Bachelor of commerce in finance</p>
<p>CEO/Secretary: Dr. Hamdi Hassan Salat</p> 	<p>Dr Hamdi Hassan Salat holds an MBCHB. He has over 5 years' experience in healthcare administration and management</p>

4. Key Management Team

Ref	Management	Details
	<p>CEO/Secretary:Dr.Hamdi HassanSalat</p> 	<p>Dr Hamdi Hassan Salat holds an MBCHB.He has over 5 years' experience in healthcare administration and management</p>
	<p>Mr. Laban Cheruyiot Bachelor of scienceinNursing</p> 	<p>Nursing Officer in charge</p>
3.		

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	<p>Mr.Sadiq Yarrow</p> 	<p>Hospital Administrator</p>
4.	<p>Thomas Bachelor of Science in Medical Laboratory Science</p> 	<p>Laboratory Manager</p>
5.	<p>Dr. Omar Bachelor of Pharmacy</p> 	<p>Pharmacist Incharge</p>

7.	 <p>CPA Abdirahman Adan Adow Certified Public Accountant (CPA-K)</p>	Head of Finance-Hospital
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5. Chairman’s Statement

It is my pleasure to present the hospital’s 2024/25 annual report and financial statements. Management and operations of the hospital is guided by the existing legal, policy, and institutional frameworks that govern health sector to ensure efficient and effective delivery of services in the Hospital.

The facility is putting great emphasis in improvement of communication with our patients, their families and other stakeholders in an effective and timely manner. To this end, we have continued to train our employees on customer care and effective communication while upholding the highest standards of care. In an effort to provide timely and accurate information, we have established mechanisms for receiving and resolving customer feedback.

The hospital has continued to experience challenges and changing business environment which calls for continuous improvement of the quality of services to the patients.

On behalf of the Board, I would like to thank all our stakeholders especially the Ministry of Health and the County Treasury for the support they continue to accord the hospital without which our achievements would not have been realized. As we move into a new year, I would like to express my gratitude to Habaswein Subcounty Level 4 Hospital staffs, team leaders and the Board, who take such pride in their work, and who exemplify our hospital’s mission and values each day. Finally, I strongly believe that our strategy and the staffs in place will consistently drive our growth in the future as has been the case over the years.

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Name

Chairman to the Board

6. Report of The Medical Superintendent

The Management and Staff of the Hospital recognize the fact that the Hospital operates in an increasingly liberalized political and socio-economic environment. Habaswein hospital is part of the larger subcounty county health system that provides various services and most importantly is the facility for the larger sub county. The Habaswein Subcounty Hospital being at the apex of the sub county referral system is guided in its planning, development and provision of health care services by the national and sectoral policies on health, including Kenya Vision 2030, the Constitution, Kenya Health Policy 2012-2030, Kenya Health Sector Strategic and Investment Plan 2012-2017 and global policies such as the Millennium Development Goals and now the Sustainable Development goals, among others.

The prevailing economic and social conditions have adversely impacted on the delivery of health care services in the country. Various services offered in the Hospital have been affected by inadequate funding in relation to budgetary estimates. The Hospital therefore, faces many challenges in its endeavour to provide quality health care.

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Name **DR Hamdi Hassan Salati**
Secretary to the Board



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7. Statement of Performance Against Predetermined Objectives

Habaswein Subcounty hospital has two strategic pillars/ themes/issues and objectives within the current Strategic Plan for the FY 2022/2023- FY 2027/2028. These strategic pillars/ themes/ issues are as follows:

Pillar /theme/issue 1: Operational excellence

Pillar/theme/issue 2: Skilled and energetic management team

The hospital develops its annual work plans based on the above two pillars/Themes/Issues. Assessment of the Board’s performance against its annual work plan is done on a quarterly basis. The hospital achieved its performance targets set for the FY 2024/2025 period for its two strategic pillars, as indicated in the diagram below:

Strategic Pillar/Theme/Issues	Objective	Key Performance Indicators	Activities	Achievements
Pillar/ theme/ issue 1: Operational excellence	Reengineering, policies	Enhance service delivery	customers receive safe, timely, equitable, efficient, effective and patient-centred services.	effective and timely service delivery and efficient utilization of resources
Pillar/ theme/ issue 2: Skilled and energetic management team	Institutionalize leadership and governance performance	alignment of governance, leadership, and all employees to the overall strategic objectives of the organization.	oversight in financial reporting, Safeguarding Hospital assets	vibrant governance system

1) Achieve operational excellence to deliver speed and efficiency

Habaswein Subcounty Hospital needs to deliver a better overall customer experience by aligning processes, reducing timelines and making the whole customer experience from visit to exit a fast and efficient system. To achieve this goal, the hospital will focus on the following objectives:

- Achieve operational excellence through process reengineering and policies
- Reduce waiting times through automation
- Review and institutionalize robust quality assurance processes
- Maintain excellent outcomes of treatment to reduce morbidity and mortality

2) Strengthen hospital leadership and corporate governance

The facility has a young, skilled and energetic management team and a board that exudes wisdom. The hospital is committed to strengthen its capacity in leadership and governance in line with its mission and purpose. This will ensure alignment of governance, leadership, and all employees to the overall strategic objectives of the organization. To achieve this goal, the hospital will focus on the following objectives:

- Develop a focused capacity building program for both the board and the hospital management
- Streamline and strengthen the capacity of board committees
- Institutionalize leadership and governance performance measurement and appraisal systems



8. Corporate Governance Statement

Habaswein Subcounty Level 4 Hospital is committed to upholding principles of transparency, accountability, integrity, and service delivery excellence. The hospital's governance structure ensures that strategic direction, operational oversight and service standards are maintained in line with applicable laws, healthcare standards, and best practices in public sector governance.

i. Appointment and Removal of Board Members, Board Composition, and Charter

The appointment of Board members is guided by the County Government Act, Public Appointments (County Assemblies Approval) Act, and relevant healthcare policies. Members are appointed based on their qualifications, experience, and demonstrated commitment to public service and healthcare governance.

The removal of Board members follows due process as outlined in county legislation, including grounds such as misconduct, conflict of interest, or failure to perform duties.

The Board consists of a diverse group of individuals with expertise in healthcare, finance, law, community development, and administration. Diversity in gender, professional background, and age is a key consideration in the composition of the Board, in line with inclusivity and equal opportunity principles.

A formal Board Charter exists, detailing the scope of authority, roles, and responsibilities of the Board and its members.

ii. Roles and Functions of the Board

The Board of Habaswein Subcounty Level 4 Hospital plays a critical role in:

- Providing strategic leadership and policy direction.
- Ensuring effective oversight of management and hospital operations.
- Approving the hospital's budget, annual work plan, and key performance targets.
- Overseeing risk management, compliance, and internal controls.
- Ensuring alignment with national and county health policies and standards.
- Promoting stakeholder engagement and community involvement in healthcare delivery.

iii. Induction, Training, and Development

New Board members undergo a structured induction program to familiarize them with the hospital's mandate, organizational structure, health sector regulations, and Board procedures. Ongoing capacity-building sessions and exposure to best governance practices are provided periodically to enhance members' effectiveness.

iv. Board and Members' Performance

The performance of the Board and its individual members is assessed annually through a structured Board evaluation process. This includes self-assessment, peer review, and overall evaluation of governance effectiveness. Feedback from this process informs development initiatives and governance reforms.

v. Number of Board Meetings Held and Attendance

In the last financial year, the Board held scheduled meetings. Attendance is monitored and recorded for transparency and accountability.

S/No	Board Member	Number of Meetings Attended	Attendance Rate
1	Bare Mohamed Nur	1	25%
2	Katra Mohamed Sirat	1	25%
3	Abdikadir Ali Osman	1	25%
4	Daynaba Osman Afey	1	25%
5	Katra Mohamed Ibrahim	1	25%
6	Hamdi Salat Hassan	1	25%

vi. Succession Plan

The hospital has developed a Succession Management Policy to ensure continuity in leadership and critical positions. This plan identifies and nurtures internal talent for future leadership roles and ensures minimal disruption in service delivery during transitions.

vii. Policy to Manage Conflict of Interest

A Conflict of Interest Policy is in place to promote integrity and transparency. Board members and senior staff are required to declare any potential or actual conflicts of interest at the beginning of each meeting and abstain from decision making in such cases. Declarations are recorded in the Conflict of Interest Register.

viii. Board Remuneration

Board members receive remuneration as per guidelines set by the Salaries and Remuneration Commission (SRC). This includes sitting allowances for meetings attended and travel reimbursements where applicable. The remuneration structure is public and aligned with public service regulations.

ix. Ethics and Conduct

A **Code of Conduct and Ethics** guides the behavior of Board members and hospital staff. It emphasizes professionalism, confidentiality, impartiality, accountability, and respect for human dignity. The code is consistent with the Public Officer Ethics Act and is reinforced through regular training.

x. Governance Audit

An external **Governance Audit** is conducted periodically in compliance with State Corporations and county public institutions. The audit reviews governance systems, policy implementation, stakeholder engagement, and regulatory compliance. Recommendations are implemented to enhance governance effectiveness.

xi. Communication Policy

The hospital adheres to a **Communication and Stakeholder Engagement Policy** that ensures clear, timely, and accessible information to stakeholders, including patients, staff, county authorities, and the public. Communication channels include community forums, noticeboards, social media platforms, and official publications.

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xii. Terms of Reference of Committees

The Board has established various **committees**, each with clear Terms of Reference (TORs) that outline their mandate, composition, and reporting framework. These include:

- **Finance, Audit and Risk Committee**
- **Human Resource and Governance Committee**
- **Medical Services and Quality Assurance Committee**

Each committee meets regularly and submits reports and recommendations to the full Board for consideration and decision-making.

xiii. Policy on Related Party Transactions

The hospital has a policy that governs **related party transactions**, ensuring that all such transactions are conducted transparently and at arm's length. Disclosure of any related party interest is mandatory, and approval processes are in place to prevent misuse of public resources.

Conclusion:

Habaswein Subcounty Level 4 Hospital continues to strengthen its governance practices in line with constitutional values, public service regulations, and healthcare sector expectations. The Board remains committed to providing leadership that ensures quality health services, financial stewardship, and public trust.

9. Management Discussion and Analysis

Two- to-four pages

Habaswein Subcounty Level 4 Hospital provide healthcare services to Sub County people and patients from neighbouring towns. Services include, outpatient clinics, inpatient care, accident and emergency. The hospital also provides clinical support services that include laboratory and pharmacy.

The hospital strives to ensure that the clinical services provided are safe, timely, appropriate, innovative, effective and evidence-based. Clinical governance continues to be strengthened to improve patient safety and ensure quality healthcare. The hospital patient attendance continues to increase despite the many challenges i.e. lack of enough doctors, nurses, pharmacists, RCOs and budgetary constraints.

Clinical/operational performance

Habaswein Subcounty continues to provide a wide range of highly specialized healthcare services to Kenyans, patients from within Wajir county, and neighbouring counties. Specialized services include, specialized outpatient clinics, inpatient care, day care procedures for surgery, renal, ENT, dental amongst other services and specialized accident and emergency that receives emergency, disaster victims and referred patients. The hospital also provides clinical support services that include gynaecology service, General medicine service, laboratory, pharmacy and radiology. The hospital strives to ensure that the clinical services provided are safe, timely, appropriate, innovative, effective, evidence-based and in line with modern technological advances. Clinical governance continues to be strengthened to improve patient safety and ensure quality healthcare. In addition, the hospital plays a leading role regionally in the

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management of disasters and emergencies. The hospital patient attendance continues to increase despite the many challenges i.e. budgetary constraints and other challenges.

Below is a summary of the clinical/operational performance

- *Bed capacity of the hospital. 120*
- *Overall patient attendance during the year for both inpatient and outpatient. 26,500*
- *Accident and Emergency attendance 4,100*
- *Specialised clinic attendance 23,900*
- *Average length of stay for in patient. 3.3*
- *Bed occupancy rate 51%*
- *Mortality rate 3.85%*
- *Surgical theatre utilisation (number of operations over a period of time) 2,070*

Financial performance that includes

Revenue sources

The revenue sources of the hospital are from cost sharing and Social Health Insurance fund totalling to Ksh17,506,298.

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Utilisation of funds; -

- ✓ Medical/clinical cost amounting to Ksh4,711,554
- ✓ Employee costs amounting to Ksh3,456,000
- ✓ Board of Management Expenses Ksh40,000
- ✓ Repair and maintenance amounting to Ksh1,716,767
- ✓ General expenses amounting to Ksh3,476,094

.....
Medical Superintendent



10. Environmental And Sustainability Reporting

Habaswein Subcounty 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.

i) Sustainability strategy and profile

its stakeholders are increasingly emphasizing on the need to ensure sustainability for both its investments and its resource mobilization and financing capabilities with an objective of ensuring that facility going concern is secured. The hospital has conducted a basic assessment of available options for feasible financing tools that would assure the hospital of its long-term sustainability. The hospital has reviewed its current resource mobilization strategies and proposed feasible sustainability financing options, which include:

- Introduction of new specialized services such as routine theatre days for elective surgeries
- Public Private Partnership
- Upgrading the hospital to Level IV to get more funding
- Enhancing Client satisfaction through quality service care
- Bringing on board more financial institutions i.e. lobbying for more engagement with other insurance firms

ii) Environmental performance

Habaswein Subcounty Hospital is using the National Health Care Waste Management policy guideline which is guiding us in the management of the waste that we generate in the organization and we have a copy of the policy.

1 Successes

- We are having colour-coded bins [receptacles] at all generation points in the departments.
- There are segregation posters alongside the receptacles to guide in the segregation of waste.
- We have waste treatment equipment within the organization that helps us treat our waste and we only dispose off non-contaminated waste to the dumping site.
- The general cleanliness of the organization is well maintained both indoors and grounds.

2 Challenges

- Frequent breakdown of the equipment and the cost of repair.
- High cost electricity bill.
- Shortage of staffs.
- Delay of funds disbursement.

iii) Employee welfare

Hiring process involves bringing new employees on board. This is the mandate of the County Public Service Board for the recruitment and appointment of new Health care workers.

Improvement of employee skills and career management is done through employee sponsorship to further their studies in line with their careers. This is done by sponsorship and supporting employees to attend both short and long courses offered by various institutions.

Training programs are based on the identified needs from the training needs assessments and are emphasized for performance improvement addressing both individual and organizational goals.

iv) Market place practices-

a) Responsible competition practice.

This is effectively done through proper use of the available website for advertisement purposes as well as making good use of the instituted internal committees to help minimize anticorruption.

b) Responsible Supply chain and supplier relations

Ensures best involvement of suppliers in the tendering process and feedback given to suppliers in good time.

c) Responsible marketing and advertisement

Effectively done through the use of website and notice boards

v) Corporate Social Responsibility / Community Engagements

- The hospital offers free medical camps
- The hospital provides waiver services for the less vulnerable
- The department captured more indigents into the NHIF system

11. Report of The Board of Management

The Board members submit their report of Financial Statements for the year ended June 30, 2025, which show the state of the hospital's affairs.

Principal activities

The principal activity of the hospital is to receive in-patient and out-patient and to provide them medical services.

Results

The results of the hospital for the year ended 30th June, 2025 are set out on page 1 to 9.

Board Of Management

The Board of Management is constituted and implementation of FIF bill, however during the year the hospital was managed by the Board of Management shown on page viii.

Auditors

The Auditor General is responsible for the statutory audit of the hospital in accordance with Article 229 of the Constitution of Kenya and the Public Audit Act 2015.

By Order of the Board

Dr. Hamdi Salat
Secretary of the Board



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 hospital, which give a true and fair view of the state of affairs of the hospital at the end of the financial year/period and the operating results of the hospital for that year/period. The Board of Management is also required to ensure that the hospital keeps proper accounting records which disclose with reasonable accuracy the financial position of the hospital. The council members are also responsible for safeguarding the assets of the hospital.


The Board of Management is responsible for the preparation and presentation of the hospital's financial statements, which give a true and fair view of the state of affairs of the hospital for and as at the end of the financial year (period) ended on June 30, 2025. 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 hospital, (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 the 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 the hospital's 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 the hospital's financial statements give a true and fair view of the state of hospital's transactions during the financial year ended June 30, 2025, and of the hospital's financial position as at that date. The Board members further confirm the completeness of the accounting records maintained for the hospital, which have been relied upon in the preparation of the hospital's financial statements as well as the adequacy of the systems of internal financial control.

Nothing has come to the attention of the Board of management to indicate that the hospital will not remain a going concern for at least the next twelve months from the date of this statement.

Approval of the financial statements

The Hospital's financial statements were approved by the Board on 14/8/ 2025 and signed on its behalf by:


.....
Name *Rafiq Mottombi*
Chairman *NB2*
Board of Management


.....
Name: *DR Itandi Itansom Saka*
Accounting Officer

MEDICAL SUPERINTENDENT
HABASWEIN SUB-COUNTY
HOSPITAL
P.O. BOX 2-70200, WAJIR
Date.....

REPUBLIC OF KENYA

Telephone: +254-(20) 3214000
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Anniversary Towers
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P.O Box 30084-00100
NAIROBI

REPORT OF THE AUDITOR-GENERAL ON HABASWEIN SUB-COUNTY LEVEL 4 HOSPITAL FOR THE YEAR ENDED 30 JUNE, 2025 – COUNTY GOVERNMENT OF WAJIR

PREAMBLE

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

- A. Report on 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 the 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 the Government achieves value for money and that such funds are applied for the intended purpose; and,
- 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, risk management environment and internal controls, developed and implemented by those charged with governance for orderly, efficient and effective operations of the entity.

A Qualified Opinion is issued when the Auditor-General concludes that, except for material misstatements noted, the financial statements are fairly presented in accordance with the applicable financial reporting framework. The Report on Financial Statements should be read together with the Report on Lawfulness and Effectiveness in the Use of Public Resources and the Report on Effectiveness of Internal Controls, Risk Management and Governance.

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 Habaswein Sub-County Level 4 Hospital set out on pages 1 to 39, which comprise of the statement of financial position as at 30 June, 2025 and the statement of financial performance, statement of changes 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

Report of the Auditor-General on Habaswein Sub-County Level 4 Hospital for the year ended 30 June, 2025 – County Government of Wajir

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 Habaswein Sub-County Level 4 Hospital as at 30 June, 2025 and of its financial performance and its cash flows for the year then ended, in accordance with International Public Sector Accounting Standards (Accrual Basis) and comply with the County Governments Act, 2012, the Health Act, 2017 and the Public Finance Management Act, 2012.

Basis for Qualified Opinion

1. Non-Disclosure of Property, Plant and Equipment

The statement of financial position reflects Nil balance in respect of property, plant and equipment. The Hospital had control over various assets which include land and buildings, specialized and non-specialized medical equipment, furniture and fittings, motor vehicles and ICT equipment. Management did not provide satisfactory explanation for the failure to disclose property, plant and equipment owned by the Hospital.

In addition, the fixed asset register maintained by the Hospital did not contain all key asset details including description of the asset, identification or serial numbers, acquisition date, cost of acquisition, accumulated depreciation, net book value, location, class and the current status. The assets were also not tagged with identification codes. In addition, Management did not provide ownership documents for the land on which the Hospital buildings and structures sit.

In the circumstances, the accuracy of Nil balance for property, plant and equipment could not be confirmed.

2. Unsupported Inventory Balance

The statement of financial position reflects inventories balance of Kshs.1,071,885 as disclosed in Note 15 to the financial statements. The balance relates to pharmaceutical supplies which were not supported by stock sheets and physical stock take report.

In the circumstances, the accuracy of the inventory balance of Kshs.1,071,885 could not be confirmed.

The audit was conducted in accordance with International Standards of Supreme Audit Institutions (ISSAIs). I am independent of the Habaswein 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.

Emphasis of Matter

Budgetary Control and Performance

The statement of comparison of budget and actual amounts reflects final revenue budget and actual receipts on a comparable basis of Kshs.21,000,000 and Kshs.17,506,298 respectively. This results in an under-funding of Kshs.3,493,702, representing 17% of the budgeted revenue. Similarly, the Hospital incurred expenditure totalling Kshs.13,400,415 against actual receipts of Kshs.17,506,298, resulting in an under expenditure of Kshs.4,105,883 representing 17% of the actual receipts.

The under-funding and under expenditure may have resulted in non-implementation of planned programmes negatively affected the operations of the Hospital.

Key Audit Matters

Key audit matters are those matters that, in my professional judgement, are of most significance in the audit of the financial statements. Except for the effect of the matters described in the Basis for Qualified Opinion section, I have determined that there are no other key audit matters to communicate in my report.

Other Information

The Management is responsible for the Other Information set out on page iii to xxvii which comprise of Key Entity Information and Management, The Board of Management, Key Management Team, Chairman's Statement, Report of the Medical Superintendent, Statement of Performance Against Predetermined Objectives, Corporate Governance Statement, Management Discussion and Analysis, Environmental and Sustainability Reporting, Report of the Board of Management and Statement of Board of Management's Responsibilities, The Other Information does not include the financial statements and my audit report thereon.

In connection with my audit on the Hospital's financial statements, my responsibility is to read the Other Information and in doing so, consider whether the Other Information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If based on the work I have performed, I conclude that there is a material misstatement of this Other Information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the Other Information and accordingly, I do not express an audit opinion or any form of assurance conclusion thereon.

REPORT ON LAWFULNESS AND EFFECTIVENESS IN THE USE OF PUBLIC RESOURCES

Conclusion

As required by Article 229(6) of the Constitution, based on the audit procedures performed, except for the effect of the matters described in the Basis for Conclusion on

Lawfulness and Effectiveness in the 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. Deficiencies in Implementation of Universal Health Coverage (UHC)

Reviews 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 eighty eight (88) staff or a deficit of 87% of the authorized establishment of one hundred and one (101) staff.

In addition, the Hospital lacked the necessary equipment and machines outlined in the Health Policy Guidelines as detailed under **Appendix 1**.

These deficiencies contravene the First Schedule of the Health Act, 2017 and imply that accessing the highest attainable standard of health, which include 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 may not be able to deliver on its mandate.

2. Lack of Approved Annual Estimates of Revenue and Expenditure

The statement of financial performance reflects total receipts of Kshs.69,626,179 and total expenditure of Kshs.61,322,291. However, Management did not provide evidence that estimates of revenue and expenditure were prepared and approved by the Board and the County Executive Committee Member for Finance. This was contrary to Section 149(2) (h-i) of the Public Finance Management Act, 2012 which provides that an accounting officer shall, in respect of the entity concerned prepare estimates of expenditure of the entity in conformity with the strategic plan of the entity and submit the estimates of an entity, which is not a County Corporation to the County Executive Committee Member for Finance.

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

3. Casuals Engaged Beyond Stipulated Period

The statement of financial performance reflects employees' costs of Kshs.48,885,957. The expenditure includes an amount of Kshs.3,456,000 relating to casual employees' costs. Examination of the casual payrolls for the year revealed that nineteen (19) casual employees were engaged for more than three (3) consecutive months, contrary to Section 37(1)(a) and (b) of Employment Act, 2007, which provides that where a casual employee performs work which cannot reasonably be expected to be completed within a period or a number of working days amounting in the aggregate to the equivalent of three (3) months or more, the contract of service of the casual employee shall be deemed to be one where wages are paid monthly and section 35(1)(c) shall apply to that contract of service.

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

The audit was conducted in accordance with ISSAI 3000 and ISSAI 4000. The standards require 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 comply 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 EFFECTIVENESS OF 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 effects of 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 governance were not effective.

Basis for Conclusion

1. Weaknesses In Revenue Collection System

Audit review of revenue records revealed that the revenue was collected through an M-Pesa Pay Bill. There was no evidence that receipts were issued to the customers upon payment for services.

In the circumstances, the effectiveness of internal controls on revenue collection could not be confirmed.

2. Failure to Establish Functional Internal Audit Unit

During the year under review, the Hospital did not have an internal audit unit. This is contrary to Section 155(1)(a) of the Public Finance Management Act, 2012 which provides that a County Government entity shall 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.

In the circumstances, the existence of effective mechanisms and processes for review and evaluation of budgetary performance, financial management, transparency and accountability in the Hospital could not be confirmed.

3. Failure to Establish Audit Committee

During the year under review, the Hospital did not have an audit committee to support the accounting officer on issues of risk, control and governance, and to review and advise on the entity's risk management strategies, internal control systems and corporate governance practices.

In the circumstances, the effectiveness of oversight systems at the Hospital could not be confirmed.

4. Lack of Risk Management Policy and Disaster Recovery Plan

The Hospital did not put in place risk management policies, strategies, disaster recovery plan and risk register to mitigate against risk.

In the circumstances, the effectiveness of risk management system at the Hospital could not be confirmed.

5. Delayed Appointment and Gazettement of the Board of Management

The Board of Management for the Hospital was constituted and gazetted on 30 May, 2025, close to the end of the financial year. As a result, key governance and oversight responsibilities, including review and approval of budgets, monitoring of performance and accountability for financial operations, were not effectively carried out during the year.

In the circumstances, the effectiveness of governance structures at the Hospital 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 effective 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 the Management and the Board of Management

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 misstatement, 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 as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless Management is aware of the intention 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 comply 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

My responsibility is to conduct an audit of the financial statements in accordance with Article 229(4) of the Constitution, Section 35 of the Public Audit Act, 2015 and the International Standards of Supreme Audit Institutions (ISSAIs). The standards require that, in conducting the audit, I obtain reasonable assurance about whether the financial statements as a whole are free from material misstatements, whether due to fraud or error and to issue an auditor's report that includes my opinion in accordance with Section 48 of the Public Audit Act, 2015. 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 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 conducting the audit, Article 229(6) of the Constitution also requires that I express a conclusion on whether or not 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 addition, I consider the entity's control environment in order to give an assurance on the effectiveness of internal controls, risk management and governance processes and systems in accordance with the provisions of Section 7 (1) (a) of the Public Audit Act, 2015.

Further, I am required to submit the audit report in accordance with Article 229(7) of the Constitution.

Detailed description of my responsibilities for the audit is located at the Office of the Auditor-General's website at: <https://www.oagkenya.go.ke/auditor-generals-responsibilities-for-audit/>. This description forms part of my auditor's report.


FCPA Nancy Gathungu, CBS
AUDITOR-GENERAL

Nairobi

26 November, 2025

APPENDICES

Appendix 1: Deficiencies in Implementation of Universal Health Coverage (UHC)

Staff Requirement and Deficiencies

Staffing Requirement	Level 4 Hospital Standard	Number In Hospital	Variance	Percentage Deficit %
Medical Officers	16	2	14	87.5%
Anesthesiologists	2	0	2	100%
General Surgeons	2	0	2	100%
Gynecologists	2	0	2	100%
Pediatricians	2	0	2	100%
Radiologists	2	0	2	100%
Registered Community Health Nurses	75	11	64	85.3%
Total	101	13	88	87.1%

Equipment Requirement and Deficiencies

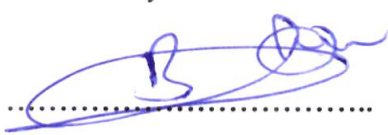
Service	Level 4 Hospital Standard	Actuals In the Hospital	Variance	Percentage Deficit%
Beds	150	30	110	73.3%
New Born Unit Cots	5	0	5	100%
New Born Units Incubators	5	0	5	100%
Resuscitare (2 in Labour and 1 in Theatre)	2	2	0	0%
Functional ICU Beds	6	0	6	100%
High Dependency Unit (HDU) Beds	6	0	6	100%
Renal Unit With at Least 5 Dialysis Machine	5	0	5	100%
Two Functional Operational Theaters – Maternity & General	2	2	0	0%

*Habaswein Subcounty Level 4 Hospital (Wajir County Government)
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14. Statement of Financial Performance for The Year Ended 30 June 2025

Description	Note	2024-2025	2023-2024
		Kshs	Kshs
Revenue from non-exchange transactions			
In-kind contributions from the County Government	6	48,993,761	-
Revenue from non-exchange transactions		48,993,761	-
Revenue from exchange transactions			
Rendering of services- Medical Service Income	7	20,632,418	4,834,242
Revenue from exchange transactions		20,632,418	4,834,242
Total revenue		69,626,179	4,834,242
Expenses			
Medical/Clinical costs	8	7,203,473	1997531
Employee costs	9	48,885,957	918,000
Board of Management Expenses	10	40,000	-
Repairs and maintenance	11	1,716,767	966,200
General expenses	12	3,476,094	926,792
Total expenses		61,322,291	4,808,523
Net Surplus / (Deficit) for the year		8,303,888	25,719

The Hospital's financial statements were approved by the Board on --14-08-2025-- and signed on its behalf by:



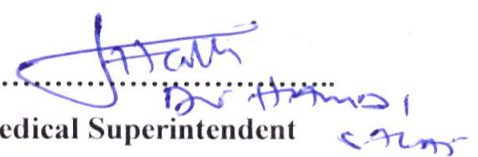
Chairman

Board of Management



ABDIRAHMAN MOUW
Head of Finance

ICPAK No: 20620



Medical Superintendent

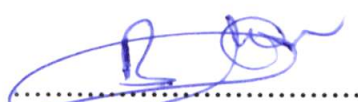
MEDICAL SUPERINTENDENT
HABASWEIN SUB-COUNTY
HOSPITAL
P.O. BOX 2-70200, WAJIR
Date.....

Habaswein Subcounty Level 4 Hospital (Wajir County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025

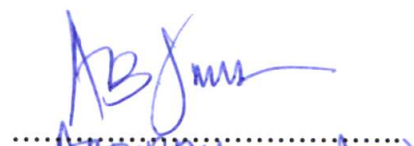
15. Statement of Financial Position As At 30th June 2025

Description	Note	2024-2025	2023-2024
		Kshs	Kshs
Assets			
Current assets			
Cash and cash equivalents	13	4,137,203	31,321
Receivables from exchange transactions	14	3,126,120	0
Inventories	15	1,071,885	-
Total Current Assets		8,335,208	31,321
Non-current assets			
Property, plant, and equipment	16	-	-
Total Non-current Assets			
Total assets (A)		8,335,208	31,321
Liabilities			
Current liabilities			
Total Current Liabilities			
Total Liabilities (B)			
Net assets (A-B)		8,335,208	31,321
Represented by:			
Revaluation reserve			-
Accumulated surplus/Deficit		8,335,208	31,321
Capital Fund			-
Net Assets		8,335,208	31,321

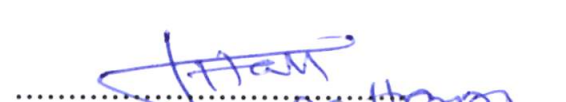
The Hospital's financial statements were approved by the Board on 14-08-2025 and signed on its behalf by:



Chairman
Board of Management



Head of Finance
 ICPAK No: 20620



Medical Superintendent

MEDICAL SUPERINTENDENT
 HABASWEIN SUB-COUNTY
 HOSPITAL
 P.O. BOX 2-70200, WAJIR
 Date.....

16. Statement of Changes in Net Assets for The Year Ended 30 June 2025

Description	Revaluation reserve	Accumulated surplus/Deficit	Capital Fund	Total
As at July 1, 2023	-	5,602	-	5,602
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	25,719	-	25,719
Capital/Development grants	-	-	-	-
As at June 30, 2024	-	31,321	-	31,321
At July 1, 2024	-	31,321	-	31,321
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	8,303,888	-	8,303,888
Capital/Development grants	-	-	-	-
At June 30, 2025	-	8,335,209	-	8,335,209

Habaswein Subcounty Level 4 Hospital (Wajir County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025

17. Statement of Cash Flows for The Year Ended 30 June 2025

Description	Note	2024-2025	2023-2024
		Kshs	Kshs
Cash flows from operating activities			
Receipts			
Rendering of services- Medical Service Income	6	17,506,298	4,834,242
Total Receipts		17,506,298	4,834,242
Payments			
Medical/Clinical costs	8	4,711,554	1,997,531
Employee costs	9	3,456,000	918,000
Board of Management Expenses	10	40,000	0
Repairs and maintenance	11	1,716,767	966,200.00
General expenses	12	3,476,094	926,792
Total Payments		13,400,415	4,808,523
Net cash flows from operating activities	17	4,105,883	25,719
Cash flows from investing activities			
Purchase of property, plant, equipment	16	-	-
Purchase of intangible assets			-
Proceeds from the sale of PPE			-
Acquisition of investments			-
Net cash flows used in investing activities		-	-
Cash flows from financing activities			
Proceeds from borrowings			-
Repayment of borrowings			-
Capital grants received			-

Habaswein Subcounty Level 4 Hospital (Wajir County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025

Net cash flows used in financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		4,105,883	25,719
Cash and cash equivalents as at 1 July	13	31,320	5,601.5
Cash and cash equivalents as at 30 June	13	4,137,203	31,320

18. Statement of Comparison of Budget and Actual Amounts for Year Ended 30 Jun 2025

Description	Original budget	Adjustments	Final budget	Actual on comparable basis	Performance difference	% of utilisation
	a	B	c=(a+b)	d	e=(c-d)	f=d/c%
	Kshs	Kshs	Kshs	Kshs	Kshs	
Budget carryovers from the previous year	-	-	-	-	-	-
Receipts	-	-	-	-	-	-
Transfers from the County Government	-	-	-	-	-	-
Grants from donors and development partners	-	-	-	-	-	-
Transfers from other Government entities	-	-	-	-	-	-
Public contributions and donations	-	-	-	-	-	-
Rendering of services- Medical Service Income	21,000,000	-	21,000,000	17,506,298	33,234,684	70%
Revenue from rent of facilities	-	-	-	-	-	-
Finance / interest income	-	-	-	-	-	-
Miscellaneous receipts (<i>specify</i>)	-	-	-	-	-	-
Total receipts	21,000,000	-	21,000,000	17,506,298	33,234,684	70%
Payments						
Medical/Clinical costs	5,000,000	-	5,000,000	4,711,554	288,446	94%
Employee costs	3,800,000	-	3,800,000	3,456,000	344,000	91%
Remuneration of directors	800,000	-	800,000	40,000	760,000	5%
Repairs and maintenance	5,550,000	-	5,550,000	1,716,767	3,833,233	31%
Grants and subsidies						
General expenses	5,850,000	-	5,850,000	3,476,094	2,373,906	59%
Finance costs						
Refunds						
Total Operational Expenditure paid	21,000,000	-	21,000,000	13,400,415	7,599,585	64%
Capital Expenditure paid						
Surplus/Deficit				4,105,883		



:

Budget Reconciliation

	Operating	Financing	Investing	Total
Actual amounts on comparable basis presented in the budget and actual comparative statement	4,105,883	-	-	4,105,883
Basis difference	-	-	-	-
Timing differences	31,320	-	-	31,320
Entity differences	-	-	-	-
Classification differences	-	-	-	-
Actual in the statement of cashflows	4,137,203	-	-	4,137,203

19. Notes to the Financial Statements

1. General Information

Habaswein Subcounty Hospital is established by and derives its authority and accountability from Health Act 2017. The entity is wholly owned by the Wajir County Government and is domiciled in Wajir County in Kenya. The entity's principal activity is providing medical service.

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 the *entity's* 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 . The financial statements have been prepared and presented in Kenya Shillings, which is the functional and reporting currency of the *entity*. The financial statements have been prepared in accordance with the PFM Act, and 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 2025

There were no new and amended standards issued in the financial year.

ii) New and amended standards and interpretations in issue but not yet effective in the year ended 30 June 2025.

Standard	Effective date and impact:
IPSAS 43	<p><i>Applicable 1st January 2025</i></p> <p>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 cashflows of an Entity.</p> <p>The new standard requires entities to recognise, measure and present information on right of use assets and lease liabilities.</p>
IPSAS 44: Non- Current Assets Held for Sale and Discontinued Operations	<p><i>Applicable 1st January 2025</i></p> <p>The Standard requires,</p> <p>Assets that meet the criteria to be classified as held for sale to be measured at the lower of carrying amount and fair value less costs to sell and the depreciation of such assets to cease and:</p> <p>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.</p>
IPSAS 45- Property Plant and Equipment	<p><i>Applicable 1st January 2025</i></p> <p>The standard supersedes IPSAS 17 on Property, Plant and Equipment, and IPSAS 45 has additional guidance/ new guidance for heritage assets, infrastructure assets and measurement. Heritage assets were previously</p>

*Habaswein Subcounty Level 4 Hospital (Wajir County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025*

Standard	Effective date and impact:
	<p>excluded from the scope of IPSAS 17 in IPSAS 45, heritage assets that satisfy the definition of PPE shall be recognised as assets if they meet the criteria in the standard. IPSAS 45 has an additional application guidance for infrastructure assets, implementation guidance and illustrative examples. The standard has clarified existing principles e.g valuation of land over or under the infrastructure assets, under- maintenance of assets and distinguishing significant parts of infrastructure assets</p>
<p>IPSAS 46 Measurement</p>	<p><i>Applicable 1st January 2025</i></p> <p>The objective of this standard was to improve measurement guidance across IPSAS by:</p> <ul style="list-style-type: none"> i. Providing further detailed guidance on the implementation of commonly used measurement bases and the circumstances under which they should be used. ii. Clarifying transaction costs guidance to enhance consistency across IPSAS; iii. Amending where appropriate guidance across IPSAS related to measurement at recognition, subsequent measurement and measurement related disclosures. <p>The standard also introduces a public sector specific measurement bases called the current operational value.</p>
<p>IPSAS 47- Revenue</p>	<p><i>Applicable 1st January 2026</i></p> <p>This standard supersedes IPSAS 9- Revenue from exchange transactions, IPSAS 11 Construction contracts and IPSAS 23 Revenue from non-exchange transactions. This standard brings all the guidance of accounting for revenue under one standard. The objective of the standard is to establish the principles that an entity shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of revenue and cash flow arising from revenue transactions.</p>
<p>IPSAS 48- Transfer Expenses</p>	<p><i>Applicable 1st January 2026</i></p> <p>The objective of the standard is to establish the principles that a transfer provider shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of expenses and</p>

Standard	Effective date and impact:
	cash flow arising from transfer expense transactions. This is a new standard for public sector entities geared to provide guidance to entities that provide transfers on accounting for such transfers.
IPSAS 49- Retirement Benefit Plans	<i>Applicable 1st January 2026</i> The objective is to prescribe the accounting and reporting requirements for the public sector retirement benefit plans which provide retirement to public sector employees and other eligible participants. The standard sets the financial statements that should be presented by a retirement benefit plan.
IPSAS 50: Exploration For & Evaluation of Mineral Resources	<i>Applicable 1st January 2027</i> The objective of this Standard is to specify the financial reporting for the exploration for and evaluation of mineral resources. The Standard requires: <ul style="list-style-type: none"> <li data-bbox="443 801 1383 891">i. Limited improvements to existing accounting practices for exploration and evaluation expenditures. <li data-bbox="443 913 1383 1048">ii. Entities that recognize exploration and evaluation assets to assess such assets for impairment in accordance with this Standard and measure any impairment in accordance with IPSAS 26. <li data-bbox="443 1070 1383 1308">iii. Disclosures that identify and explain the amounts in the entity's financial statements arising from the exploration for and evaluation of mineral resources and help users of those financial statements understand the amount, timing and certainty of future cash flows from any exploration and evaluation assets recognized.

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 the *Entity* 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.

Notes to the Financial Statements (Continued)

b. Budget information

The original budget for FY 2024-2025 was approved by Board on October **2024** . 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. Accordingly, the *hospital* recorded additional appropriations of **84,000,000** on the FY 2024-2025 budget following the Board's approval. The *hospital's* 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 cash flows.

c. Taxes

Sales tax/ Value Added Tax

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

- 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

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taxation authority is included as part of receivables or payables in the statement of financial position.

Notes to the Financial Statements (Continued)

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 3 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.

Notes to the Financial Statements (Continued)

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 recognition.

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.

Notes to the Financial Statements (Continued)

h. Biological Assets

The entity recognizes biological assets when it controls the assets due to past events, it is probable that future economic benefits associated with the asset will flow to the entity, and when the fair value or cost of the asset can be measured reliably. Biological assets are initially and subsequently measured at fair value less costs to sell, except where fair value cannot be reliably determined. In such cases, the asset is measured at its cost less accumulated depreciation and any accumulated impairment losses. Changes in fair value less costs to sell are recognized in surplus/deficit in the period in which they occur.

i. Research and development costs

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
- 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.

j. 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 hospital'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 asset is measured at fair value through net assets/ equity if it is held within the management model whose objective is achieved by both collecting contractual cashflows 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 asset 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*.

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Financial liabilities

Classification

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

k. 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 of the Entity.

l. 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.

Notes to the Financial Statements (Continued)

m. 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.

n. 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.

o. 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.

p. Nature and purpose of reserves

The entity creates and maintains reserves in terms of specific requirements.

q. 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.

Notes to the Financial Statements (Continued)

r. 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.

s. Foreign currency transactions

Transactions in foreign currencies are initially accounted for at the ruling rate of exchange on the date of the transaction. At each reporting date, foreign currency monetary items are translated using the closing rate. Non-monetary items measured in historical cost are translated using the exchange rate at the date of the transaction, and those measured at fair value are translated using the exchange rates at the date when the fair value was determined. Exchange differences arising from the settlement of monetary items or translation of monetary/non-monetary items at rates different from those at which they were initially reported are recognized in surplus or deficit in the period.

t. 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.

u. 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 the *Entity*, or vice versa. Members of key management are regarded as related parties and comprise the directors, the CEO/principal and senior managers.

v. Service concession arrangements

The Entity 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, the *Entity* 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 *Entity* also recognizes a corresponding liability, adjusted by a cash consideration paid or received.

w. 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.

x. Comparative figures

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

y. 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, 20XX.

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.

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Notes to Financial Statements Continued

6. In Kind Contributions from The County Government

Description	2024-2025	2023-2024
	KShs	KShs
Pharmaceuticals	3,563,804	0
Employees	45,429,957	0
Total grants in kind	48,993,761	0

7. Rendering of Services-Medical Service Income

Description	2024-2025	2023-2024
	Kshs	Kshs
NHIF/SHA Reimbursements	20,632,418	4,834,242
Total revenue from the rendering of services	20,632,418	4,834,242

8. Medical/ Clinical Costs

Description	2024-2025	2023-2024
	Kshs	Kshs
Pharmaceutical supplies	3,759,181	508,000
Laboratory chemicals and reagents	107,200	468,000
Food and Ration	1,398,155	
Dressing and Non-Pharmaceuticals	1,060,158	510,531
Health information stationery	156,600	356,000
Medical equipment	-	65,000
Anaesthetic machine sevice	97,000	
Sanitary and cleansing Materials	83,800	
Purchase of Medical gases	50,000	90,000
Other medical related clinical costs (specify)	491,379	-
Total medical/ clinical costs	7,203,473	1,997,531

9. Employee Costs

Description	2024-2025	2023-2024
	Kshs	Kshs
Salaries, wages, and allowances	3,456,000	918,000
In kind salaries to permanent employees	45,429,957	
Employee costs	48,885,957	918,000

10. Board of Management Expenses

Description	2024-2025	2023-2024
	Kshs	Kshs
Sitting allowance	40,000	-
Total	40,000	

11. Repairs And Maintenance

Description	2024-2025	2023-2024
	Kshs	Kshs
Medical equipment	-	500,000
electrical items	847,467	185,000
Computers and accessories	-	72,000
Maintenance of civil works	869,300	209,200
Total repairs and maintenance	1,716,767	966,200

12. General Expenses

Description	2024-2025	2023-2024
	Kshs	Kshs
Catering expenses	147,000	-
Water and sewerage costs	-	170,000
Insecticides and rodenticides	30,300	50,000
Bank charges	32,328	6,992
Electricity expenses	1,330,000	-
Fuel and Lubricants	175,000	-
cleaning materials	-	153,100
Travel and accommodation allowance	1,075,450	192,000
Printing and stationery	518,716	204,700
Telephone and mobile phone services	110,300	150,000
Other general expenses	57,000	
Total General Expenses	3,476,094	926,792

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13. Cash And Cash Equivalents

Description	2024-2025	2023-2025
	KShs	KShs
Current accounts	4,137,203	31,321
Cash in hand		
Total cash and cash equivalents	4,137,203	31,321

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

Description		2024-2025	2023-2024
Financial institution	Account number	KShs	KShs
a) Current account			
Kenya Commercial bank	1105252221	3,860,348	31,321
Kenya Commercial bank – Habaswein FIF Expenditure Account	1333329741	95,457	00
Kenya Commercial bank- Habaswein FIF Revenue account	1333330650	181,398	00
Sub- total		4,137,203	31,321
Grand total		4,137,203	31,321

14. Receivables From Exchange Transactions

Description	2024-2025	2023-2024
	KShs	KShs
Medical services receivables	3,126,120	-
Total receivables	3,126,120	-

15. Inventories

Description	2024-2025	2023-2024
	KShs	KShs
Pharmaceutical supplies	1,071,885	0
Total	1,071,885	0

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Notes to the Financial Statements (Continued)

16. Property, Plant and Equipment

Description	Land	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment	ICT Equipment	Plant and medical equipment	Other Assets (specify)	Capital Work in progress	Total
	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh
Cost									
At 1 July 2023									
Additions									
Disposals									
Transfers/adjustments									
Revaluation Adjustments									
At 30th Jun 2024									
At 1 July 2024									
Additions									
Disposals									
Transfer/adjustments									
Revaluation Adjustments									
At 30th Jun 2025									
Depreciation and impairment									
At 1 July 2023									
Depreciation for the year									

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Description	Lard	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment	ICT Equipment	Plant and medical equipment	Other Assets (specify)	Capital Work in progress	Total
Disposals									
Impairment									
At 30 June 2024									
At July 2025									
Depreciation				-		-		-	
Disposals									
Impairment									
Transfer/adjustment									
At 30th June 2025				-		-		-	
Net book values									
At 30 th Jun 2024									
At 30 th Jun 2025				-		-		-	

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Notes to the Financial Statements (Continued)

17. Cash Generated from Operations

Description	Period ended March 31 2025	Audited Prior year 30th June 2024
	Kshs	Kshs
Surplus for the year before tax		
Surplus for the period before tax	8,303,888	
Adjusted for:		-
Depreciation	-	-
Less: Non-cash grants received	-	-
Contributed assets		-
Impairment	-	-
Gains and losses on disposal of assets	-	-
Contribution to provisions	-	-
Contribution to impairment allowance	-	-
Working capital adjustments		-
Increase in inventory	(1,071,885)	-
Increase in receivables	(3,126,120)	-
Increase in deferred income	-	-
Increase in payables	-	
Increase in payments received in advance	-	-
Net cash flow from operating activities	4,105,883	-

Notes to the Financial Statements (Continued)

18. 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 hospital'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 hospital 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 hospital'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 2024				
Receivables from exchange transactions	-	-	00	00
Receivables from –non-exchange transactions	-	-	00	00
Bank balances	31,321	31,321	00	00
Total	31,321	31,321	00	00
At 30 June 2025				
Receivables from exchange transactions	3,126,120	3,126,120	00	00
Receivables from –non-exchange transactions	-	-	00	00
Bank balances	4,137,203	4,137,203	00	00
Total	7,263,323	7,263,323	00	00

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Notes to the Financial Statements (Continued)

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 hospital has recognised in the financial statements is considered adequate to cover any potentially irrecoverable amounts. The entity has significant concentration of credit risk on amounts due from The board of management sets the hospital'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 the entity's short, medium and long-term funding and liquidity management requirements. The entity manages liquidity risk through continuous monitoring of forecasts and actual cash flows.

The table below represents cash flows payable by the hospital 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 2024				
Trade payables	00	00	00	00
Current portion of borrowings	00	00	00	00
Provisions	00	00	00	00
Deferred income	00	00	00	00
Employee benefit obligation	00	00	00	00
Total	00	00	00	00
At 30 June 2025	00	00	00	00
Trade payables	00	00	00	00
Current portion of borrowings	00	00	00	00
Provisions	00	00	00	00
Deferred income	00	00	00	00
Employee benefit obligation	00	00	00	00
Total	00	00	00	00

Notes to the Financial Statements (Continued)

(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 hospital'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

The entity 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 entity 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.

Foreign currency sensitivity analysis

The following table demonstrates the effect on the hospital'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.

b) Interest rate risk

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

Notes to the Financial Statements (Continued)

Sensitivity analysis

The entity 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 entity's capital risk management is to safeguard the Hospital's ability to continue as a going concern.

Notes to the Financial Statements (Continued)

19. Related Party Balances

Nature of related party relationships

Entities and other parties related to the entity 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.

Wajir County Government is the principal shareholder of 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 the entity, both domestic and external. The related parties include:

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

Description	2024-2025	2023-2024
	Kshs	Kshs
Transactions with related parties		
a) Grants from the Government		
Transfer from County Government	-	-
Inkind contribution from County Government	48,993,761	-
Grants from the National Government Entities	-	-
Donations in kind	-	-
Total	48,993,761	-

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Notes to the Financial Statements (Continued)

20. Events after the Reporting Period

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

21. Ultimate and Holding Entity

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

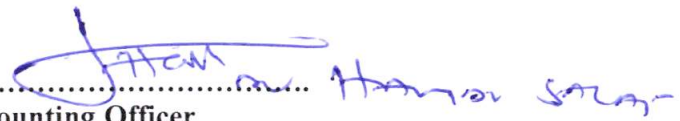
22. Currency

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)
This is the first audit hence no recommendation for follow up.				
<div style="text-align: center;">  <p>..... Accounting Officer</p> </div>				

MEDICAL SUPERVISOR
HABASWEIN SUB-COUNTY
HOSPITAL
P.O. BOX 2-70200, WAJIR
Date.....

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	N/A					
2						

Habaswein Subcounty Level 4 Hospital (Wajir County Government)
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Appendix III: Inter-Entity Confirmation Letter

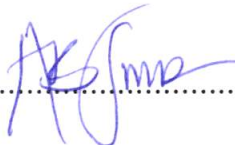
Name of Transferring entity...Waji county government

Name of Beneficiary entity... Habaswein Subcounty Level 4 Hospital

Confirmation of amounts received by Habaswein Subcounty Hospital as at 30 th June 2025 from county government of Wajir					
Reference Number	Date Disbursed	Recurrent (A)	Development (B)	Total (C)=(A+B)	Remarks
NONE	NONE	NONE			
Total					

I confirm that the amounts shown above are correct as of the date indicated.

Head of Accounts Department - Beneficiary Entity:

Name ABDIKARIM ADOW Sign  Date 30th June 2025

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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		
N/A									

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
N/A						