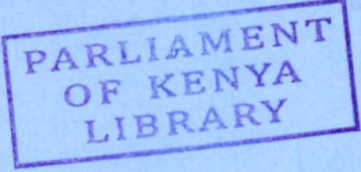


REPUBLIC OF KENYA



459

REPORT

OF

THE AUDITOR-GENERAL

ON

NAMBALE SUB COUNTY HOSPITAL

**FOR THE YEAR ENDED
30 JUNE, 2025**

COUNTY GOVERNMENT OF BUSIA

PAPERS LAID	
DATE	15/02/2026
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**NAMBALE SUB COUNTY HOSPITAL
(County Government of Busia)**

ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 2025

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

*Nambale Sub County Hospital (Busia County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025*



Nambale Sub County Hospital (Busia County Government)
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1. Acronyms & Glossary of Terms

CSR	Corporate Social Responsibility
OSHA	Occupational Health & Safety Act
PFMA	Public Financial Management Act
MED SUP	Medical Superintendent
Fiduciary Management	Key management personnel who have financial responsibility in the entity.
HMT	Health Management Team
SDG's	Sustainable Development Goals
MOU	Memorandum of Understanding
PWD's	People Living with Disability
SHA	Social Health Authority
UHC	Universal Health Coverage
CIDP	County Integrated Development Plan
CHV's	Community Health Volunteers
CHP's	Community Health Promoters

2. Key Entity Information and Management

- (a) **Background information**
Nambale Sub County Hospital is a level (4) hospital established under gazette notices number 786 and is domiciled in Busia County under the Health Department. The hospital is governed by a Board of Management.
- (b) **Principal Activities**

The hospital principal mandate is to –

- To provide, accessible, affordable and reliable quality healthcare.
- To treat patients from the community and referral from peripheral facilities.



- Nambale Sub County Hospital has grown over the years to its present capacity and attends to annual average number of 2,246 inpatient clients and 14,286 outpatients.

(c) **Key Management**

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

County department of health

- Implementing policies that will ensure funding for all facilities
- Overseeing implementation of the board resolution
- Monitoring and evaluating performance
- Ensuring effective communication with the hospital

Board of Management

- 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 annual budgets for the hospital
- Monitor the hospital performance and ensure sustainability
- Enhance the corporate image of the hospital
- Protect the assets of the hospital
- Ensure effective communication with stakeholders

Accounting Officer/ Medical Superintendent

- Provide visionary and transformational leadership
- Mandatory signatory to all hospital bank accounts
- General support and supervision of revenue collected at the facility
- Overall management of available human resource and performance monitoring
- Chairperson to hospital management team and the secretary to the board.
- Approve all expenditure and payments at facility levels
- Overseeing implementation of the board resolution
- Receive Authority to incur expenditure from Chief Officer of Health
- Ensuring effective communication with the hospital

(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. Jek Ogara
2.	Head of finance	CPA Ruth Ipuwa
3.	Head of supply chain	Carolyne Oyioma
4.	Hospital Administrator	Amos Njaga
5.	Head Of Nursing	Edmond John Mbindi
6.	Head Of Pharmacy	Dr. Doreen Ratemo
7.	Head Of Laboratory	Everline Akee
8.	Head Of Clinical	Lenard Maiyah
9.	Head Of Nutrition	Lilian Omete
10.	Head Of Records	Lucy Anyango
11.	Head Of Radiology	Kent Wanyonyi
12.	Head of Physiotherapy	Patrick Obwana
13.	Head Of Bio-medical Engineering	Emily Recho Amojong

(e) Fiduciary Oversight Arrangements

The overall oversight responsibility of the Hospital rests with the Board of Management which has sub committees.

- i) Clinical Research and Standards Committee.
The committee is responsible for identifying health care services problems and ensuring that they are resolved, review any changes on policy on standards.
- ii) Audit / risk committee
The committee assist the board in fulfilling its corporate governance responsibility, oversight on internal control process, general oversight in risk and compliance matters ensuring quality and integrity
- iii) Other oversight committees



Key Entity Information and Management (continued)




- iv) Entity Headquarters**
Nambale Sub County Hospital
P.O. Box 280 - 50409
Nambale, Kenya
- v) Entity Contacts**
Telephone: (+254) 706 480908
E-mail: nambalehospital@gmail.com.
Website: www.go.ke
- vi) Entity Bankers**
Kenya Commercial Bank
Busia Branch
P.O Box
Busia, Kenya
- vii) Independent Auditors**



Auditor General
Office of Auditor General
Anniversary Towers, Institute Way
P.O. Box 30084
GPO 00100
Nairobi, Kenya
- viii) Principal Legal Adviser**

The Attorney General
State Law Office
Harambee Avenue
P.O. Box 40112
City Square 00200
Nairobi, Kenya
- ix) County Attorney**
P.O. Box Private Bag - 50400
Busia, Kenya



3. The Board of Management

Ref	Directors	Details
1.	 <p>Mr. Paul Otiti</p>	<p>Mr. Paul Otiti is a Senior Project Management Officer with over 15 years of experience currently working with Initiative Consultant Limited as a program coordinator He holds a Degree in Community Health and Development. He is the current chair of the Board.</p>
2.	 <p>Mrs. Zipporah Amoit</p>	<p>Zipporah Amoit is Senior Administrative Officer currently working with the County government Busia. She holds Master Of Arts in Project Planning and Bachelor of Education Arts both from the University Of Nairobi.</p>
3.	 <p>Rev. Joseph Khaemba</p>	<p>Rev. Joseph Khaemba is a member of the board representing the religious community. He holds a Diploma in Church Administration and currently leads the inter-religious council of Kenya as the chairperson Nambale Sub County in Busia County.</p>


4.	 <p>Mr. Linus Amake</p>	<p>Mr Linus Amake is a qualified P1 teacher with over 20 years of experience in the teaching profession.</p>
5.	 <p>Mrs. Everline Ouma</p>	<p>Everline Ouma holds a Diploma in Primary Teacher Education graduated in the year 2010. She represents the youths in the Board.</p>
6.	 <p>Dr. Daniel Jek Ogara</p>	<p>Dr Daniel Jek Ogara is a Senior Medical Officer with the County government of Busia, currently serving as the medical superintendent of Nambale sub county Hospital and the secretary to the board. He holds a Bachelor Of Medicine and Bachelor of Surgery degree from Egerton University with over 5 years' working experience in the medical field.</p>

7.	 Mr. Absalom Alutia	<p>Absalom Alutia is a primary school leaver currently a farmer in the community. He represents people living with disability in the board.</p>
8.	 Mrs. Judith Indasi Murwai	<p>Judith Indasi Murwai is a retired social worker with over 30 years work experience. She holds a Diploma in Community Social Works and worked with Family Planning International,</p>




4. Key Management Team

Ref	Management	Details
1.	 <p data-bbox="264 931 544 965">Dr. Daniel Jek Ogara</p>	<p data-bbox="892 483 1422 931">Dr Daniel Jek Ogara is a senior medical officer with the County government of Busia, currently serving as the medical superintendent of Nambale sub county Hospital and the chair of the HMT committee. He holds a Bachelor Of Medicine and bachelor of surgery degree from Egerton University with over 5 years' experience in the medical field.</p>
2.	 <p data-bbox="264 1447 612 1480">Mr. Amos Mukhula Njaga</p>	<p data-bbox="892 1115 1401 1350">Amos Mukhula Njaga is currently the hospital administrator at Nambale sub county hospital. He holds a Diploma in Public Administration with over 30 years working experience in administration</p>




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3.		<p>CPA Ruth Ipuwa is the head of finance at Nambale sub county hospital. She is a certified public accountant and a registered member of the Institute of Certified Public Accountants of Kenya. She holds a Bachelors of commerce Degree in Accounting from Kenyatta University with over 6 year’s experience in the finance sector.</p>
4.	 <p>Ms. Caroline Oyioma</p>	<p>Caroline Oyioma is a qualified and licenced procurement personnel currently serving at Nambale sub county hospital as the head of procurement department. She holds a Diploma in Supplies Chain Management from Mount Kenya University. She is a registered member of the Kenya Institute of Supply Management.(KISM)</p>
5.	 <p>Dr. Doreen Ratemo</p>	<p>Dr Doreen Ratemo is the head of pharmacy department in Nambale sub county hospital. She hold a Bachelor’s Degree in Pharmacy with over 15 years’ experience working as a pharmacist.</p>

6.	 <p>Mr. Edmond John Mbindi</p>	<p>Edmond John Mbindi is currently the head of nursing department at Nambale sub county hospital. He holds a Diploma in Kenya Registered Community Health Nurse, certificates in Leadership Management and Governance for Health Systems Strengthening and Leadership Management and Governance course for senior policy makers in health.</p>
7.	 <p>Ms. Everline Akee</p>	<p>Everline Akee is currently the head in charge of laboratory department at Nambale sub county Hospital. She hold a Bachelor's of Science in Medical Laboratory Science with over 10 years' work experience in the Laboratory field.</p>
8.	 <p>Ms. Lucy Anyango</p>	<p>Lucy Anyango is currently the head of Records department at Nambale sub county hospital. She holds a Diploma in Health Records and Information. Currently pursuing a degree in the same field.</p>

<p>9.</p>	 <p>Mr. Lenard Maiyah</p>	<p>Lenard Maiyah is currently the head of Clinical department at Nambale sub county hospital. Prior to working in Nambale he served as a clinical officer in charge at Lukolis Health centre and Alupe Sub County Hospital. He holds a Diploma in Clinical Medicine and Surgery with over 15 years work experience.</p>
<p>10.</p>	 <p>Mr. Kent Wanyonyi Wafula</p>	<p>Kent Wanyonyi Wafula is currently the head of Radiography department in Nambale sub county hospital. He holds a Degree in Radiography with over 5 years working experience.</p>
<p>11.</p>	 <p>Mr. Patrick Obwana</p>	<p>Patrick Obwana holds a Diploma in Physiotherapy. He is in charge of the therapy department in Nambale Hospital with over 5 years' experience</p>

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<p>12.</p>		<p>Maximilla Odaba is the head of Social department. She holds a Diploma in Medical Social Work from Shamberere Technical. She worked as a VCT councillor for 5 years before re- designation to Social work for the past 2 years.</p>
<p>13.</p>		<p>Emily Recho Amojong is the head of Bio Medical Engineering team in the hospital. She holds a Diploma in Medical Engineering with over 15 years work experience.</p>
<p>14.</p>		<p>Lilian Omete is head of Nutrition department at Nambale SCH. She holds a Diploma in Community Nutrition with over 7 years work experience.</p>

5. Chairman's Statement

It is with great honour that I present this financial report for the period 2024/2025. The past year has been marked by resilience and progress in the face of both opportunities and challenges.

General Outlook

During the reporting period, the board focused on strengthening governance structure and ensuring alignment with the hospital mission and vision.

The referral system has been significantly improved as fuel for ambulance is fully budgeted for by the board. This has reduced public outcry that existed before in the community.

The hospital security surveillance system has improved as the hospital has a 24 hour lighting system, fully paid up electricity bills and a standby generator in case of power outage.

The hospital has realised constant supply of drug, non- pharmaceuticals, laboratory reagents that has eased shortage and increased patients' confidence in service delivery at the hospital and a motivation to the medical staffs.

The members of the board have fully participated in all decision- making process through regular board and sub committees meeting which created seamless service delivery.

The Board has undertaken the staff welfare as a core progress to having a motivated workforce, fostering team work and collective responsibility at work place

The finance/ budget committee ensured prudent utilization of resources. They approved budgets and monitored financial performance through reports.

Patient care remains the hospital top priority. The board is in the process of implementing a patient feedback system to capture real time concerns and suggestions.

Challenges hampering the operations at Nambale Sub County Hospital include:

1. Lack of adequate infrastructure for specialized clinics hindering comprehensive Healthcare delivery
2. Absence of operating theatre equipment. The theater building lacks essential equipment's including anesthetic machine which is essential for surgical operation.
3. Lack of a female ward and an incomplete maternal-neonatal wards.
4. Inadequate storage facility posing insufficiency storage for both pharmaceutical and non-pharmaceutical supplies hence affecting inventory management and service delivery.
5. Lack of a proper functional kitchen leading to difficulties in meal provision to patients

6. Lack of adequate ablution block. This poses a great public health concern and risk that need urgent action.

7. Porous fence- Lack of a proper fence that poses a major security threat to both patients, staffs, hospital equipment's pre-exposes hospital to theft risks.

Recommendations and way forward.

- ✓ Construction of an administration block that can house specialized clinics.
- ✓ Modernize theatre with ultramodern equipment which include (electro surgical unit) anaesthetic machine.
- ✓ Completion of maternal and neonatal wards and construction of a female and paediatric wards
- ✓ Construction of pharmaceutical, non-pharmaceutical store and general supply store.
- ✓ Construction of a modern kitchen to improve food handling area hygiene
- ✓ Construction of a modern ablution block to improve sanitation.
- ✓ Deployment of additional technical staffs to manage departments effectively as per the level 4 status.
- ✓ Need for a facility major renovation.

Nambale sub county hospital is committed to working closely and in collaboration with partners to ensure that the patients we serve continue to receive high quality specialized care despite all the challenges. The teams remained committed towards rendered their unwavering support offering the best healthcare services. We will continue to invest in our facilities and technologies in order to attract the best.

Our foresight aspiration is to provide prompt care and treatment.

I take this opportunity to appreciate all the members of the board, the hospital administration and all the staff members for their excellent performance in various departments that has immensely improved health services delivery to the residents of Nambale and neighbouring Sub Counties.

Paul Oti



Chairman to the Board

6. Report of The Medical Superintendent

a) Operational Performance and Service Delivery

During the financial year 2024/2025, the hospital recorded notable achievements across its three strategic pillars: Curative Health Services, Preventive and Promotive Health Services, and Universal Health Coverage (UHC).

Curative Services

- The hospital generated a total of Kshs 13,643,346 in medical service income, reflecting strong performance across outpatient, inpatient, maternity, laboratory, and dental services.
- A total of Kshs 740,588 worth of pharmaceuticals and Kshs 984,640 in non-pharmaceutical supplies among others were issued, ensuring uninterrupted clinical care.

Preventive and Promotive Health

- Public health campaigns, medical outreach, and community sensitization programs were conducted, focusing on hygiene, family planning, immunization, and disease prevention.
- Reproductive health talks along with environmental health interventions, benefited thousands of residents.

Universal Health Coverage (UHC)

- Under the Social Health Authority (SHA) program, the hospital served a broad segment of the community with subsidized services, generating Kshs 9,991,564 in revenue.

b) Infrastructure and Development Projects

Maternal and Neonatal Services

We are anticipating the timely completion, full equipping, and staffing of a 20-bed Mother and Baby unit. This specialized unit is designed to offer a comprehensive package of maternal services under one roof. This facility will house labor, delivery, postnatal, and neonatal services in one integrated setup ensuring that mothers and infants receive timely and quality care.

Infrastructure Needs and Development Gaps

Despite the progress made, the hospital continues to grapple with serious infrastructural deficits. A key need is the construction of a modern outpatient block, which would help in streamlining services, reducing congestion in existing buildings, and improving patient flow. Additionally, the hospital lacks a centralized and spacious store for the safe and organized storage of medical

supplies and equipment. The hospital kitchen, which is currently overstretched and under-equipped, requires urgent renovation and expansion to cater to the growing inpatient population.

Our morgue remains stalled, a major setback in our goal to provide comprehensive services to the community. Immediate attention is needed to complete and operationalize this essential unit.

Theater and Surgical Services

The hospital currently has a theater block that, unfortunately, is not fully operational due to lack of critical equipment, especially a working anesthetic machine. We are calling for urgent equipping of this theater to enable us to provide surgical services, including emergency surgeries to our clients.

c) Operational Challenges

While the hospital has made considerable progress, we continue to face several challenges that hinder optimal service delivery. These include:

1. Acute shortage of staff – Most departments are understaffed, leading to burnout and compromised service delivery. Recruitment of more clinical and support staff is urgently needed.
2. Lack of a perimeter wall – This poses a security risk and affects control of access into the facility, especially during nighttime.
3. Poor reimbursements from the Social Health Authority (SHA) – Delays or failure in receiving funds on time have severely affected our ability to procure essentials and deliver uninterrupted services.
4. Inadequate financial resources – The hospital's budgetary allocations remain insufficient to meet the growing demand for services.
5. Inadequate space – Many wards are overcrowded due to lack of expansion space. This situation compromises patient privacy, infection control, and comfort.
6. Political patronage – Unwarranted external interference hampers administrative efficiency and decision-making processes.

Lack of a hospital management information system (HMIS) – Manual record-keeping remains a bottleneck. It affects data accuracy, timeliness in reporting, and overall planning and decision-making.

d) Financial Performance

Despite the constraints outlined above, financial performance in the last period was commendable. This is demonstrated in the financial statements where Kshs 13,643,346 was collected during the year. This was a great improvement compared to Kshs 7,747,939 raised during the financial year 2023/2024.

e) Conclusion and Way Forward

The hospital's growth trajectory is promising, but sustained support and intervention are needed to unlock its full potential. Immediate attention should be given to infrastructural development, especially the outpatient block, kitchen, morgue, and theater.

Staffing gaps must be addressed through fresh recruitment's, and financial systems improved by automating all revenue streams, fast-tracking reimbursements and considering upward revision of service charges.

We remain optimistic that with continued support from all stakeholders—government, partners, and the community—we can overcome existing challenges and steer Nambale Sub County Hospital toward becoming a model health facility within the region.

I wish to appreciate the Nambale Sub County Board of Management, staff and all those who have walked with us in this journey and commit to working harder for even greater achievements.



Name: Dr. Daniel Jek Ogara

Secretary to the Board

7. Statement of Performance Against Predetermined Objectives

Strategic Development Objectives (Adopted from Busia County CIDP plan)

Nambale Sub County Hospital has 3 strategic pillars/ themes/issues and objectives within the current Strategic Plan for the FY 2024- FY 2025. These strategic pillars/ themes/ issues are as follows:

- Curative Health Services
- Preventive and Promotive Health Services
- Universal Health Coverage

Nambale Sub County Hospital develops its annual work plans based on the above 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 strategic pillars, as indicated in the diagram below:

Strategic Pillar/Theme/Issues	Objective	Key Performance Indicators	Activities	Achievements
1: Curative Health Services	-Provision of Primary Health care. - Provision of clinical services -Management of health facilities and pharmacies, diagnostic services including radiology and laboratory services -Provision of nursing services -Provision of rehabilitative services among	-No of client seeking outpatient services -No of patients admitted. -Client satisfaction -Average length of hospital stay -Availability of essential drugs	-Daily ward rounds. -Procurement of essential drugs, laboratory reagents, ray consumables, non-pharmaceuticals -Conduct quality improvement meetings	-Increased number of clients seeking for both inpatient and outpatient services thus increased revenue. Kshs 13,643,346 was raised Averagely 16,532 clients

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	others;			visited the facility. -No of client who get services without stock out
2: Preventive and Promotive Health Services	-Undertake health promotion and education activities. Provide technical advice on Promotive and preventive health, campaign and creation of awareness on diseases of public interest, -Provision of community health services through community strategy, disease surveillance and investigation Inspection of	-% number of fully immunized under 5 children. -% of pregnant mothers attending at least 8 ANC conducts	-Routine immunization -Defaulter tracing -Wash promotion -MCH-ANC visits -Family planning -Outreaches	- with the help of CHPs offering community health education there's increased number of fully immunized children and no any reported outbreak of immunizable diseases around Nambale community

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	premises, institutions			
3. Universal Health Coverage (UHC)	Ensuring access to health services activities by all residents, improving quality of services and ensuring affordability of health services.	-No of population enrolled to SHA. -no of clients seeking services using SHA insurance	-Registration of household into UHC	- increased uptake of SHA registration. -Reduced financial burden to the community as a result of SHA insurance cover to the clients. -no of claims rose to 995

8. Corporate Governance Statement

Board Organization and Structure

i) Board size, composition, appointment and removal

Nambale Sub County Hospital Board comprises of (eight) 8 members including the Medical Superintendent.

The board is well composed in terms of range and diversity of skills, knowledge and academic qualifications, gender, age and experience.

The board was constituted in July, 2024. Each Board member serve a maximum of 3 years. Names of all members and changes thereto are published in the Kenya Gazette.

ii) Roles and Functions of the Board

The Board is responsible for the overall strategic direction and operational guidance of the hospital by;

- i) Establishing Short and long term goal of the hospital and developing strategies to achieve this goals.
- ii) Monitor the hospital performance against this goals
- iii) Overseeing the preparation of budgets, annual financial statements and reports
- iv) Ensuring that the hospital has adequate systems of internal controls together with appropriate monitoring for compliance.

iii) Induction, training and development of Board Members

Upon appointment, the current board members were formally inducted on the anatomy of the hospital, its operations and corporate governance for them to understand their duties and responsibilities facilitated by the County Department of Health and hospital leadership.

Regular training and development programs to equip the board members with effective skills needed to discharge their duties should be considered.

iv) Board and Member's Performance

The boards performance under the year of investigation was commendable considering the fact that they were less than a year into service.

v) Board membership and attendance of meetings

The board has held regular meetings - at least once every quarter and supplementary meeting are held as and when necessary. In case of non-attendance due to other commitments, such information is communicated to the chairperson prior to the date of the scheduled meeting.

Table 1: Board membership and attendance during the year

Name	Board Position	Date of Appointment	No of meetings
Mr Paul Otit	Chairman	July 2024	4/4
Dr Jek Ogara	Secretary	July 2024	4/4
Mr Linus Amake	Member	July 2024	4/4
Rev Joseph Khaemba	Member	July 2024	4/4
Mrs Judith Indasi Murwayi	Member	July 2024	4/4
Mr Absolom Alutia	Member	July 2024	4/4
Mrs Everline Ouma	Member	July 2024	4/4
Mrs Ziporah Amoit	Member	July 2024	4/4

vi) Succession Plan

Succession is guided by County Public Service policies and the Leadership and Integrity Act, 2012, which promote continuity and institutional memory. The hospital maintains an internal talent pipeline for critical roles and works closely with the County Health Department to ensure timely replacement of retiring or transitioning Board members.

vii) Policy to manage conflict of interest

The board has a formal procedure for managing conflict of interest in accordance with the board charter. The board also applies a conflict of interest policy where a board member with an actual or potential conflict is required to disclose such interest that could interfere with their ability to act in the best interest of the hospital.

viii) Board Remuneration

During every board meeting, present directors are entitled to a sitting allowance, lunch allowance (in lieu of lunch being provided), accommodation allowance and mileage reimbursement where applicable within government set limits.

ix) Ethics and Conduct

All board members have a duty to act honestly and uphold integrity in all their dealings. The board reviewed the code of conduct and ethics with the aim to enhance relationships and foster teamwork among board members and staff and to build respect, confidence and credibility.

x. Governance Audit

Although a full governance audit was not conducted in FY 2024/2025, the hospital undertook internal governance assessments through the Hospital Management Team (HMT) and external oversight by the County Health Department. A formal governance audit is planned for the next financial period in line with Mwongozo best practices.

xi. Communication Policy

The hospital promotes open communication with stakeholders through public notice boards, community forums (barazas), suggestion boxes, and digital platforms (email: nambalehospital@gmail.com). Communication is guided by public participation principles under Article 10 of the Constitution and hospital service charters displayed prominently at facility entrances.

xii. Terms of Reference of Committees

The hospital has established the following governance committees:

- Clinical Standards and Research Committee
- Audit and Risk Committee
- Human Resource Advisory Committee (through County linkage)

Each committee operates under defined Terms of Reference (ToRs), focusing on specialized areas including clinical quality, fiduciary compliance, and risk mitigation.

xiii. Related Party Transactions Policy

The Board ensures that all related party transactions are conducted transparently and at arm's length. The hospital discloses any dealings involving Board members or senior staff in the financial statements and Board records in accordance with IPSAS 20 and PFM regulations.

9. Management Discussion and Analysis

Nambale Sub County Hospital continues to grow as a critical healthcare provider in Nambale Sub-County, Busia County. The hospital's operations are guided by principles of equity, accountability, and sustainability in line with national health policy and the County Integrated Development Plan (CIDP). This section outlines operational and financial performance, investment projects, statutory compliance, risk assessment, and strategic outlook, with trends from the past three years.

Despite limitations in human resources and theatre functionality, the hospital maintained strong outpatient and specialized clinic service performance. There were no recorded surgical operations due to lack of equipment's in the theatre.

Key Hospital projects (Ongoing and stalled)

During the year under review, key projects being implemented and those that had stalled included: -

i) Maternal and Neonatal Services

One of the most significant developments in the recent past has been in the area of maternal and neonatal health. We are anticipating the timely completion, full equipping, and staffing of a 20-bed Mother and Baby unit. This specialized unit is designed to offer a comprehensive package of maternal services under one roof. Once operational, it will be a major milestone in the hospital's history and is expected to significantly d-congest existing maternity wards, improve outcomes for mothers and newborns, and provide a dignified and efficient care environment.

Significance

This facility will house labor, delivery, postnatal, and neonatal services in one integrated setup, reducing the need for referrals and ensuring that mothers and infants receive timely and quality care. The importance of this unit cannot be overstated, as maternal and infant health remains a priority both at the national and county level.



ii) Oxygen cylinder rack

The AMREF has established an oxygen cylinder rack in the facility, in which the gas cylinders shall be stored and controlled from, including piping to the major service points. The project is at 80% completion, with only piping works remaining.

Significance

Compliance with local and international safety regulations e.g OSHA

Ensures oxygen is readily available and functional at all times in all service areas like ambulances, emergency rooms, wards.

Oxygen Cylinder Rack



iii) **Theatre project.**

The county government of Busia initiated the construction of the theatre with the goal of enhancing hospitals surgical capacity and improving access to emergency and elective surgical procedures.

- Construction – completed and structurally sound
- Electrical and plumbing installations: functional
- Staffing: Personnel not yet deployed due to non-functional status.

Impact

- The hospital is unable to conduct surgeries within the facility and patients continue to experience delays and referral to other facilities.

Way-forward

- The hospital management should involve relevant authorities for support and immediate budget allocation and plans for equipping the theatre done



iv) **Mortuary Project**

- Construction status- 50% of structural work complete
- Roofing and walls complete
- Equipment installation- not started
- Cold room units –not installed
- Operational readiness-non-operational

Impact

- Inability to store deceased bodies under hygienic conditions

- Emotional distress for bereaved families due to lack of proper storage space.

Way-forward

- The hospital management should involve relevant authorities for support and immediate budget allocation and plans for competition of the mortuary.



Risk Management Report

Risk management in healthcare has evolved over time as a result of dynamic technological, regulatory, legal political climate. ERM in healthcare comprise clinical and administrative systems, processes and reports employed to detect, monitor, access, mitigate and prevent risk.

Risk Management Process

The Board of Management together with HMT members (Health Management Team) is responsible for establishing an effective risk management strategy within the hospital.

Summary of Risks & opportunities Evaluated During the year

These are risks that can generally affect the overall strategy of the hospital. They are identified and assessed by executive management committee and the hospital risk committee.

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	Risk Type		Mitigation	Action Status	Opportunities
1	Inadequate human capacity	Inadequate staffing/ shortage of specialist	Recruitment & deployment of additional staff	To create a cohesive team environment	Train & retain
2	Inadequate equipment and insufficient space	Non allocation of funds to purchase and replace	Effective supply chain especially procedures on stock management	Periodic review Calibrations of equipment to ensure expected performance	Backup arrangements for utility services and medical equipment
3	Security risk	Porous fence in the hospital	Initiate fencing process	Phased construction of a perimeter wall	Increased security & controlled access
4	Long hospital stay	Accumulated medical bills and nature of illness	Clinical audits	Awareness programs and Sha insurance campaigns	Collaborations with insurance and medical schemes
5	Compliance	May result to penalties	Training and sensitization	Participating in awareness forums with respect to government policies and initiatives	

Clinical/operational performance

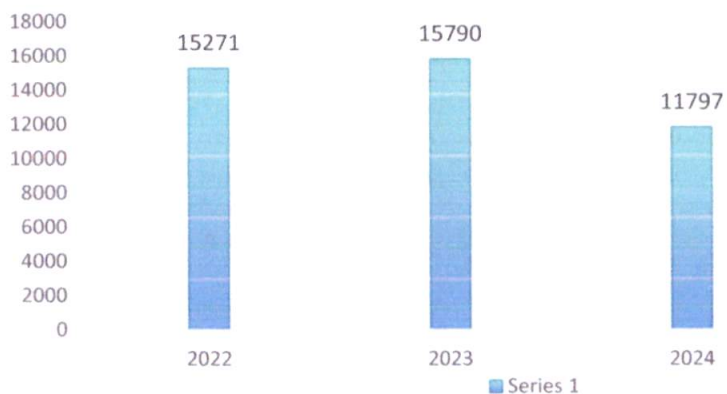
Bed Occupancy

The bed occupancy rate during the financial year under review stood at 96% with over 50 bed out of 52 occupied compared to the previous year 2023/2024 which stood at 90%.

Outpatient services

The hospital provides for various outpatient services including emergency services, Orthopaedic clinics, eye clinics, physiotherapy clinics among others. Due to improved service delivery the number of patients seeking for these services has increased over the past years as shown. The decline witnessed in the financial year under review was as a result of industrial strike that lasted close to 3 months.

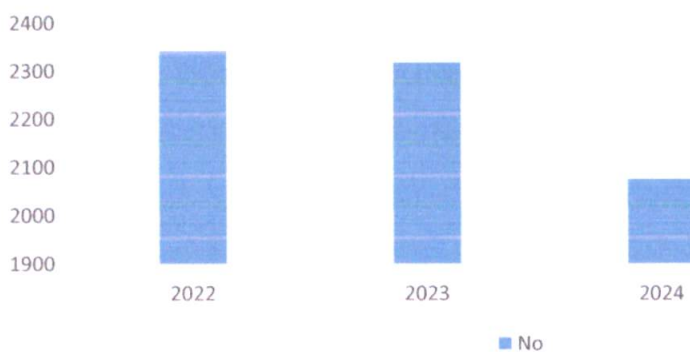
Outpatient Attendance



Inpatient Services

During the year under review, the hospital attended to 2,076 inpatients which was a slight decline compared to 2,319 the previous year. This was brought about by the industrial strike witnessed that lasted close to 3 months in the last financial year. The inpatient trend is as illustrated in below.

Inpatient Attendance



Nambale Sub County Hospital (Busia County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025

Operation Area	FY 2022/2023	FY2023/2024	FY 2024/2025
<i>Bed capacity</i>	33	33	52
<i>Specialized clinics attendance</i>	1074	1140	1154
<i>Average length of stay</i>	8	7	5
<i>Mortality rate</i>	19	11	16

Financial performance highlights

Results for the year Ended June 30, 2025

The hospital sources of income during the year under review included revenue from user fees charged for services rendered.

The hospital has recorded an increase in revenue collection over the past years. During this financial year Kshs 13,643,346 was raised compared to Kshs 7,747,939 last year. This performance is largely attributed to-

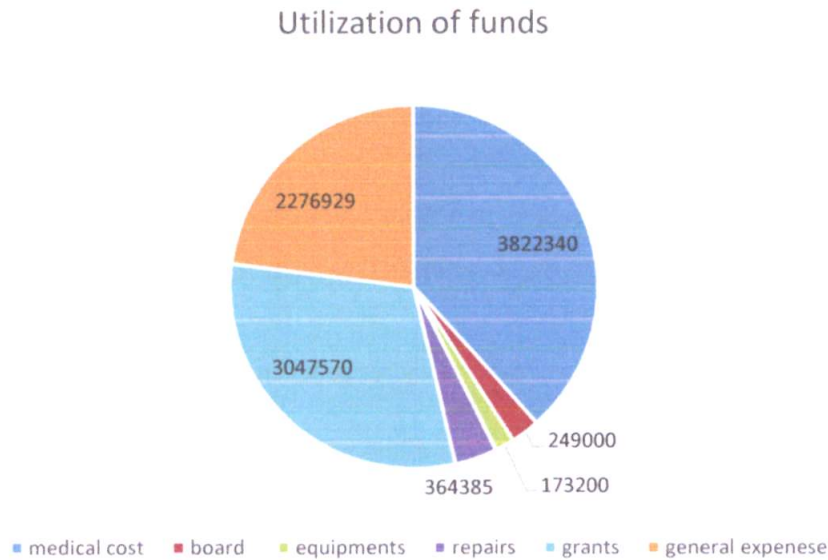
- Availability of essential drugs, laboratory reagents and improved inpatient services
- Introduction of SHA insurance scheme and mass registration of the community into the scheme.

Revenue Performance

The hospital operations are funded through grants from the county government, fee charged for services rendered, donations and grants from development partners. During the financial year ksh 13,643,346.

Revenue sources		% of Total
SHA (UHC)program	9,991,564	73
User fees	3,651,782	27
TOTAL	13,643,346	100

Utilization of funds FY 2024/2025



10. Environmental and Sustainability Reporting

i) Sustainability strategy and profile

Nambale Sub-County Hospital integrates sustainability into its operations by aligning with global frameworks such as the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 13 (Climate Action). The hospital prioritizes eco-friendly practices, community health, and efficient resource management to minimize its environmental footprint.

Key Achievements:

- **Energy Efficiency:** Installed solar-powered lighting in outpatient areas, reducing reliance on grid electricity.
- **Waste Management:** Implemented a waste segregation system (biodegradable, non-biodegradable, and hazardous waste) with designated disposal bins.

- Local Procurement: Allocated 30% of supply contracts to local vendors, supporting women- and youth-owned businesses.

Challenges & Mitigation:

- Limited funding for green infrastructure → To Seek partnerships with NGOs for solar energy expansion.
- Low community awareness on recycling → To Conduct training sessions for staff and patients.

ii) Environmental performance

The hospital adheres to Kenya's Environmental Management and Coordination Act and Occupational Safety and Health Act (OSHA 2007) as it is yet to establish its own environmental policy.

Waste Management

- Medical Waste: Sought an MOU with Alupe Sub county hospital for safe disposal of waste and incineration of hazardous waste.

Climate Action Initiatives

- Tree planting: 50 indigenous trees planted across hospital grounds to offset carbon emissions.
- Green Buildings: Designed new wards with natural ventilation and energy-efficient lighting.
- Energy efficiency and renewable energy- switching to Energy saving bulbs and solar installation throughout the hospital
- Water Conservation-Variou rain water harvesting points put throughout the hospital, in addition to leak management.

iii) Employee welfare

Nambale Sub County Hospital upholds inclusive, equitable, and merit-based employment practices in line with the Constitution of Kenya, the Employment Act, and the Occupational Safety and Health Act (OSHA), 2007. The hospital's human resource policies support a fair hiring process that considers gender balance, youth representation, and inclusion of Persons Living with Disabilities (PWDs).

Hiring Policies and Inclusion

During this reporting period, no employees were hired by the hospital. The hospital though has implemented structured recruitment procedures that ensure transparency and fairness. These procedures are aligned with county government guidelines and affirmative action provisions in order to maintain gender equity and enhance youth and PWD representation in the workforce and hospital board.

Stakeholder Engagement and Policy Review

Hiring and staffing policies are periodically reviewed by the County Department of Health and the Hospital Board to incorporate evolving needs, legal reforms, and stakeholder feedback. Through engagement forums and hospital management team (HMT) meetings, staff welfare issues and employment concerns are discussed and addressed, allowing continuous improvement in workforce management practices.

Career Development and Staff Motivation

The hospital has continued to invest in non-financial staff support. Staff participated in several training sessions and knowledge-sharing forums during the year. The human resource department coordinates staff appraisal, performance contracting and propose rewards and sanctions.

Workplace Safety and OSHA Compliance

Nambale Sub County Hospital is committed to ensuring workplace safety in compliance with OSHA (2007). The hospital premises are routinely inspected for hazards, with appropriate signage, cleanliness, and ventilation maintained in critical areas such as laboratories, wards, and the pharmacy. No work-related injuries were reported during the financial year, a testament to the hospital's proactive safety measures and training of staff on standard operating procedures (SOPs) and infection prevention and control (IPC).

Efforts to Minimize Risk

The hospital has complied with Occupational Safety and Health Acts of 2007 (OSHA) by providing office spaces that is regularly cleaned, providing sanitation facilities, providing PPE'S to staff and recently established a breastfeeding corner for nursing mothers in the facility.

To further promote staff safety, the hospital has considered investing in essential protective equipment such as uniforms, gloves, personal safety, hygiene, and professionalism support a pest-free environment, enhancing health and safety for both staff and patients and clinical safety

The hospital plans to enhance its welfare program by expanding training opportunities, formalizing appraisal systems, and improving occupational health monitoring.

iv) Market place practices-

Nambale Sub County Hospital operates in a highly regulated public health environment, where transparency, accountability, and equity are foundational to service delivery and resource management. The hospital has institutionalized a variety of marketplace practices to promote ethical governance, fair competition, responsible procurement, and citizen-focused engagement.

a) Responsible competition practice.

The hospital promotes responsible competition through strict adherence to public procurement laws and policies, including the Public Procurement and Asset Disposal Act. All procurement activities are conducted through open tendering, with calls for bids and quotations published transparently and competitively. The procurement officer, registered with the Kenya Institute of Supply Management (KISM), ensures all processes meet compliance and integrity thresholds. The county government is transitioning to e-procurement process to help in the procurement process hence promoting transparency and accountability

Measures have been instituted to prevent corruption, including segregation of duties, use of standardized procurement procedures, and oversight by audit and risk management committees.

Service delivery is governed by a public service charter displayed within hospital premises, outlining patient rights, responsibilities, and expected turnaround times. The hospital has also embraced digital systems in revenue collection—offering *cashless payment*.

b) Responsible Supply chain and supplier relations

Nambale Sub County Hospital fosters responsible supplier relationships by maintaining ethical procurement practices and honoring contractual obligations within budget constraints. The procurement office, led by a licensed professional, ensures fair evaluation of bids and compliance with local content policies. Priority is given to youth, women, and PWD suppliers in line with national affirmative action directives. The hospital consistently

respects agreed delivery timelines, avoids unnecessary delays in approvals, and values long-term partnerships built on trust and performance.

c) Responsible marketing and advertisement or Responsible engagement with citizens

Although traditional advertising expenditures are not reflected in the 2024/2025 budget, the hospital remains active in community outreach through public health campaigns, stakeholder meetings, and information sessions during mobile clinics and medical camps. The hospital avoids unethical promotion by providing factual, verifiable health service information through its staff, public health officers, and community health volunteers. All communication emphasizes inclusivity, respect for cultural and gender diversity, and discouragement of misinformation or exaggerated promises. Patients and citizens are informed of service eligibility criteria, SHA coverage, and referral processes during health talks and community barazas.

d) Product stewardship or Awareness Creation

Nambale Sub County Hospital is committed to protecting patient rights and ensuring safe, reliable, and informed access to healthcare services. This is demonstrated through:

- **Health and safety:** Implementation of infection prevention protocols and provision of clean, safe hospital environments.
- **Product information:** Patients receive clear explanations of procedures, prescriptions, and treatment plans.
- **Complaint and redress mechanisms:** A suggestion box and front-desk feedback systems allow patients to report grievances, which are reviewed by the Hospital Management Team (HMT) for resolution.
- **Citizen awareness:** Community outreach teams educate citizens on rights to health, insurance options (SHA), immunization schedules, and access to specialized care such as maternity and paediatric services. The Kshs 3.1 million spent on grants and subsidies includes support for social benefit schemes, reflecting the hospital's attention to public health justice.

v) Corporate Social Responsibility / Community Engagements

Nambale sub county hospital engaged in a number of Corporate social responsibility during the financial year under review including: -

Health Education

Through coordinated efforts with the sub county medical team and CHV community health volunteers, the hospital held several regular sensitization campaigns on immunization, malaria case management, cancer screening mentorship, TB awareness, HIV/AIDS awareness.

The community was also sensitized on SHA medical scheme registration and its importance.

Significance

Enhanced awareness on SHA hence large number of people were enrolled into the scheme

Community trust and confidence with the hospital was strengthened

Ethical governance

Transparent billing with all payments done through the bank and receipts issued

Ethical procurement and all procurement procedures were followed during the year under review

Significance

Improved customer satisfaction hence trusts and confidence with the hospital earned

11. Report of The Board of Management

The board members submit their report together with the audited financial statements for the year that ended June 30, 2025, which show the state of the *hospital's* affairs.

Principal activities

The principal activities of the entity are to provide, accessible, acceptable, affordable and reliable quality healthcare and to treat patients from the community and referral from peripheral facilities.

Results

The results of the entity for the year ended June 30 2025 are set out on pages 1 to 55

Board of Management

The members of the Board who served during the year are shown on page xxivv. During the year, NO director(s) retired/ resigned, and no director (s) was appointed with effect from august 2024.

Auditors

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

By Order of the Board



.....
Dr. Daniel Jek Ogara
Secretary to the Board

12. Statement of Board of Management's Responsibilities

Section 164 of the Public Finance Management Act, 2012 (*entities should quote the applicable legislation under which they are regulated*) requires the Board of Management to prepare financial statements in respect of that *entity*, which give a true and fair view of the state of affairs of the *entity* at the end of the financial year/period and the operating results of the *entity* for that year/period. The Board of Management is also required to ensure that the *entity* keeps proper accounting records which disclose with reasonable accuracy the financial position of the *entity*. The council members are also responsible for safeguarding the assets of the *entity*.

The Board of Management is responsible for the preparation and presentation of the *entity's* financial statements, which give a true and fair view of the state of affairs of the *entity* 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 entity, (iii) designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements, and ensuring that they are free from material misstatements, whether due to error or fraud, (iv) safeguarding the assets of the *entity*; (v) selecting and applying appropriate accounting policies, and (vi) making accounting estimates that are reasonable in the circumstances.

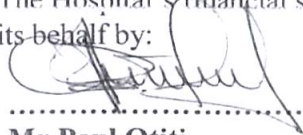
The Board of Management accepts responsibility for the *entity's* financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgements and estimates, in conformity with International Public Sector Accounting Standards (IPSAS), and in the manner required by the PFM Act, 2012 and (*– entities should quote applicable legislation as indicated under*). The Board members are of the opinion that the *entity's* financial statements give a true and fair view of the state of *entity's* transactions during the financial year ended June 30, 20xx, and of the *entity's* financial position as at that date. The Board members further confirm the completeness of the accounting records maintained for the *entity*, which have been relied upon in the preparation of the *entity's* financial statements as well as the adequacy of the systems of internal financial control.

In preparing the financial statements, the Directors have assessed the Fund's ability to continue as a going concern (*disclosed, as applicable, matters relating to the use of going concern basis of preparation of the financial statements*) OR


Nothing has come to the attention of the Board of management to indicate that the *entity* 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 _____ and signed on its behalf by:



.....
Mr Paul Otiti
Chairperson
Board of Management



.....
Dr Daniel Jek Ogara
Accounting Officer

REPUBLIC OF KENYA

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



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

REPORT OF THE AUDITOR-GENERAL ON NAMBALE SUB COUNTY HOSPITAL FOR THE YEAR ENDED 30 JUNE, 2025 - COUNTY GOVERNMENT OF BUSIA

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 Nambale Sub County Hospital - County Government of Busia set out on pages 1 to 57, which comprise of the statement

Report of the Auditor-General on Nambale Sub County Hospital for the year ended 30 June, 2025- County Government of Busia

of financial position as at 30 June, 2025 and the statement of financial performance, statement of changes in net assets, statement of cash flows and statement of comparison of budget and actual amounts, for the year then ended and a summary of significant accounting policies and other explanatory information in accordance with the provisions of Article 229 of the Constitution of Kenya and Section 35 of the Public Audit Act, 2015. I have obtained all the information and explanations which to the best of my knowledge and belief, were necessary for the purpose of the audit.

In my opinion, except for the effects of the matter described in the Basis for Qualified Opinion section of my report, the financial statements present fairly, in all material respects, the financial position of Nambale Sub-County Hospital – County Government of Busia 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 Health Act, 2017, and the Busia County Health Services Act, 2016, and the Public Finance Management Act, 2012.

Basis for Qualified Opinion

Unsupported Rendering of Services Income

The statement of financial performance and Note 11 to the financial statements indicate rendering of services - medical service income amounting to Kshs.13,643,346, which includes other medical services income of Kshs.10,490,499. However, the other medical services income was supported by a ledger amounting to Kshs.9,420,682, resulting in an unexplained variance of Kshs.1,069,817.

In the circumstances, the accuracy and completeness of rendering of services- medical service income amounting to Kshs.13,643,346 could not be confirmed.

The audit was conducted in accordance with International Standards of Supreme Audit Institutions (ISSAIs). I am independent of the Nambale Sub-County 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 receipts budget and actual on comparable basis of Kshs.17,470,205 and Kshs.13,643,346 respectively, resulting to a budget under-funding of Kshs.3,826,859 representing 12% of the budget. Similarly, the Hospital spent Kshs.9,760,224 against an actual receipts of Kshs.13,643,346 resulting to under- absorption of Kshs.3,883,122 or 28% of the receipts.

In addition, the Hospital reflects a final expenditure budget of Kshs.10,844,693 against actual expenditure of Kshs.9,760,224 resulting to under-absorption of Kshs.1,084,469 or 10% of the budget.

The under-funding and under-absorption affected the planned activities and may have impacted negatively on service delivery to the public.

My opinion is not modified in respect of this matter.

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 effects of the matter 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 iv to xli which comprise of Key Entity Information and Management, 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 statement 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. Non-Compliance with Kenya Quality Model for Health Policy Guidelines on Staffing and Equipment

Review of the hospital staffing levels, services and equipment revealed that the hospital had twenty-one (21) medical professionals as opposed to the recommended one hundred and forty-seven (147) resulting to a shortage of one hundred and twenty-six (126) professionals as detailed below:

Personnel	Level 4 Standard	Actual Numbers	Deficit
Medical Officers	16	1	15
Anaesthesiologists/ anaesthetic-diploma	2	0	2
General Surgeons	2	0	2
Gynecologists	2	0	2
Pediatrics	2	0	2
Radiologists/radiographer- no degree	2	1	1
Kenya Registered Community Health Nurses	75	19	56
BScN Nurses	40	0	40
Kenya Enrolled Nurses	6	0	6
Total	147	21	126

In addition, the facility lacked adequate equipment and machines outlined in the Health Policy Guidelines as shown below.

Service	Level 4 Standard	Actual Numbers	Deficit
Beds	150	52	98
Resuscitative/defibrillator	2	1	2
New born unit Incubators	5	0	5
New born unit cots	5	0	5
Functional ICU Beds	6	0	6
High Dependency Unit (HDU) beds	6	0	6
Renal unit	5	0	5

Service	Level 4 Standard	Actual Numbers	Deficit
Maternity and General Theatre	2	1	1
Morgue	1	0	1
Autopsy	1	0	1
Ambulance	1	1	0
Total	184	54	130

Further, the Hospital had a capacity of fifty-two (52) beds as compared to the required minimum of one hundred and fifty (150) beds, resulting to a shortage of ninety-eight (98) beds, and did not offer radiology services and renal/dialysis services contrary to the requirements of Kenya Quality Model Health Checklist for Level 4 Hospitals.

In the circumstances, the ability of the hospital to offer services designated for the respective level could not be confirmed.

2. Lack of Personal Files for Board of Management Members

During the year under review, the Hospital had eight (8) Board of Management members. However, a personal file was not maintained at the Hospital which contains the appointment letters, written acceptances of appointments, and academic qualifications of members. Further, the Board did not have a member with a financial expertise. This was contrary to Mwongozo Code of Governance, Governance Parameter 1.1(11) which states that the Corporation Secretary will ensure that a record of the appointment letter, gazette notice and written acceptance by the Board member are kept in the personal file of the Board member, and Governance Parameter 1.1(6) which states that at least one member should be a financial expert meaning that he or she has the necessary qualifications and expertise in financial management or accounting and is a bona-fide member of a professional body regulating the Accountancy profession and in compliance with the requirements thereof.

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

3. Failure to Open Facility Improvement Financing Bank Account

Review of the bank accounts documents revealed that the Hospital had not opened a special purpose Facility Improvement Financing bank account. This was contrary to Section 5(2) of the Facilities Improvement Financing Act, 2023 which provides that there shall be opened a facility improvement financing account for each public health facility into which shall be paid all monies received by or on behalf of the respective public health facility.

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

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.

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 effect 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. Lack of Risk Management Policy

During the year under review, the Hospital did not have Risk Management Policy in place, and Management did not conduct risk assessment during the year under audit review. This was contrary to Regulation 158(1) of the Public Finance Management (County Governments) Regulations, 2015 which states that – (a) the County Government entity develops risk management strategies, which include fraud prevention mechanism; and (b) the County Government entity develops a system of risk management and internal controls that builds robust business operations.

In the circumstances, Management was in breach of law and effectiveness of risk management could not be confirmed.

2. Failure to Establish Internal Audit Unit and Audit Committee

Review of the Hospital's organogram revealed that the Hospital did not have an Internal Audit Function and an Audit Committee. This was contrary to Regulation 167(1) of the Public Finance Management (County Governments) Regulations, 2015 which requires County Government entities to establish Audit Committees in accordance with prescribed regulations to monitor the entities' governance process, accountability process and control systems, offer objective advice on issues concerning internal control, regulatory requirements and governance.

In the circumstances, Management was in breach of law, and the effectiveness of internal controls and risk management could not be confirmed.

3. Failure to Conduct Board of Management Evaluation

During the year under review, Hospital's Board of Management did not conduct an annual evaluation to appraise its performance. This was contrary the Mwongozo Code, which

requires Board to conduct an annual evaluation to appraise its performance. The evaluation was to be carried out in accordance with the Board Evaluation Tool.

In the circumstances, the effectiveness of the Hospital's governance 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 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 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

16 December, 2025

*Nambale Sub County Hospital (Busia County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025*

14. Statement of Financial Performance for The Year Ended 30 June 2025

Description	Note	FY	FY
		2024/20225	2023/2024
		Kshs	Kshs
Revenue from non-exchange transactions			
Transfers from the County Government	6	-	-
In- kind contributions from the County Government	7	-	-
Grants from donors and development partners	8	-	-
Transfers from other Government entities	9	-	-
Public contributions and donations	10	-	-
		-	-
Revenue from exchange transactions			
Rendering of services- Medical Service Income	11	13,643,346.00	-
Revenue from rent of facilities	12	-	-
Finance /Interest Income	13	-	-
Miscellaneous Income	14	-	-
Revenue from exchange transactions		13,643,346.95	-
Total revenue		13,643,346.95	-
Expenses			
Medical/Clinical costs	15	3,213,499.00	-
Employee costs	16	-	-
Board of Management Expenses	17	249,000.00	-
Depreciation and amortization expense	18	12,635.00	-
Repairs and maintenance	19	364,385.00	-
Grants and subsidies	20	3,047,570.00	-
General expenses	21	2,242,224.00	-
Finance costs	22	-	-
Total expenses		9,129,313.00	-
Other gains/(losses)			

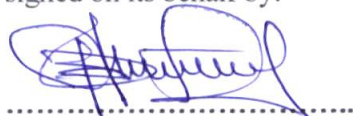
Nambale Sub County Hospital (Busia County Government)
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Description	Note	FY	FY
		2024/20225	2023/2024
		Kshs	Kshs
Gain/Loss on disposal of non-Current assets	23	-	-
Unrealized gain on fair value of investments	24	-	-
Medical services contracts Gains/Losses	25	-	-
Impairment loss	26	(-)	-
Gain on foreign exchange transactions		-	-
Total other gains/(losses)		(35,940.00)	-
Net Surplus / (Deficit) for the year		4,478,093.95	-

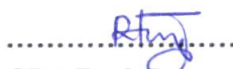
The medical cost of kshs 3,213,499 in the statement of financial performance excludes Ksh 608,841 and Kshs. 2,242,224 representing general cost also excludes Ksh 34,705 which represents closing inventories measured at fair value at the closing of financial year as per IPSAS 12- accounting for inventories.

(The notes set out on pages' 1 to 56 form an integral part of the Annual Financial Statements.)

The Hospital's financial statements were approved by the Board on _____ and signed on its behalf by:



Mr Paul Otiti
Chairman
Board of Management



CPA Ruth Ipuwa
Head of Finance
ICPAK No:33853



Dr Daniel Jek Ogara
Medical Superintendent

Nambale Sub County Hospital (Busia 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	FY	FY
		2024/2025	2023/2024
		Kshs	Kshs
Assets			
Current assets			
Cash and cash equivalents	27	1,943,698.20	-
Prepayments	28	-	-
Receivables from exchange transactions	29	3,458,098.00	-
Receivables from non-exchange transactions	30	-	-
Inventories	31	643,546.00	-
Total Current Assets		6,045,342.20	-
Non-current assets			
Property, plant, and equipment	32	160,565	-
Intangible assets	33	-	-
Investment property	34	-	-
Biological Assets	35	-	-
Total Non-current Assets		160,565	-
Total assets (A)		6,205,907.20	-
Liabilities			
Current liabilities			
Trade and other payables	36	1,693,165.00	-
Refundable deposits from Patients/Prepayments	37	-	-
Provisions	38	-	-
Finance lease obligation	39	-	-
Current portion of deferred income	40	-	-
Current portion of borrowings	41	-	-
Total Current Liabilities		1,693,165.00	-
Non-current liabilities			
Provisions	38	-	-
Non-Current Finance lease obligation	39	-	-
Non-Current portion of deferred income	40	-	-

Nambale Sub County Hospital (Busia County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025

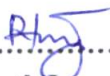
Description	Note	FY	FY
		2024/2025	2023/2024
		Kshs	Kshs
Non - Current portion of borrowings	41	-	-
Service concession Arrangements	42	-	-
Total non-current liabilities		-	-
Total Liabilities (B)		1,693,165	-
Net assets (A-B)		4,512,742.20	-
Represented by:			
Revaluation reserve		-	-
Accumulated surplus/Deficit		4,478,093.95	-
Capital Fund		34,648.25	-
Net Assets		4,512,742.20	-

(The notes on pages' 1 to 56 form an integral part of the Annual Financial Statements.)

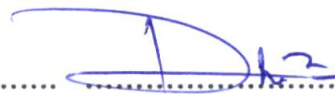
The Hospital's financial statements were approved by the Board on _____ and signed on its behalf by:



.....
Mr Paul Otiti
Chairman
Board of Management



.....
CPA Ruth Ipuwa
Head of Finance
ICPAK No:33853



.....
Dr Daniel Jek Ogara
Medical Superintendent

Nambale Sub County Hospital (Busia County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025

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, 2024 (previous year)	-	-	-	-
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	-	-	-
Capital/Development grants	-	-	-	-
As at June 30, 2024 (previous year)	-	-	-	-
At July 1, 2025 (current year)	-	-	-	-
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	4,478,093.95	-	4,478,093.95
Capital/Development grants	-	-	34,648.25	34,628.25
At June 30, 2025 (current year)	-	4,478,093.95	34,648.25	4,512,742.20

Nambale Sub County Hospital (Busia 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	FY	FY
		2024/2025	2023/2024
		Kshs	Kshs
Cash flows from operating activities			
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		10,149,308.95	-
Revenue from rent of facilities		-	-
Finance / interest income		-	-
Miscellaneous receipts(<i>specify</i>)		-	-
Total Receipts		10,149,308.00	-
Payments			
Medical/Clinical costs		3,087,340	-
Employee costs		-	-
Board of Management Expenses		249,000	-
Repairs and maintenance		314,385	-
Grants and subsidies		2,997,570	-
General expenses		1,418,764	-
Finance costs		-	-
Refunds paid out		-	-
Total Payments		8,067,059.00	-
Net cash flows from operating activities	43	2,082,249.95	-
Cash flows from investing activities			
Purchase of property, plant, equipment		(173,200)	(-)
Purchase of intangible assets		(-)	(-)
Proceeds from the sale of PPE		-	-
Acquisition of investments		(-)	(-)
Net cash flows used in investing activities		(173,200)	(-)
Cash flows from financing activities			
Proceeds from borrowings		-	-
Repayment of borrowings		(-)	(-)

Nambale Sub County Hospital (Busia County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025

Capital grants received		-	-
Net cash flows used in financing activities		(-)	(-)
Net increase/(decrease) in cash and cash equivalents		1,909,049.95	(-)
Cash and cash equivalents as at 1 July 2024	27	34,648.25	-
Cash and cash equivalents as at 30 June	27	1,943,698.20	-

*Nambale Sub County Hospital (Busia County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025*

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

Description	Original budget	Adjustments	Final budget	Non comparable	Performance differ	% of utilization
	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	15,103,647	2,366,558	17,470,205	13,643,346	3,826,859	78%
Revenue from rent of facilities	-	-	-	-	-	
Finance / interest income	-	-	-	-	-	
Miscellaneous receipts (specify)	-	-	-	-	-	
Total receipts	15,103,647	2,366,558	17,470,205	13,643,346	3,826,859	78%
Payments						
Medical/Clinical costs	4,967,347	-720,703	4,246,644	3,822,340	424,304	90%
Employee costs	-	-	-	-	-	
Remuneration of directors	249,000	27,667	276,667	249,000	27,667	90%
Repairs and maintenance	364,385	40,487	404,872	364,385	40,487	90%
Grants and subsidies	3,047,570	338,619	3,386,189	3,047,570	338,619	90%
General expenses	1,948,677	581,244	2,529,921	2,276,929	252,992	90%
Finance costs	-	-	-	-	-	
Refunds	-	-	-	-	-	
Total Operational Expenditure paid	10,576,979	267,314	10,844,293	9,760,224	1,084,069	90%
Capital Expenditure paid	170,300	18,922	189,222	170,300	18,922	90%
Surplus	4,356,368	2,080,322	6,436,690	3,712,822	2,723,868	58%

*Nambale Sub County Hospital (Busia County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2025*

Budget Reconciliation

Description of Particulars	Amount in Kshs
Actual Surplus Amounts as per the statement of Budget	6,436,290
1 Lower than projected medical service revenue due to reduced patient volumes in some months and delays in SHA reimbursements	3,826,859
2 Unutilised operational budget from efficiency savings in medical supplies procurement and general expenses	1,084,069
3 Capital expenditure savings from delayed acquisition of equipment now scheduled for next financial year.	18,922
4 miscellaneous budget adjustments due to changes in planned outreach activities and public health campaigns.	2,723,868
Closing Cash and Cash Equivalent as per the statement of Cash flows	1,943,697.25

19. Notes to the Financial Statements

1. General Information

Nambale Sub County Hospital entity is established by and derives its authority and accountability from PFM Act. The entity is wholly owned by the Busia County Government and is domiciled in Busia County in Kenya. The entity's principal activity is- To provide, accessible, acceptable, affordable and reliable quality healthcare and to treat patients from the community and referral from peripheral facilities

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 (*include any other applicable legislation*), and International Public Sector Accounting Standards (IPSAS). The accounting policies adopted have been consistently applied to all the years presented.

3. Adoption of New and Revised Standards

i. New and amended standards and interpretations in issue effective in the year ended 30 June 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. IPSAS 45 has additional guidance/ new guidance for heritage assets, infrastructure assets and measurement. Heritage assets were previously excluded from the</p>

Standard	Effective date and impact:
	<p>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 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-</p>	<p><i>Applicable 1st January 2026</i></p>

Standard	Effective date and impact:
Transfer Expenses	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 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"> i. Limited improvements to existing accounting practices for exploration and evaluation expenditures. 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. 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.

iii) Early adoption of standards

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

4. Summary of Significant Accounting Policies

a. Revenue recognition

i) Revenue from non-exchange transactions

Transfers from other Government entities

Revenues from non-exchange transactions with other government entities are measured at fair value and recognized on obtaining control of the asset (cash, goods, services and property) if the transfer is free from conditions and it is probable that the economic benefits or service potential related to the asset will flow to 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 **December 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 *entity* recorded additional appropriations of **2,366,558** on the FY 2024/2025 budget following the Board's approval. The *entity'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 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 *10-70 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.*

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 cash flows and selling financial assets and the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding. A financial 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 26*.

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, 2025.

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.

Notes to Financial Statements Continued

6. Transfers from the County Government

Description	FY	FY
	2024/2025	2023/2024
	KShs	KShs
Unconditional grants		
Operational grant	-	-
Level 4/5 grants	-	-
Unconditional development grants	-	-
Other grants (<i>specify</i>)	-	-
	-	-
Conditional grants		
User fee forgone	-	-
Transforming health services for Universal care project (THUCP)	-	-
DANIDA	-	-
Wards Development grant	-	-
Paediatric block grant	-	-
Administration block grant	-	-
Laboratory grant	-	-
Total government grants and subsidies	-	-

6 b Transfers from The County Government

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

Notes to Financial Statements Continued

7. In Kind Contributions from The County Government

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Salaries and wages	-	-

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Medical supplies-Drawings Rights (KEMSA)	-	-
Pharmaceuticals and Non-Pharmaceutical Supplies (other suppliers)	-	-
Utility bills	-	-
Total grants in kind	-	-

8. Grants from Donors and Development Partners

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Cancer Centre grant- DANIDA	-	-
World Bank grants	-	-
Paediatric ward grant- JICA	-	-
Research grants	-	-
Other grants (<i>specify</i>)	-	-
Total grants from development partners	-	-

8 (a) Grants from donors and development partners (Classification)

Name of the Entity sending the grant	Amount recognized to Statement of financial performance	Amount deferred under deferred income	Amount recognised in capital fund.	Total grant income during the year	Comparative Period
	KShs	KShs	KShs	KShs	KShs
Donor e.g., DANIDA	-	-	-	-	-
JICA	-	-	-	-	-
World Bank	-	-	-	-	-
Total	-	-	-	-	-

Notes to Financial Statements Continued

9. Transfers from Other Government Entities

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Transfer from National Government (Ministry of Health)	-	-
Transfer from - National Hospital	-	-
Transfer from -Institute	-	-
Total Transfers	-	-

10. Public Contributions and Donations

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Public donations	-	-
Donations from local leadership	-	-
Donations from religious institutions	-	-
Donations from other international organisations and individuals	-	-
Other donations(<i>specify</i>)	-	-
Donations in kind-amortised	-	-
Total donations and sponsorships	-	-

10 (a) Reconciliations of amortised grants

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Balance unspent at beginning of year	-	-
Current year receipts	-	-
Amortised and transferred to revenue	-	-
Conditions to be met – remain liabilities	-	-

Notes to Financial Statements Continued

11. Rendering of Services-Medical Service Income

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Pharmaceuticals	511,697.00	-
Non-Pharmaceuticals	1,279,370.00	-
Laboratory	796,190.00	-
Radiology	321,000.00	-
Orthopedic and Trauma Technology	40,300.00	-
Theatre	-	-
Accident and Emergency Service	-	-
Anesthesia Service	-	-
Ear Nose and Throat service	-	-
Nutrition service	115,150	-
Cancer centre service	-	-
Dental services	-	-
Reproductive health	-	-
Paediatrics services	-	-
Farewell home services	-	-
Ambulance services	53,200.00	-
Other medical services income (<i>outpatient, occupation, Physiotherapy, Eye clinics, Attachement, mopc, SHA</i>)	10,490,499.00	-
Waivers and Exemptions	35,940.00	-
Total revenue from the rendering of services	13,643,346.00	-

Notes to the Financial Statements (Continued)

12. Revenue from Rent of Facilities

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Residential property	-	-
Commercial property	-	-
Total Revenue from rent of facilities	-	-

13. Finance /Interest Income

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Interest income from Cash investments and fixed deposits	-	-
Interest income from short- term/ current deposits	-	-
Interest income from Treasury Bills	-	-
Interest income from Treasury Bonds	-	-
Interest from outstanding debtors	-	-
Total finance income	-	-

14. Miscellaneous Income

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Insurance recoveries	-	-
Income from sale of tender	-	-
Services concession income	-	-
Sale of goods (water, publications, containers etc)	-	-
Write backs (Deposits, payments in advance etc)	-	-
Bad debts recovered	-	-
<i>Others (Specify)</i>	-	-
Total Miscellaneous income	-	-

Notes to the Financial Statements (Continued)

15. Medical/ Clinical Costs

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Dental costs/ materials	-	-
Laboratory chemicals and reagents	779,539	-
Public health activities	-	-
Food and Ration	1,029,946	-
Uniform, clothing, and linen	-	-
Dressing and Non-Pharmaceuticals	984,640	-
Pharmaceutical supplies	740,588	-
Health information stationery	-	-
Reproductive health materials	-	-
Sanitary and cleansing Materials	174,568	-
Purchase of Medical gases	-	-
X-Ray/Radiology supplies	45,000	-
Other medical related clinical costs (<i>specify</i>)	68,059	-
Total medical/ clinical costs	3,822,340.00	-

(Other medical/clinical related costs refer to all other costs involved in management of the patients directly not analysed above.

The amount of Kshs 3,822,340 represents medical and clinical expenses incurred during the financial year ended 30th June 2025, on an accrual basis of accounting. The amount of 3,822,340 includes a stock of 608,841 from medical costs which were excluded in the statement of financial performance. This includes costs of drugs, medical supplies, laboratory reagents, and other consumables used in service delivery, whether paid during the year or recorded as payables at year-end. Accordingly, the amount disclosed does not represent the actual cash paid out but rather the total value of goods and services consumed in the period, in compliance with IPSAS accrual principles.)

16. Employee Costs

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Salaries, wages, and allowances	-	-
Contributions to pension schemes	-	-
Service gratuity	-	-
Performance and other bonuses	-	-
Staff medical expenses and Insurance cover	-	-
Group personal accident insurance and WIBA	-	-
Social contribution	-	-
Other employee costs (<i>specify</i>)	-	-
Employee costs	-	-

Notes to the Financial Statements (Continued)

17. Board of Management Expenses

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Chairman's Honoraria	-	-
Sitting allowance	249,000	-
Mileage	-	-
Insurance expenses	-	-
Induction and training	-	-
Travel and accommodation allowance	-	-
Airtime allowances	-	-
Total	249,000	-

18. Depreciation and Amortization Expense

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Property, plant and equipment	12,635.00	-
Intangible assets	-	-
Investment property carried at cost	-	-
Total depreciation and amortization	12,635.00	-

19. Repairs and Maintenance

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Property- Buildings	183,400	-
Medical equipment	-	-
Office equipment	-	-
Furniture and fittings	99,250	-
Computers and accessories	-	-
Motor vehicle expenses	81,735	-
Maintenance of civil works	-	-
Total repairs and maintenance	364,385.00	-

Notes to the Financial Statements (Continued)

20. Grants and Subsidies

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Community development and social work		-
Education initiatives and programs	416,450	-
Free/ subsidised medical camp	-	-
Disability programs	-	-
Free cancer screening	140,000	-
Social benefit expenses	-	-
SHA campaign	100,000	-
Community Health support supervision	350,000	-
RMNCAH(reproductive maternal new-born child & advisent health	100,000	-
Malaria Control and sensitization	734,900	-
TB & Leprosy program	120,000	-
Mpox sensitization	50,000	-
Nutrition services	50,000	-
HIV/AIDS outreach	82,000	-
Immunization and sensitization outreach	854,220	-
Facilities inspections	20,000	-
Maternal and perinatal death reviews	30,000	-
Other grants and subsidies(<i>specify</i>)	-	-
Total grants and subsidies	3,047,570	-

21. General Expenses

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Advertising and publicity expenses	93,817.00	-
Catering expenses	6,000.00	-
Waste management expenses	-	-
Insecticides and rodenticides	-	-
Audit fees	-	-
Bank charges	504.00	-
Conferences and delegations	512,047.00	-

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Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Consultancy fees	-	-
Contracted services	-	-
Electricity expenses	412,178.00	-
Fuel and Lubricants	986,846.00	-
Insurance	-	-
Research and development expenses	-	-
Travel and accommodation allowance	-	-
Legal expenses	-	-
Licenses and permits	-	-
Courier and postal services	9,450.00	-
Printing and stationery	144,737.00	-
Hire charges	-	-
Rent expenses	-	-
Water and sewerage costs	21,850.00	-
Skills development levies	-	-
Telephone and mobile phone services	82,500.00	-
Internet expenses	7,000.00	-
Staff training and development	-	-
Subscriptions to professional bodies	-	-
Subscriptions to newspapers periodical, magazines, and gazette notices	-	-
Library books/Materials	-	-
Parking charges	-	-
Total General Expenses	2,276,929.00	-

The amount of Kshs 2,276,929 represents total general expenses incurred during the financial year ended 30th June 2025, on an accrual basis of accounting. The amount of 2,276,929 includes a stock of 34,705 from general expenses which were excluded in the statement of financial performance

22. Finance Costs

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Borrowings (amortized cost) *	-	-
Finance leases (amortized cost)	-	-
Interest on Bank overdrafts/Guarantees	-	-
Interest on loans from commercial banks	-	-
Total finance costs	-	-

23. Gain/Loss on Disposal of Non-Current Assets

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Property, plant, and equipment	-	-
Intangible assets	-	-
Other assets not capitalised (<i>specify</i>)	-	-
Total gain on sale of assets	-	-

24. Unrealized Gain On Fair Value Investments

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Investments at fair value	-	-
Total gain	-	-

25. Medical Services Contracts Gains /Losses

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Comprehensive care contracts with NHIF/SHA	-	-
Non- Comprehensive contracts care with NHIF/SHA	-	-
Linda Mama Program	-	-
Waivers and Exemptions	35,940.00	-
Total Gain/Loss	35,940.00	-

26. Impairment Loss

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Property, plant, and equipment	-	-
Intangible assets	-	-
Investments	-	-
Total impairment loss	-	-

27. Cash and Cash Equivalents

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Current accounts	1,693,165.25	-
On - call deposits	-	-
Fixed deposits accounts	244,628.95	-
Cash in hand	5,904	-
Others(<i>specify</i>)- Mobile money	-	-
Total cash and cash equivalents	1,943,698.20	-

Notes to the Financial Statements (Continued)

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

Description		FY 2024/2025	FY 2023/2024
Financial institution	Account number	KShs	KShs
a) Current account			
Kenya Commercial bank	1263844375	1,693,165.25	-
Equity Bank, etc		-	-
Sub- total		1,693,165.25	-
b) On - call deposits			
Kenya Commercial bank		-	-
Equity Bank – etc		-	-
Sub- total		-	-
c) Fixed deposits account			
Kenya Commercial bank	1255604875	244,628.95	-
Sub- total		244,628.95	-
d) Others(specify)			
cash in hand		5,904.00	-
Mobile money- Mpesa, Airtel money		-	-
Sub- total		-	-
Grand total		1,943,698.20	-

28. Prepayments

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Insurance	-	-
Rent	-	-
Water	-	-
Internet	-	-
Others specify	-	-
Total	-	-

29. Receivables from Exchange Transactions

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Medical services receivables	3,494,038.00	-
Rent receivables	-	-
Other exchange debtors	-	-
Less: impairment allowance	(35,940.00)	(-)
Total receivables	3,458,098.00	-

Analysis of Receivables from Exchange Transactions

Description	FY 2024/2025		FY 2023/2024	
	Kshs		Kshs	
	Current FY	% of the total	Comparative FY	% of the total
Less than 1 year	3,458,098.00	%	-	%
Between 1- 2 years	-	%	-	%
Between 2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total (a+b)	3,458,098.00	%	-	%

30. Receivables from Non-Exchange Transactions

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Transfers from the County Government	-	-
Undisbursed donor funds	-	-
Other debtors (<i>non-exchange transactions</i>)	-	-
Less: impairment allowance	(-)	(-)
Total	-	-

Analysis of Receivables from Non-Exchange Transactions

Description	FY 2024/2025		FY 2023/2024	
	Kshs		Kshs	
	Current FY	% of the total	Comparative FY	% of the total
Less than 1 year	-	%	-	%
Between 1- 2 years	-	%	-	%
Between 2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total (a+b)	-	%	-	%

31. Inventories

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Pharmaceutical supplies	165,200	-
Maintenance supplies	-	-
Food supplies	292,532	-
Linen and clothing supplies	-	-
Cleaning materials supplies	8712	-
General supplies	34705	-
Laboratory supplies	54297	-
Non pharmaceuticals	88100	-
Less: provision for impairment of stocks	(-)	(-)
Total	643,546.00	-

Detailed disclosure on inventories

	FY	
	2024/2025	FY 2023/2024
Opening balance	-	-
Additional Inventory in the year	3,854,018	-
Inventory expensed in the year	3,210,472	-
Write-downs in the year	-	-
Others specify	-	-
Closing balance	643,546	-

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Notes to the Financial Statements (Continued)

32. 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
Cost									
At 1 July 2024 (previous year)	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Disposals	(-)	(-)	(-)	(-)	(-)	(-)	-	-	(-)
Transfers/adjustments	-	-	-	-	-	-	-	-	(-)
Revaluation Adjustments	-	-	-	-	-	-	-	-	-
At 30th Jun 2024	-	-	-	-	-	-	-	-	-
At 1 July 2025 (current year)	-	-	-	-	30,200	123,000	20,000	-	173,200
Additions	-	-	-	-	-	-	-	-	-
Disposals	(-)	(-)	(-)	(-)	(-)	(-)	-	(-)	(-)
Transfer/adjustments	-	-	-	-	-	-	-	(-)	-
Revaluation Adjustments	-	-	-	-	-	-	-	-	-
At 30th Jun 2025	-	-	-	-	30,200	123,000	20,000	-	173,200
Depreciation and impairment									
At 1 July 2024 (previous year)		-	-	-	-	-	-	-	-

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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
Depreciation for the year		-	-	-	-	-	-	-	-
Disposals		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Impairment		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
At 30 June 2024		-	-	-	-	-	-	-	-
At July 2025 (current year)		-	-	-	-	-	-	-	-
Depreciation		-	-	-	9060	3075	500	-	12,635.00
Disposals		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Impairment		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Transfer/adjustment		-	-	-	-	-	-	-	(-)
At 30th June 2025		-	-	-	9060	3075	500	-	12,635.00
Net book values									
At 30 th Jun 2024 (previous)	-	-	-	-	-	-	-	-	-
At 30 th Jun 2025 (current)	-	-	-	-	21,140	119,925	19,500	-	160,565

Notes to the Financial Statements (Continued)

33. Intangible Assets-Software

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Cost		
At beginning of the year	-	-
Additions	-	-
Additions–Internal development	-	-
Disposal	(-)	(-)
At end of the year	-	-
Amortization and impairment		
At beginning of the year	-	-
Amortization for the period	-	-
Impairment loss	-	-
At end of the year	-	-
NBV	-	-

34. Investment Property

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
At beginning of the year	-	-
Additions	-	-
Disposals during the year	(-)	(-)
Fair value gain	-	-
Depreciation (<i>where investment property is at cost</i>)	(-)	(-)
Impairment	(-)	(-)
At end of the year	-	-

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Notes to the Financial Statements (Continued)

35. Biological Assets

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Trees in a plantation forest	-	-
Animals: Dairy Cattle, Pigs, Sheep	-	-
Others specify	-	-
Total	-	-

36. Trade and other Payables

Description	FY 2024/2025	FY 2023/2024		
	KShs	KShs		
Trade payables	1,693,165	-		
Employee dues	-	-		
Third-party payments (<i>e.g. unremitted payroll deductions</i>)	-	-		
Audit fee	-	-		
Doctors' fee	-	-		
Total trade and other payables	1,693,165	-		
Ageing analysis:	Current 2024/2025	% of the Total	Comparative 2023/2024	% of the total
Under one year	1,693,165	%	-	%
1-2 years	-	%	-	%
2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total	1,693,165	%	-	%

37. Refundable Deposits from Customers/Patients

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Medical fees paid in advance	-	-
Credit facility deposit	-	-
Rent deposits	-	-

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Others (<i>specify</i>)	-	-	-	
Total deposits	-	-	-	
Ageing analysis:	Current FY	% of the Total	Comparative FY	% of the Total
Under one year	-	%	-	%
1-2 years	-	%	-	%
2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total	-	%	-	%

38. Provisions

Description	Leave provision	Bonus provision	Other provision	Total
	KShs	KShs	KShs	KShs
Balance at the beginning of the year	-	-	-	-
Additional Provisions	-	-	-	-
Provision utilised	(-)	(-)	(-)	(-)
Change due to discount & time value for money	(-)	(-)	(-)	(-)
Total provisions	-	-	-	-
Current Provisions	-	-	-	-
Non-Current Provisions	-	-	-	-
Total Provisions	-	-	-	-

39. Finance Lease Obligation

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Current Lease obligation	-	-
Long term lease obligation	-	-
Total	-	-

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Notes to the Financial Statements (Continued)

40 (a) The deferred income movement is as follows:

Description	National government	International funders/donors	Public contributions and donations	Total
Balance b/f	-	-	-	-
Additions during the year	-	-	-	-
Transfers to Capital fund	(-)	(-)	(-)	(-)
Transfers to statement of financial performance	(-)	(-)	(-)	(-)
Other transfers (<i>Specify</i>)	(-)	(-)	(-)	(-)
Balance C/F	-	-	-	-

40. Borrowings

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Balance at beginning of the period	-	-
External borrowings during the year	-	-
Domestic borrowings during the year	-	-
Repayments of external borrowings during the year	(-)	(-)
Repayments of domestic borrowings during the year	(-)	(-)
Balance at end of the period	-	-

41. (a) Breakdown of Long- and Short-Term Borrowings

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Current Obligation	-	-
Non-Current Obligation	-	-
Total	-	-

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Notes to the Financial Statements (Continued)

41. Service Concession Arrangements

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Fair value of service concession assets recognized under PPE	-	-
Accumulated depreciation to date	(-)	-
Net carrying amount	=	=
Service concession liability at beginning of the year	-	-
Service concession revenue recognized	(-)	(-)
Service concession liability at end of the year	=	=

42. Cash Generated from Operations

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Surplus for the year before tax	4,478,093.95	-
Adjusted for:		
Depreciation	12,635	-
Non-cash grants received	(-)	(-)
Impairment	-	-
Gains and losses on disposal of assets	(-)	(-)
Contribution to provisions	-	-
Contribution to impairment allowance	-	-
Working Capital adjustments		
Increase in inventory	(643,546)	(-)
Increase in receivables	(3,458,098)	(-)
Increase in deferred income	-	-
Increase in payables	1,693,165	-
Increase in payments received in advance	-	-
Net cash flow from operating activities	2,082,249.95	-

Notes to the Financial Statements (Continued)

43. 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(previous year)				
Receivables from exchange transactions	-	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	-	-	-	-
Total	-	-	-	-
At 30 June 2025 (current year)				
Receivables from exchange transactions	3,458,098	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	1,943,697.20	-	-	-
Total	5,458,098.20	-	-	-

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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	-	-	-	-
Current portion of borrowings	-	-	-	-
Provisions	-	-	-	-
Deferred income	-	-	-	-
Employee benefit obligation	-	-	-	-
Total	-	-	-	-
At 30 June 20xx				
Trade payables	-	1,693,165.00	-	-
Current portion of borrowings	-	-	-	-
Provisions	-	-	-	-
Deferred income	-	-	-	-
Employee benefit obligation	-	-	-	-
Total	-	1,693,165.00	-	-

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 carrying amount of the entity's foreign currency denominated monetary assets and monetary liabilities at the end of the reporting period are as follows:

Description	KShs	Other currencies	Total
	Kshs		Kshs
At 30 June 2024			
Financial assets (investments, cash, debtors)	-	-	-
Liabilities			
Trade and other payables	-	-	-
Borrowings	-	-	-
Net foreign currency asset/(liability)	-	-	-

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.

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Notes to the Financial Statements (Continued)

Description	KShs	Other currencies	Total
	Kshs		Kshs
At 30 June 2025			
Financial assets (investments, cash, debtors)	-	-	-
Liabilities			
Trade and other payables	-	-	-
Borrowings	-	-	-
Net foreign currency asset/(liability)	-	-	-

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.

Description	Change in currency rate	Effect on Profit before tax	Effect on equity
	Kshs	Kshs	Kshs
2024 (previous year)			
Euro	10%	-	-
USD	10%	-	-
2025 (current year)			
Euro	10%	-	-
USD	10%	-	-

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.

Using the end of the year figures, the sensitivity analysis indicates the impact on the statement of financial performance if current floating interest rates increase/decrease by one percentage point as a decrease/increase of KShs xxx (20xx: KShs xxx). A rate increase/decrease of 5% would result in a decrease/increase in surplus of KShs xxx (20xx – KShs xxx).

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. The entity capital structure comprises of the following funds:

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Revaluation reserve	-	-
Retained earnings	-	-
Capital reserve	-	-
Total funds	-	-
Total borrowings	-	-
Less: cash and bank balances	(1,943,697.25)	(-)
Net debt/ (excess cash and cash equivalents)	1,943,697.25	-
Gearing	0%	- %

Notes to the Financial Statements (Continued)

44. 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.

Busia 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	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Transactions with related parties		
a) Services offered to related parties		
Services to -	-	-
Sales of services to -	-	-
Total	-	-
b) Grants from the Government		
Grants from County Government	-	-
Grants from the National Government Entities	-	-
Donations in kind	-	-
Total	-	-
c) Expenses incurred on behalf of related party		
Payments of salaries and wages for -employees	-	-
Payments for goods and services for -	-	-

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Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Total	-	-
d) Key management compensation		
Directors' emoluments	-	-
Compensation to the medical Sup	-	-
Compensation to key management	-	-
Total	-	-

45. Segment Information

46. Contingent Liabilities

Contingent liabilities	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Court case - against the hospital	-	-
Bank guarantees in favour of subsidiary	-	-
Total	-	-

47. Capital Commitments

Capital Commitments	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Authorised For	-	-
Authorised And Contracted For	-	-
Total	-	-

48. Events after the Reporting Period

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

49. 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 Busia.

50. Currency

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

20. Appendices

Appendix 1: Progress on Follow Up of Auditor Recommendations

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

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

Guidance Notes:

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



Accounting Officer

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. Maternal and Neonatal Unit		CGB				No
2.Oxygen Rack Cylinder		Amref				No
3.Theatre Equipping		CGB				No
4.Mortuary		CGB				No

Status of Projects completion

SN	Project	Total project Cost	Total expended to date	Completion % to date	Budget	Actual	Sources of funds
1	Maternal and Neonatal Services						CGB
2	Oxygen Rack Cylinder						Amref
3	Theatre Equipping	n/a	n/a	n/a	n/a	n/a	CGB
4	Mortuary						CGB

Appendix III: Inter-Entity Confirmation Letter

Name of Transferring entity.....

Name of Beneficiary entity.....

Confirmation of amounts received by [Insert name of beneficiary Entity] as at 30 th June (Current FY)					
Reference Number	Date Disbursed	Recurrent (A)	Development (B)	Total (C)=(A+B)	Remarks
Total					

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

Head of Accounts Department - Disbursing Entity:
 Name Sign Date

Head of Accounts Department - Beneficiary Entity:
 Name Sign Date.....

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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		



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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 (Ksh s.)	Comments