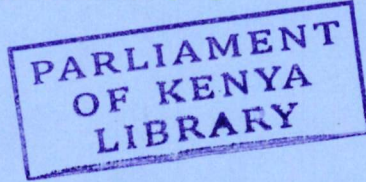
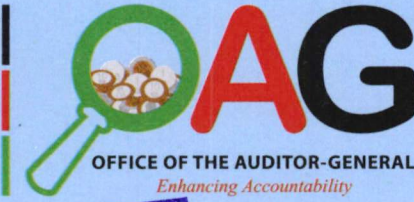


REPUBLIC OF KENYA



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REPORT

OF

THE AUDITOR-GENERAL

ON

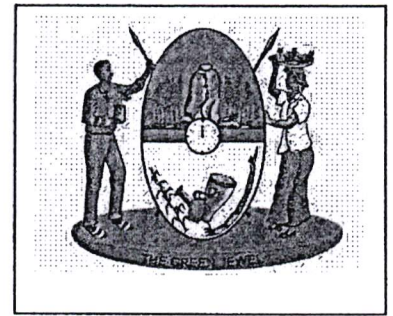
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BUTERE COUNTY HOSPITAL

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

COUNTY GOVERNMENT OF KAKAMEGA

88



BUTERE COUNTY HOSPITAL (COUNTY GOVERNMENT OF KAKAMEGA)

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)

Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025

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**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

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.

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

2. Key Entity Information and Management

(a) Background information

Butere County Hospital is a level (4) hospital established under gazette notice number 12745 and is domiciled in Kakamega County under the Health Department. The hospital is governed by a Board of Management.

(b) Principal Activities

(The principal activity/mission/ mandate of the Fund is to provide Quality and timely services to the citizen

(c) Key Management

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

- County Department of Health
- Board of Management
- Accounting Officer/ Medical Superintendent
- Health Administrative Officer
- Accountant
- Procurement Officer

(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. Alfred Ongayo Ambundo
2	Health Administration Officer	Mr. Dalton Adegoo Serenge Mweresa
3.	Chief Nursing Officer	Mr. Michael Masakhwe Wambetsa
4.	Head of finance	Mr. Duncan Hope Bakhoya
5.	Head of supply chain	Mr. Habert Khunyira Luso

(e) Fiduciary Oversight Arrangements

- Clinical Research and Standards Committee.
- Audit committee
- Risk Committee
- County Assembly
- Senate Committees

Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025

- Other oversight committees

Key Entity Information and Management (continued)

- (f) **Entity Headquarters**
P.O. Box 36-50100
Hospital Building
Butere Main Highway- Road
Kakamega, KENYA
- (g) **Entity Contacts**
Telephone: (+254) 702983762
E-mail: buterehospital@gmail.com
Website: kakamega.go.ke
- (h) **Entity Bankers**

Commercial Banks (*KCB, Equity*)
- (i) **Independent Auditors**

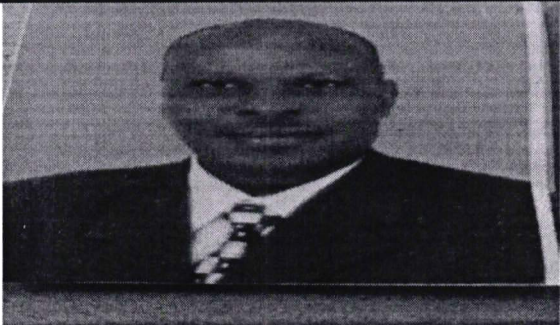

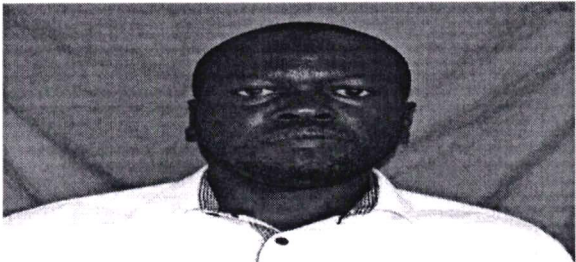
Auditor General
Office of Auditor General
Anniversary Towers, University Way
P.O. Box 30084
GPO 00100
Nairobi, Kenya
- (j) **Principal Legal Adviser**

The Attorney General
State Law Office
Harambee Avenue
P.O. Box 40112
City Square 00200
Nairobi, Kenya
- (k) **County Attorney**

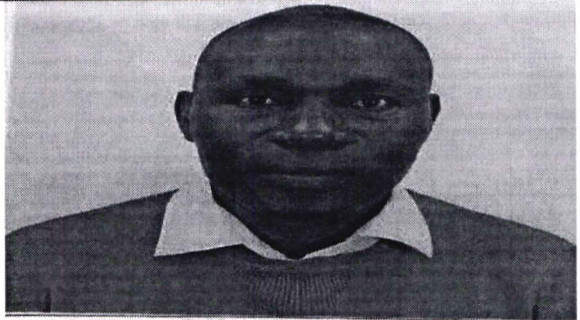

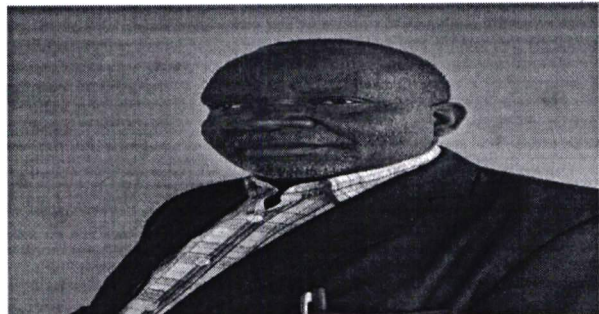

P.O. Box. 36-50100
Kakamega, Kenya

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

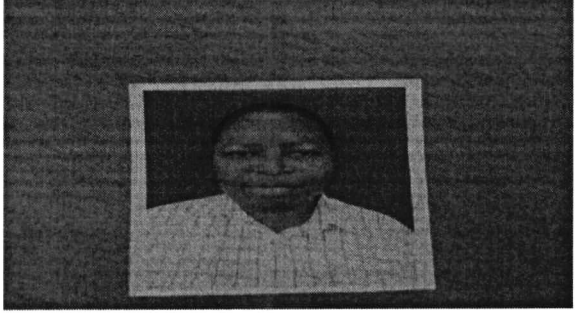
3. The Board of Management

Ref	Directors	Details
1.	 <p data-bbox="240 701 576 734">Justus Omusula Ashioyah</p>	<p data-bbox="863 376 1430 689">He is 67 years old, Business Administration Arts University of Nairobi Former Diplomat. He is the chairman of the Board Independent director</p>
2.	 <p data-bbox="240 1122 679 1155">Dalton Adeg Mweresa Serengeti</p>	<p data-bbox="863 846 1337 1048">He is 47 years old, MBA Banking and finance Senior Health Administrative officer Dependent director</p>
3.	 <p data-bbox="240 1653 639 1686">Michael Masakhwe Wambetsa</p>	<p data-bbox="863 1328 1150 1529">He is 40 years old, BSC. Nursing Chief Nursing Officer Dependent director</p>
4.		

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

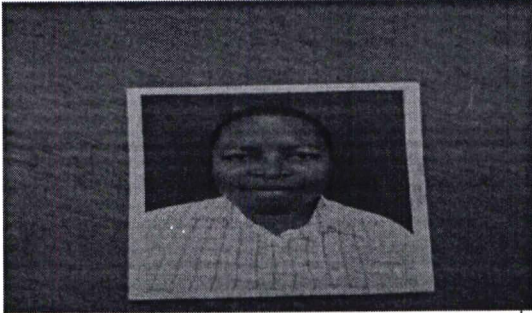


	 <p>Jairo Fredrick Songa</p>	<p>He is 56 years old, Master degree in health leadership and management principal nursing officer Dependent director</p>
5.	 <p>Mohamed Ibrahim Hassan</p>	<p>He is 50 years old Master of arts in public administration and management Police constable Independent director</p>
6.	 <p>Samson Ibrahim Amboye Mkokha</p>	<p>He is 55 years Degree in theology Bishop Independent Director</p>
7.	 <p>Mr. Peter Wetindi Oduor</p>	<p>He is 55 years old, O-level grade c Farmer Independent Director</p>

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

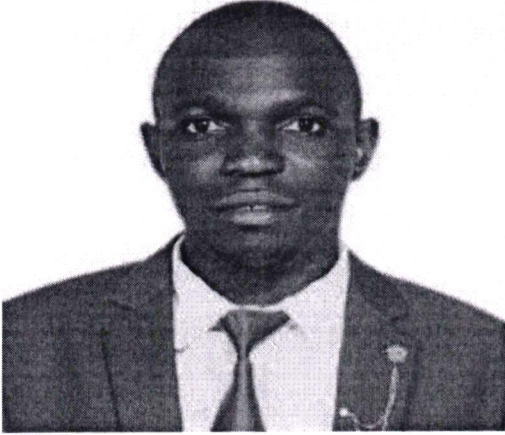
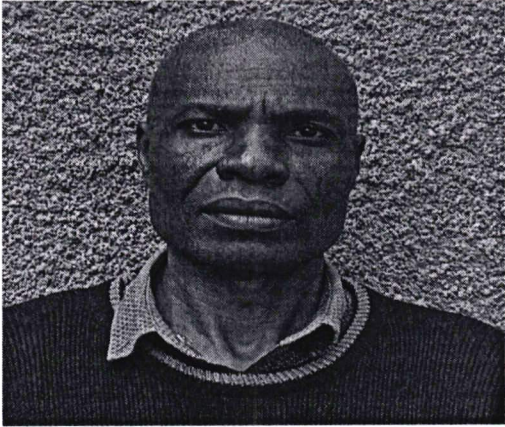
8.	 Dr. Alfred Ongayo Ambundo	He is 47 years old MBChB Moi University Medical superintendent Dependant Director
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**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

4. Key Management Team

Ref.	Management	Details
1.	 Dr. Alfred Ongayo Ambundo	He is 47 years old MBChB Moi University Medical superintendent Dependant Director
2.	 Dalton Adeg Mweresa Serengeti	He is 47 years old, MBA Banking and finance Senior Health Administrative officer Dependent director
3.	 Michael Masakhwe Wambetsa	He is 41 years old, BSC. Nursing Chief Nursing Officer

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

4.	 <p>Duncan Hope Bakhoya</p>	<p>He is 33 years Old Bachelor of Commerce-Accounting Option Accountant in charge of the Hospital</p>
5.	 <p>Hebert Khunyira Luso</p>	<p>He is 51 years old Diploma in Supply Chain management Supply Chain Management II</p>

Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025

5. Chairman's Statement

With the advent of devolution in 2013, Butere District Hospital underwent further transformation, emerging as Butere County Hospital. This transition marked a new chapter in its esteemed history, reinforcing its commitment to serving the healthcare needs of the local community. Rooted in a legacy of compassion and excellence, the hospital continues to play a vital role in promoting health and well-being. As it continues to evolve and adapt to the ever-changing landscape of healthcare, Butere County Hospital remains steadfast in its mission to provide accessible and high-quality medical care to all those in need.

It serves a catchment population of approximately 29,377 people. The facility offers antenatal services, postnatal services, Family planning, and immunization services in MCH, general outpatient care, laboratory services, pharmacy, comprehensive care clinic (CCC), physiotherapy, occupational therapy, Ortho trauma services, radiology, Dental services, minor and major operations, and inpatient services with a bed capacity of 97 beds. The facility is also a link facility for 43 community health units of 430 community health promoters drawn from the catchment area. The hospital serves as a referral centre for the entire Butere Sub-County and the other Sub-counties in the Southern region including Khwisero, Matungu, and Mumias West. It serves both patients on SHA cover and bank payers.

The Hospital is operating fully as a level four facility though with limited infrastructure, equipment, and personnel as per the norms and standards required of a level 4 facility. We also hope to seek adequate City Scan machine and medical supplies to ensure quality of care.

In addition to ongoing efforts to enhance existing facilities.

As we continue to strive towards enhancing our medical services and improving patient care at Butere County Hospital, we are currently in need of City Scan, Laboratory Machines and other major equipment to bolster our diagnostic and treatment capabilities.



.....

Name *Judith Omonota*

6. Report of The Medical Superintendent

Butere County Hospital is a level four facility located in Butere Sub-County in Kakamega County. The Sub County has an estimated population of 167,014. The facility has been allocated a catchment population of 29,377 and serves as the only referral facility for the 19 facilities within the sub county which burdens it care of total population.

The facility has a bed capacity of 97 with an occupancy rate of three days, the bed space is divided in the following manner:

- Maternity - 36 beds
- Paediatric Ward – 12 Beds
- Male Ward – 26 Beds
- Female Ward –23 Beds

The facility offers the following services but not limited to:

- Out-patient Services
- In patient Services
- Maternity Services
- Laboratory Services
- Radiology Services
- Mother Child Health services
- Comprehensive Care Clinic services
- Physiotherapy Services
- Occupational Services
- Plaster/Technology services
- Health Record Services
- Public Health Services
- Pharmacy Services
- Surgical Services
- Nutrition Services
- Immunization Services

Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025

These services are provided by a competent and dedicated team of staff whom despite a persistent staff shortage strive to provide quality services in the facility.

IMPROVEMENT IN THE FACILITY

Renovation of wards, including male, female, maternity and paediatric

We have dug a reliable borehole for water dependance

Monthly Data Review Meeting

Data acts as a measure of quality and is the man steering point in policy formulation and implementation. The Initiation of Monthly Data Review meetings has improved data entry and made retrospective review and future planning possible. The resultant improvement has made an impact visible at County level.

CHALLENGES FACING THE FACILITY

Inadequate Bed Capacity

Butere County Hospital has a bed capacity of 97 with a Male ward bed capacity of 26 beds, female ward 23 beds, maternity ward 36 beds, paediatric ward 12 beds, this has forced patients that needed admission to be referred to other facilities for admissions with many declining due to distance and lack of financial capacity. This has led to referrals of cases that could be handled here and in-effect revenue loss.

Staff Shortage

The facility experiences an acute shortage of staff to man the various departments, this has forced certain departments to be unable to offer comprehensive services on a 24hr basis.

Inadequate Funding

The facility has experienced inadequate funding from County Government only depending on FIF this caused an increase in pending bills and utility stock-outs. The stock outs lead to poor patient turn-up and a reflective revenue dip.


Current hope is that the newly signed Kakamega Health Facility Improvement Fund Act will partly sort out this issue.

Paperless operation

Due to limited resources, we are currently unable to put the systems in place though we are working hard towards the same.

Political interference

Interference from local politicians who pop in abruptly without procedure therefore creating tension to staff who take most time to attend to political issues thus interfering with service delivery to patients, some insist to get free services to their allies.


.....
Name DR ALFRED AMBINDO
Secretary to the Board

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

7. Statement of Performance Against Predetermined Objectives

Butere County Hospital has derived its strategic goals from the Kakamega county CIDP. The department is mandated to ensure access to affordable and quality medical services to all the citizens'. The strategic pillars and objectives within the current Strategic Plan for the FY 2023- FY 2027 are as follows:

Pillar 1: Ensure access to quality and affordable healthcare services

Pillar 2: To reduce morbidity and mortality due to preventable causes

Pillar 3: To improve sanitation and hygiene

The Hospital develops its annual work plans based on the above pillars. 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 Annual year 2024/2025 period for its strategic pillars, as indicated in the diagram below:

Strategic pillars, as indicated in the table below:

Strategic Pillar/Theme/Issues	Objective	Key Performance Indicators	Activities	Achievements
Pillar/ theme/ issue 1: To Improve access to quality and affordable health services	To Reduce preventable mortalities	Reduction of preventable mortalities	Number of specialised clinic done	48
			Number of surgical theatre utilization	935
			Number of overall patients per quarter	25,725
			Percentage of clients counselled	88%

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

			and tested for HIV	
			Percentage of HIV positive Clients linked to care	97%
			Percentage of Clients with a viral load of <200cp	95%
			Number of Women of reproductive age screened for Ca Cervix	56
			Number of stake holders meeting by MOH/partner	4
		Improved Maternity Services through operationalization of the Theatre	Number of Emergency Caesarean sections done	404

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

			Number of open Maternity Days done	0
	To provide accessible and appropriate curative and diagnostic services	Increased number of diagnostic tests carried out by the facility	Number of new diagnostic tests done	2
		Introduction of specialized clinic	Number of Clinics done	48

8. Corporate Governance Statement

The board is on a three-year appointment and members are eligible to vie for two terms, at the end of their term a new board is elected and a handing over is done for continuity of office.

In the current sitting HMC all members attended the scheduled meetings and when missing a representative or an apology was sent in advance.

The facility has an organogram depicting the role of the board in managing the facility but no official charter other than the one inherited from the national government under the **Mwongozo Code of governance** is used, the code's core values are; Transparency, Accountability, Integrity, Professionalism, innovativeness and customer focus.

Other than the Audit Sub Committee the two sub committees cover the following functions:

1. Governance
2. Risk
3. Compliance
4. Finance
5. Technical Matters
6. Strategy
7. Human Resource

The Board further has the following roles:

- (a) Determine the facility's mission, vision, purpose and core values.
- (b) Review, evaluate and approve, on a regular basis, long-term plans for the facility.
- (c) Review, evaluate and approve the facility's budget and financial forecasts.
- (d) Review, evaluate and approve major resource allocations and capital investments.
- (e) Ensure that the procurement process is cost-effective and delivers value for money.
- (f) Review and approve the operating and financial results of the organization.
- (g) Ensure effective, accurate, timely and transparent disclosure of pertinent information on the facility's operations and performance.
- (h) Ensure that effective processes and systems of risk management and internal controls are in place.
- (i) Review and evaluate the overall facility structure, the assignment of Senior management responsibilities and plans for senior management development and Succession.

(j) Review

Each individual Board member shall be expected to:

- (a) Exercise the highest degree of care, skill and diligence in discharging their duties
- (b) Act in the best interest of the facility and not for any other purpose
- (c) Act honestly at all times and must not place themselves in a situation where their personal interests conflict with those of the facility.
- (d) Exercise independent judgment
- (e) Devote sufficient time to carry out their responsibilities, regularly update their knowledge and enhance their skills
- (f) Promote and protect the image of the facility.

Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025

- (g) Owe their duty to the facility and not to the nominating or appointing authority
- (h) Owe the facility the duty to hold in confidence all information available to them by virtue of their position as a Board member.
- (k) Adopt, implement and monitor compliance with the Code of Conduct and Ethics.
- (l) Review on a quarterly basis the attainment of targets and objectives set out in the agreed Performance measurement framework with the County Government of Kakamega.
- (m) Review periodically the facility's strategic objectives and policies relating to Sustainability and social responsibility.
- (n) Protect the rights of patients and optimize value of care;
- (o) Enhance the facility's public image and ensure engagement with the community through effective communication.
- (p) Monitor compliance with the Constitution, all applicable laws, regulations and standards
- (q) Review, monitor and ensure that the facility is effectively and consistently delivering on its mandate.

Following the handing over, the current board has never been formally inducted but on job trainings have been conducted within the facility.

The remuneration for board members is as follows

Full Board;

- i. Chairman – 4,000 Ksh
- ii. All other Members – 2500 Ksh
- iii. Meal allowance 500 ksh

More needs to be done to have an efficient and performing board, a formal induction is yet to be done neither is an official appointment letters from the County.

we, evaluate and approve the remuneration structure of the facility

**Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025**

9. Management Discussion and Analysis

a. The Entity's Operational and Financial Performance

Objectives	Target	Indicator	Performance
Collection of revenue	KES 89,305,000	Amount of revenue collected	Kshs.65,591,988
To Reduce preventable mortalities	All emergencies	Number of Emergency Surgeries done	935

c. Entity's compliance with statutory requirements

Butere County hospital complies with rules, orders, regulations, direction, form, tariff of costs or fees, letters patent, commission, warrant, proclamation, by-law, resolution, guideline or other statutory instrument issued, made or established in the execution of a power conferred by or under an Act of Parliament under which that statutory instrument or subsidiary legislation is expressly authorized to be issued.

Financial statements are prepared by the Accounting Officer of the Hospital in accordance with the standards and formats prescribed by the Public Sector Accounting Standards Board under the guidance of Section 166 of the Public Finance Management Act, 2012 at the end of each quarter.

The procurement planning, procurement processing, inventory and asset management, disposal of assets and contract management of Butere County hospital comply with The Public Procurement and Disposal Act, 2015

Clinical/operational performance

- Bed capacity of the hospital. -97 Beds
- Overall patient attendance during the year for both inpatient and outpatient.
Inpatient= 77,325
- Accident and Emergency attendance
- Specialised clinic attendance
22,127 patients
- Average length of stay for in patient.
5 day
- Bed occupancy rate= 45.9%
- Mortality rate= 2.4%
- Surgical theatre utilisation (number of operations over a period of time)
935 surgical patients

Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025

Financial performance that includes: -

- Revenue sources,
The facility's main source of revenue is collection from medical services that is through bank collection and SHA.
- Utilisation of funds etc
The funds are collected into two accounts, one collects revenue received from SHA and the other is for cash based collection, the funds are then swiped to The County Revenue Account. The facility then receives allocated funds from disbursements and spends using Imprest Accounts after acquisition of AIE from Chief Officer Medical Services



.....
Name DR. ALFRED AMBUNDO

Secretary to the Board

10. Environmental And Sustainability Reporting

Butere County Hospital has yet to establish an environmental policy guideline, however the facility uses established National Guidelines on environmental issues as its guiding principles in the matter. Some of the environmental issues experienced in the facility include; waste generation, waste segregation, waste disposal and management, disposal of unclaimed bodies. These still remain a challenge for the facility and more engagements are needed.

i Employee welfare

The Majority of employees within the facility are County Government of Kakamega employees, followed by UHC engaged staff. Despite the effort the facility has a massive shortage of staff that, that gap is plugged by Casual staff engaged by the board.

To improve staff performance, Butere County Hospital has initiated capacity building programmes to staffs through on-job trainings, continuous medical education, workshops and conference attendance that is supported. Furthermore, the facility management conducts staff appraisal performance which is coordinated from the County department of health and the Human Resource Department.

The facility has complied to Occupational Safety and Health Act of 2007, (OSHA) by providing adequate office space that is regularly cleaned, providing sanitation facilities, regular trainings on drug and substance abuse and providing PPEs to all staff.

ii Market place practices-

The facility outlines its efforts to:

a Responsible competition practice.

All staff are inducted into the Code of Conduct, Human Resource Manual and Disciplinary process as well as made aware of their scope of service, this sorts a lot of the issues with regards to corruption. The facility has also embraced a total cashless system for easier accountability and reduce the risk of corruption.

b Responsible Supply chain and supplier relations

All procurement processes in the facility adhere to the laid down regulations, with the facility procurement officer taking lead to ensure guidelines and regulations are followed. Forums, avoiding false or exaggerated promises, giving adequate information, respecting diversity)

a) Product stewardship or Awareness Creation

- b) The Patients' rights Charter which all staff are well aligned with and frequently reminded of is one of the documents we use to ensure that Client's rights are respected and upheld

i) Corporate Social Responsibility / Community Engagements

- ii) Butere County Hospital is fostering interaction with the surrounding community from which majority of clients come from. Regular community dialogues are conducted on dialogue days which are usually planned and executed. The dialogue brings on board the administrative arm of the government, the community health volunteers and other NGOs.
- iii) Community Health volunteers linked to the facility are also engaged in marketing the facility services and escort clients especially for delivery and Ante natal clinic services. This has led to a drop in maternal mortalities and morbidities

11. Report of The Board of Management

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

Principal activities

The principal activities of the entity are to ensure access to quality and affordable healthcare services, to reduce morbidity and mortality due to preventable causes and to improve sanitation and hygiene

Results

The results of the entity for the year ended June 30th 2025 are set out on pages 1 to 3

Board of Management

The members of the Board who served during the year are shown on page VI.

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

Name **DR. ALFRED AMBUNDO**

Secretary to the Board

Butere County Hospital County Government of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June 2025

12. Statement of Board of Management's Responsibilities

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


The Board of Management is responsible for the preparation and presentation of the hospital's financial statements, which give a true and fair view of the state of affairs of the hospital for and as at the end of the financial year (period) ended on December 31, 2024. 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 hospital; (v) selecting and applying appropriate accounting policies, and (vi) making accounting estimates that are reasonable in the circumstances.

The Board of Management accepts responsibility for the hospital's financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgements and estimates, in conformity with International Public Sector Accounting Standards (IPSAS), and in the manner required by the PFM Act, 2012. The Board members are of the opinion that the hospital's financial statements give a true and fair view of the state of hospital's transactions during the financial year/period ended June 30, 2025, and of the hospital's financial position as at that date. The Board members further confirm the completeness of the accounting records maintained for the hospital, which have been relied upon in the preparation of the hospital's financial statements as well as the adequacy of the systems of internal financial control.

In preparing the financial statements, the Directors have assessed the Fund's ability to continue as 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 28/8/2025 and signed on its behalf by:


.....
Name: JUSTUS OMUGULA
Chairperson
Board of Management


.....
Name: DR ALFRED AMBUNDO
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 BUTERE COUNTY HOSPITAL FOR THE YEAR ENDED 30 JUNE, 2025 – COUNTY GOVERNMENT OF KAKAMEGA

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 Butere County Hospital - County Government of Kakamega set out on pages 1 to 36, which comprise of the statement of

Report of the Auditor-General on Butere County Hospital for the year ended 30 June, 2025 – County Government of Kakamega

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 effect of the matters described in the Basis for Qualified Opinion section of my report, the financial statements present fairly, in all material respects, the financial position of Butere County Hospital - County Government of Kakamega as at 30 June, 2025 and of its financial performance and its cash flows for the year then ended, in accordance with International Public Sector Accounting Standards (Accrual Basis) and comply with the Kakamega County Health Services Act, 2022, the Health Act, 2017 and the Public Finance Management Act, 2012.

Basis for Qualified Opinion

1. Doubtful Recoverability of Social Health Authority (SHA) and Defunct National Hospital Insurance Fund (NHIF) Claims

The statement of financial position and Note 17 to the financial statements show receivables from exchange transactions balance of Kshs.38,497,218. Review of SHA and NHIF claims documents revealed that during the year under review, the Hospital had total claims amounting to Kshs.41,131,309 out of which claims totalling Kshs.1,792,822 were returned due to inadequate supporting documents and claims of Kshs.1,239,200 declined. No explanation was provided by Management for failure to maintain proper claim documentation as the rejection of the claims poses risk of loss of revenue. Further, Management did not provide documentary evidence indicating efforts made to collect the rejected claims.

In the circumstances, the completeness, accuracy and full recovery of the Social Health Authority and National Hospital Insurance Fund Claims amounting to Kshs.38,497,218 could not be confirmed.

2. Unconfirmed Revaluation Reserves Balance

The statement of financial position shows revaluation reserves (inventories) balance of Kshs.2,693,650 as at 30 June, 2025. However, inventory revaluation report and details of the nature of the inventory revalued were not provided for audit review.

In the circumstances, the completeness and accuracy of the revaluation reserve balance of Kshs.2,693,650 could not be confirmed.

3. Inaccuracy of the Statement of Cash Flows

The statement of cash flows and Note 23 to the financial statements show net cash flows from operating activities amount of Kshs.195,670. However, Note 23 to the financial statements on cash generated from operations excludes changes in inventories of Kshs.2,693,650 and erroneously indicates change in trade payables of Kshs.27,565,011 instead of Kshs.27,785,011 as indicated in the statement of financial position.

In the circumstances, the completeness and accuracy of net cash flows from operating activities amount of Kshs.195,670 could not be confirmed.

The audit was conducted in accordance with International Standards of Supreme Audit Institutions (ISSAIs). I am independent of the Butere County Hospital - County Government of Kakamega 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 amounts of Kshs.87,679,000 and Kshs.71,526,148 respectively, resulting in under-funding of Kshs.16,152,852 or 18% of the approved budget.

The under-funding is an indication that some activities and projects in the annual plan were not implemented, which may have affected service delivery.

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 effect of the matters described in the Basis for Qualified Opinion section, I have determined that there are no other key audit matters to communicate in my report.

Other Information

The Management is responsible for the Other Information set out on page iii to xxiv which comprise of Key Entity Information and Management, the Board of Management, Management Team, Chairman's Statement, Report of the Medical Superintendent, Statement of Performance Against Predetermined Objectives, Corporate Governance Statement, Management Discussion and Analysis, Environmental and Sustainability

Reporting, Report of the Board of Management and Statement of Board of Management's Responsibilities. The Other Information does not include the financial statements and my audit report thereon.

In connection with my audit on the Hospital's, financial statements, my responsibility is to read the Other Information and in doing so, consider whether the Other Information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this Other Information and 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. Long Outstanding Trade Payables

The statement of financial position and Note 21 to the financial statements reflect trade and other payables balance of Kshs.27,785,011. However, payable's ledgers provided for audit review showed payables amounting to Kshs.17,866,207 had been outstanding for over one (1) year. Management did not provide satisfactory explanation on measures it has implemented to ensure the debts are paid within a reasonable period.

This was contrary to Section 41 (2) of the Public Finance Management (County Governments) Regulations, 2015, which provides that debt service payments shall be a first charge on the County Revenue Fund and the Accounting Officer shall ensure this is done to the extent possible that the County Government does not default on debt obligations.

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

2. Failure to Undertake Safety and Health Audits

Review of documents provided revealed that there were no safety and health audits carried out by the Hospital during the year under review contrary to Section 11 (1) of the Occupational Safety and Health Act, 2007, which states that the occupier of a workplace shall cause a thorough safety and health audit of his workplace to be carried out at least once in every period of twelve months by a safety and health advisor, who shall issue a report of such an audit containing the prescribed particulars to the occupier on payment of a prescribed fee and shall send a copy of the report to the Director.

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

3. Lack of Approved Strategic Plan

During the year under review, it was observed that Management of Butere County Hospital - County Government of Kakamega did not have a strategic plan to guide the entity in achieving its objectives contrary to Section 149 (2)(g) of the Public Finance Management Act, 2012 which states that in carrying out a responsibility imposed by Subsection (1), an Accounting Officer shall, in respect of the entity concerned prepare a strategic plan for the entity in conformity with the medium-term fiscal framework and financial objectives of the County Government.

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

4. Non-Compliance with Kenya Quality Model for Health Policy Guidelines on Staffing and Equipment

Review of personnel records provided for audit revealed inadequate staffing at the hospital. The Hospital did not meet the requirements of the Kenya Quality Model for Health Policy Guidelines due to staff deficits as shown in the table below: -

Item	Level 4 standard A	Number in Hospital B	Variance C=B-A	Percentage (%) (C/A) *100
Medical officers	16	5	-11	-69
Anesthesiologists	2	0	-2	-100
General Surgeon	2	0	-2	-100
Gynecologists	2	0	-2	-100
Pediatricians	2	0	-2	-100
Radiologists	2	0	-2	-100
Registered Community Health Nurses	75	48	-27	-36
Total	101	53	-48	-48

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

Services	Level 4 Hospital Standard A	Actuals in the Hospital B	Variance C=B-A	Percentage (%) (C/A) *100
Resuscitaire in Labour Ward	2	1	-1	-50
New Born Unit Incubators	5	6	+1	+20
Functional ICU Beds	6	0	-6	-100
High Dependency Units (HDU) Beds	6	0	-6	-100
Renal Units with at Least 5 Dialysis Machines	5	0	-5	-100
Functional Operating Theaters Maternity and General	2	2	0	0
Total	26	9	-17	-65

The deficiencies contravene the First Schedule of the Health Act, 2017 and imply that accessing the highest attainable standard of health, which includes the right to health care services, including reproductive health care as required by Article 43(1) of the Constitution of Kenya, 2010 may not be achieved. Further, this contravened the Kenya Quality Model for Health Policy Guidelines and hindered the realization of the Government program on Universal Health Coverage (UHC).

In the circumstances, the Hospital may not provide the highest standard of healthcare services, including reproductive health care as envisioned for a Level 4 Hospital.

5. Unsecured Lack of Land Ownership Documents

The Hospital sits on a parcel of land of approximately 7.5 acres where the Hospital hosts Subcounty offices and the Butere County Polytechnic. The land remains open without boundary marks, no title deed, no laid beacons and no fence posing risk of possible encroachment of the Hospital land. Further, review of the land file showed the Hospital is involved in land boundary dispute with Butere Boys Secondary School due to failure to demarcate the Hospital's land boundary with the school.

In the circumstances, the Hospital's land is not adequately secured and safeguarded.

6. Non-Compliance with the Facilities Improvement Financing Act, 2023

The statement of cash flows and Note 13 to the financial statements indicates transfers to Facility Improvement Fund (FIF) of Kshs.51,394,824. Further, the statement includes transfers from other Government entities amount of Kshs.65,003,181 which as disclosed in Note 7(a) to the financial statements relates to transfer from Facility Improvement Fund. However, a balance of Kshs.13,608,357 was overpaid to the hospital. Overpayment implies that funds collected from another facility or facilities were paid to the hospital.

This was contrary to Section 5(1) of the Facilities Improvement Financing Act, 2023 which provides that there shall be retention of all monies raised or received by or on behalf of all public health facilities.

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

The audit was conducted in accordance with ISSAI 3000 and ISSAI 4000. The standards require that I comply with ethical requirements and plan and perform the audit to obtain assurance about whether the activities, financial transactions and information reflected in the financial statements comply in all material respects, with the authorities that govern them. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my conclusion.

REPORT ON EFFECTIVENESS OF INTERNAL CONTROLS, RISK MANAGEMENT AND GOVERNANCE

Conclusion

As required by Section 7(1)(a) of the Public Audit Act, 2015 and 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, 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 financial year under review, the Hospital did not have a risk management policy and therefore, had no approved processes and guidelines on how to mitigate operational, legal and financial risks. Consequently, Management did not perform formal risk assessments on all key financial risk areas such as cash, revenue and expenditure. This was contrary to Regulation 158 (1) of the Public Finance Management (County Governments) Regulations, 2015, which states that the County Government entity develops risk management strategies, which include fraud prevention mechanism and 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. Information Communication Technology (ICT) Internal control Weaknesses

During the financial year under review, the Hospital did not have an approved ICT strategic plan, ICT continuity plan, disaster recovery plan and ICT steering committee to assist in the development of ICT policy framework to enable the hospital realize long-term ICT strategic goals.

In the circumstances, the effectiveness of internal controls on ICT environment could not be confirmed.

3. Lack of Internal Audit Function

During the year under review, the Hospital did not have an Internal Audit Function to perform risk assessment processes and evaluation of operational effectiveness through reviews of the internal controls. This was contrary to Section 155(1)(a) and (5) of the Public Finance Management Act, 2012, which states that a County Government entity shall ensure that it complies with this Act and has appropriate arrangements for conducting internal audit according to the guidelines issued by the Accounting Standards Board.

In the circumstances, the absence of an operational Internal Audit Unit creates a significant gap in the Hospital's governance and control framework, increasing its vulnerability to various risks.

4. Lack of Functional Board of Management

Audit review of governance structure, observed that the Hospital lacked a functional board of governance to execute its functions as set out in the Mwongozo Code of Governance for State Corporations that include setting and overseeing the overall strategy, approving significant policies and monitoring the Hospital's performance to ensure sustainability. In the circumstances, the existence and 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 the Board of Management

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

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

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

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

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

The Board of Management are 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

11 December, 2025

Butere County Hospital County Government Of Kakamega
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 2024-2025	FY 2023-2024
		Kshs	Kshs
Revenue from non-exchange transactions			
Transfers from the County Government	6	18,455,959	0
Transfers from other Government entities	7	67,601,800	0
		86,057,759	0
Revenue from exchange transactions			
Rendering of services- Medical Service Income	8	91,567,407	0
Revenue from exchange transactions		91,567,407	0
Total revenue		177,625,166	0
Expenses			
Medical/Clinical costs	9	79,184,404	0
Employee costs	10	14,613,070	0
Depreciation and amortization expense	11	73,260	0
Repairs and maintenance	12	2,504,830	0
Transfers	13	51,394,824	0
General expenses	14	16,201,542	0
Total expenses		163,971,930	0
Other gains/(losses)			
Gain/Loss on disposal of non-Current assets	15	0	0
Total other gains/(losses)		0	0
Net Surplus / (Deficit) for the year		13,653,236	0

The notes set out on pages 22 to 24 form an integral part of the Annual Financial Statements. The Hospital's financial statements were approved by the Board on 28/8/2025 and signed on its behalf by:

.....

Chairman

Board of Management

JUSTUS OMAUSA

[Signature]

Head of Finance

ICPAK No: 28805

[Signature]

Medical Superintendent

DR ALFRED AMBUNDO

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

Description	Reserves	Accumulated surplus/Deficit	Capital Fund	Total
As at July 1, 2023	0	0	0	0
Revaluation gain	0	0	0	0
Surplus/(deficit) for the year	0	0	0	0
Capital/Development grants	0	0	0	0
As at June 30, 2024	0	0	0	0
At July 1, 2024	0	0	0	0
Reserves (Inventories)	2,693,650	0	0	2,693,650
Surplus/(deficit) for the year	0	13,653,236	0	13,653,236
Capital/Development grants	0	0	0	0
At June 30, 2025	2,693,650	13,653,236	0	16,346,886

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

Description	Note	FY 2024-2025	FY 2023-2024
		Kshs	Kshs
Cash flows from operating activities			
Receipts			
Transfers from the County Government	6	18,455,959	0
Transfers from other Government entities	7 (a)	65,003,181	0
Rendering of services- Medical Service Income	8 (a)	53,070,189	0
Total Receipts		136,529,329	0
Payments			
Medical/Clinical costs	9 (a)	60,704,702	0
Employee costs	10(a)	8,012,099	0
Repairs and maintenance	12 (a)	1,304,437	0
Transfers	13	51,394,824	0
General expenses	14 (a)	14,917,597	0
Total Payments		136,333,659	0
Net cash flows from operating activities	23	195,670	0
Cash flows from investing activities			
Purchase of property, plant, equipment			0
Net cash flows used in investing activities			0
Cash flows from financing activities			
Proceeds from borrowings		0	0
Net cash flows used in financing activities		0	0
Net increase/(decrease) in cash and cash equivalents		195,670	0
Cash and cash equivalents as at 1 July 2024	16	0	0
Cash and cash equivalents as at 30 June 2025	16	195,670	0

PSASB has now prescribed the direct method of cashflow presentation for all entities under the IPSAS Accrual basis of accounting.

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

Description	Original budget	Adjustments	Final budget	Actual on comparable basis	Performance difference	% of utilisation
	a	B	c=(a+b)	D	e=(c-d)	f=d/c%
	Kshs	Kshs	Kshs	Kshs	Kshs	
Receipts						
Transfers from the County Government	16,800,000	0	19,000,000	18,455,959	544,041	97
Rendering of services- Medical Service Income	89,305,000	0	68,679,000	53,070,189	15,608,811	77
Total receipts	106,105,000	0	87,679,000	71,526,148	16,152,852	82
Payments						
Medical/Clinical costs	60,044,169	0	61,318,169	60,704,702	613,467	99
Employee costs	20,573,831	0	9,573,831	8,012,099	1,561,732	84
Repairs and maintenance	8,147,000	0	1,447,000	1,304,437	142,563	90
General expenses	17,340,000	0	15,340,000	14,917,597	422,403	97
Total Operational Expenditure paid	106,105,000	0	87,679,000	84,938,835	2,740,165	97
Capital Expenditure paid				0		
Surplus				(13,412,687)		

Budget Reconciliation

Description of Particulars		Amount in Kshs
	Actual Surplus Amounts as per the statement of Budget	(13,412,687)
1	Transfers from other Government entities	65,003,181
2	Transfers	(51,394,824)
	Closing Cash and Cash Equivalent as per the statement of Cash flows	195,670

**Butere County Hospital County Government Of Kakamega
Annual Report And Financial Statements For The Year Ended 30th June
2025**

19. Notes to the Financial Statements

1. General Information

Butere County Hospital is established by and derives its authority and accountability from Gazette notice no 12745. The entity is wholly owned by the Kakamega County Government and is domiciled in Kakamega County in Kenya. The entity's principal activity is to ensure access to quality and affordable health care services, to reduce morbidity and modality due to preventable causes and preventable causes and to improve sanitation and hygiene.

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 Hospital'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 The financial statements have been prepared and presented in Kenya Shillings, which is the functional and reporting currency of the Hospital. The financial statements have been prepared in accordance with the PFM Act, 2021 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.

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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 scope of IPSAS 17 in IPSAS 45, heritage assets that satisfy the definition of PPE shall be recognised as assets if they meet the criteria in the standard. IPSAS 45 has an additional application guidance for infrastructure assets, implementation guidance and illustrative examples. The standard has clarified existing principles e.g valuation of land over or under the infrastructure assets, under- maintenance of assets and distinguishing significant parts of infrastructure assets.</p>
IPSAS 46 Measurement	<p><i>Applicable 1st January 2025</i></p> <p>The objective of this standard was to improve measurement guidance across IPSAS by:</p>

**Butere County Hospital County Government Of Kakamega
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2025**

Standard	Effective date and impact
	<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>
IPSAS 47- Revenue	<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>
IPSAS 48- Transfer Expenses	<p><i>Applicable 1st January 2026</i></p> <p>The objective of the standard is to establish the principles that a transfer provider shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of expenses and 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.</p>
IPSAS 49- Retirement Benefit Plans	<p><i>Applicable 1st January 2026</i></p> <p>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.</p>
IPSAS 50:	<p><i>Applicable 1st January 2027</i></p>

**Butere County Hospital County Government Of Kakamega
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2025**

Standard	Effective date and impact:
Exploration For & Evaluation of Mineral Resources	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 *Hospital* and can be measured reliably. To the extent that there is a related condition attached that would give rise to a liability to repay the amount, the amount is recorded in the statement of financial position and realised in the statement of financial performance over the useful life of the asset that has been acquired using such funds.

ii) Revenue from exchange transactions

Rendering of services

The entity recognizes revenue from rendering of services by reference to the stage of completion when the outcome of the transaction can be estimated reliably. The stage of

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completion is measured by reference to labour hours incurred to date as a percentage of total estimated labour hours. Where the contract outcome cannot be measured reliably, revenue is recognized only to the extent that the expenses incurred are recoverable.

Sale of goods

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

Interest income

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

Rental income

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

b. Budget information

The original budget for FY 2024-2025 was approved by Board on 26th June 2024. Subsequent revisions or additional appropriations were made to the approved budget in accordance with specific approvals from the appropriate authorities. The additional appropriations are added to the original budget by the entity upon receiving the respective approvals in order to conclude the final budget. Accordingly, the Hospital recorded additional appropriations of on the FY 2024-2025 budget following the Board's approval. The Hospital's budget is prepared on a different basis to the actual income and expenditure disclosed in the financial statements. The financial statements are prepared on accrual basis using a classification based on the nature of expenses in the statement of financial performance, whereas the budget is prepared on a cash basis. The amounts in the financial statements were recast from the accrual basis to the cash basis and reclassified by presentation to be on the same basis as the approved budget.

A comparison of budget and actual amounts, prepared on a comparable basis to the approved budget, is then presented in the statement of comparison of budget and actual amounts. In addition to the Basis difference, adjustments to amounts in the financial statements are also

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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.

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 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

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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.

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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.

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Notes to the Financial Statements (Continued)

h. Biological Assets

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

i. Research and development costs

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

- The technical feasibility of completing the asset so that the asset will be available for use or sale
- Its intention to complete and its ability to use or sell the asset
- The asset will generate future economic benefits or service potential
- The availability of resources to complete the asset
- The ability to measure reliably the expenditure during development.

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

j. Financial instruments

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

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

Financial assets

Classification of financial assets

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

Subsequent measurement

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

Amortized cost

Financial assets that are held for collection of contractual cash flows where those cash flows represent solely payments of principal and interest, and that are not designated at fair value through surplus or deficit, are measured at amortized cost. A gain or loss on an instrument that

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is subsequently measured at amortized cost and is not part of a hedging relationship is recognized in profit or loss when the asset is de-recognized or impaired. Interest income from these financial assets is included in finance income using the effective interest rate method.

Fair value through net assets/ equity

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

Fair value through surplus or deficit

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

Trade and other receivables

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

Impairment

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

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Financial liabilities

Classification

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

k. Inventories

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

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

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

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

l. Provisions

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

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

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

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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.

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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

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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

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5. Significant Judgments and Sources of Estimation Uncertainty

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

Estimates and assumptions.

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

Useful lives and residual values

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

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

Provisions

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

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Notes to Financial Statements Continued

6. Transfers from the County Government

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Unconditional grants		
Level 4/5 grants	18,455,959	0
Conditional grants		
User fee forgone	0	0
Total government grants and subsidies	18,455,959	0

6 b Transfers from The County Government

Name of the Entity sending the grant	Amount recognized to Statement of financial performance	Amount deferred under deferred income	Amount recognised in capital fund.	Total grant income during the year	Comparative Period
	KShs	KShs	KShs	KShs	KShs
Kakamega County Government	18,455,959	0	0	18,455,959	0
Total	18,455,959	0	0	18,455,959	0

7. Transfers From Other Government Entities

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Transfer from Facility Improvement Fund-Collection	67,601,800	0
Total Transfers	67,601,800	0

7. (a) Transfers From Other Government Entities-Note supporting Cashflow Statement

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Transfer from Facility Improvement Fund-Collection	65,003,181	0
Total Transfers	65,003,181	0

8. Rendering of Services-Medical Service Income

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Pharmaceuticals	24,407,116	0
Non-Pharmaceuticals	18,928,976	0
Laboratory	10,668,650	0

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Radiology	8,735,900	0
Orthopedic and Trauma Technology	984,150	0
Theatre	9,640,291	0
Nutrition service	13,542,310	0
Dental services	946,903	0
Paediatrics services	3,713,111	0
Total revenue from the rendering of services	91,567,407	0

8(a) Rendering of Services-Medical Service Income-Note supporting cashflow statement

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Pharmaceuticals	14,523,447	0
Non-Pharmaceuticals	8,928,976	0
Laboratory	7,668,650	0
Radiology	5,735,900	0
Orthopedic and Trauma Technology	984,150	0
Theatre	4,640,291	0
Nutrition service	7,542,310	0
Dental services	333,354	0
Paediatrics services	2,713,111	0
Total revenue from the rendering of services	53,070,189	0

9. Medical/ Clinical Costs

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Dental costs/ materials	132,250	0
Laboratory chemicals and reagents	4,035,050	0
Food and Ration	12,024,377	0
Dressing and Non-Pharmaceuticals	29,484,534	0
Pharmaceutical supplies	16,454,203	0
Health information stationery	9,212,836	0
Purchase of Medical gases	154,000	0
X-Ray/Radiology supplies	7,687,154	0
Total medical/ clinical costs	79,184,404	0

9(a) Medical/Clinical costs-Note supporting Cashflow statement

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Dental costs/ materials	132,250	0
Laboratory chemicals and reagents	3,643,650	0

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Food and Ration	8,487,330	0
Dressing and Non-Pharmaceuticals	21,363,729	0
Pharmaceutical supplies	12,279,753	0
Health information stationery	7,075,836	0
Purchase of Medical gases	35,000	0
X-Ray/Radiology supplies	7,687,154	0
Total medical/ clinical costs	60,704,702	0

10. Employee Costs

Description	Insert Current FY 2024-2025	Insert Comparative FY 2023-2024
	Kshs	Kshs
Salaries, wages, and allowances	14,137,275	0
Staff medical expenses and Insurance cover	175,795	0
Social contribution	300,000	0
Employee costs	14,613,070	0

10(a) Employee Costs-Note supporting Cashflow Statement

Description	Insert Current FY 2024-2025	Insert Comparative FY 2023-2024
	Kshs	Kshs
Salaries, wages, and allowances	7,536,304	0
Staff medical expenses and Insurance cover	175,795	0
Social contribution	300,000	0
Employee costs	8,012,099	0

11. Depreciation and Amortization Expense

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Property, plant and equipment	73,260	0
Total depreciation and amortization	73,260	0

12. Repairs And Maintenance

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Property- Buildings	978,679	0
Medical equipment	619,433	0
Office equipment	122,500	0
Furniture and fittings		0

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Computers and accessories	67,000	0
Motor vehicle expenses	717,218	0
Total repairs and maintenance	2,504,830	0

12(a) Repairs and Maintenance-Note supporting cashflow statement

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Property- Buildings	154,286	0
Medical equipment	619,433	0
Office equipment	122,500	0
Furniture and fittings		0
Computers and accessories	67,000	0
Motor vehicle expenses	341,218	0
Total repairs and maintenance	1,304,437	0

13. Transfers

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Transfer to FIF	49,837,101	0
Transfer to Manyala Sub County Hospital	1,557,723	0
Total grants and subsidies	51,394,824	0

14. General Expenses

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Catering expenses	1,328,762	0
Waste management expenses	63,400	0
GOS	738,126	0
Bank charges	181,478	0
Contracted services	5,635,732	0
Electricity expenses	1,114,940	0
Fuel and Lubricants	4,421,966	0
Travel and accommodation allowance	1,801,938	0
Printing and stationery	46,700	0
Telephone and mobile phone services	844,500	0
Internet expenses	24,000	0
Total General Expenses	16,201,542	0

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14(a) General Expenses-Note supporting Cashflow statement

Description	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Catering expenses	1,328,762	0
Waste management expenses	63,400	0
GOS	454,181	0
Bank charges	181,478	0
Contracted services	4,635,732	0
Electricity expenses	1,114,940	0
Fuel and Lubricants	4,421,966	0
Travel and accommodation allowance	1,801,938	0
Printing and stationery	46,700	0
Telephone and mobile phone services	844,500	0
Internet expenses	24,000	0
Total General Expenses	14,917,597	0

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

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Property, plant, and equipment	0	0
Total gain on sale of assets	0	0

16. Cash And Cash Equivalents

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Current accounts	195,670	0
Total cash and cash equivalents	195,670	0

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

Description	Financial institution	Account number	FY 2024-2025	FY 2023-2024
			KShs	KShs
a) Current account				
KCB Operation Account			35,868	0
KCB NHIF Account			0	0
KCB Revenue Account			157,679	0
KCB Maternity Account			52	0
KCB Development Account			2,071	0
Equity Bank Revenue Account			-	0
Equity Bank Imprest Account			-	0
Sub- total			195,670	0

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17. Receivables From Exchange Transactions

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Undisbursed SHA/NHIF funds	38,497,218	0
Total	38,497,218	0

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	38,497,218	100%	0	%
Total (a+b)	38,497,218	100%	0	%

18. Receivables From Non-Exchange Transactions

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Undisbursed Funds from Facility Improvement Fund	2,598,619	0
Total	2,598,619	0

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	2,598,619	100%	0	%
Total (a+b)	2,598,619	100%	0	%

19. Inventories

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Pharmaceutical supplies	2,693,650	0
Maintenance supplies		0
Food supplies		0
Less: provision for impairment of stocks	0	0
Total	2,693,650	0

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Detailed disclosure on inventories

	FY 2024-2025	FY 2023-2024
Opening balance	0	0
Additional Inventory in the year	0	0

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Notes to the Financial Statements (Continued)

20. Property, Plant and Equipment

Description	Land	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment	ICT Equipmen	Plant and medical equipment	Other Assets (specify)	Capital Work in progress	Total
	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh		Ksh	Ksh
Cost									
At 1 July 2023	0	0	0	0	0	0	0	0	0
Additions									
At 30th Jun 2024	0	0	0	0	0	0	0	0	0
At 1 July 2024	0	0	0	0	0	0	0	0	0
Additions				0	220,000				220,000
At 30th Jun 2025	0	0	0	0,	220,000	0	0	0	220,000
Depreciation and impairment									
At 1 July 2023		0	0	0	0	0	0	-	0
Depreciation for the year		0	0	0	0	0	0	-	0
At 30 June 2024		0	0	0	0	0	0	-	0
At July 2024		0	0	0	0	0	0	-	0
Depreciation				0	73260				73260
At 30th June 2025		0	0	0	73260	0	0	-	73260
Net book values									

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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
	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh		Ksh	Ksh
At 30 th Jun 2024						/			
At 30 th Jun 2025	0	0	0	0	146,740	0	0	0	146,740

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Notes to the Financial Statements (Continued)

21. Trade and other Payables

Description	FY 2024-2025		FY 2023-2024	
	KShs		KShs	
Trade payables	27,785,011		0	
Employee dues	0		0	
Total trade and other payables	27,785,011		0	
Ageing analysis:	Current FY	% of the Total	Compa rative FY	% of the total
Under one year	27,785,011	100%	0	%
Total	27,785,011	100%	0	%

22. Provisions

Description	Leave provision	Bonus provision	Other provision	Total
	KShs	KShs	KShs	KShs
Balance at the beginning of the year	0	0	0	0
Additional Provisions	0	0	0	0
Non-Current Provisions	0	0	0	0
Total Provisions	0	0	0	0

23. Cash Generated from Operations

Description	FY 2024-2025	FY 2023-2024
	KShs	KShs
Surplus for the year before tax	13,653,236	0
Adjusted for:		
Depreciation	73,260	0
Working Capital adjustments		
Increase in receivables	(41,095,837)	0
Increase in payables	27,565,011	0
Increase in payments received in advance		0
Net cash flow from operating activities	195,670	0

The total of this statement should tie to the cash flow section on net cash flows from/ used in operations

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Notes to the Financial Statements (Continued)

24. Financial Risk Management

The entity's activities expose it to a variety of financial risks including credit and liquidity risks and effects of changes in foreign currency. The 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:

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 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.

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(iii) Market risk

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

The 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:

The entity manages foreign exchange risk from future commercial transactions and recognised assets and liabilities by projecting expected sales proceeds and matching the same with expected payments.

Foreign currency sensitivity analysis

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

b) Interest rate risk

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

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Management of interest rate risk

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

Sensitivity analysis

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

iv) Capital Risk Management

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

25. 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.

xxx 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

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26. Segment Information

27. Contingent Liabilities

Contingent liabilities	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Court case against the hospital	0	0
Bank guarantees in favour of subsidiary	0	0
Total	0	0

28. Capital Commitments

Capital Commitments	FY 2024-2025	FY 2023-2024
	Kshs	Kshs
Authorised For	0	0
Authorised And Contracted For	0	0
Total	0	0

29. Events after the Reporting Period

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

30. Ultimate and Holding Entity

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

31. Currency

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

**Butere County Hospital County Government Of Kakamega
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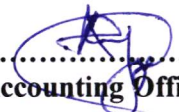
20. Appendices

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)

The entity has never been audited this is the first financial statement to be audited

.....

Accounting Officer

**Butere County Hospital County Government Of Kakamega
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Appendix II: Projects Implemented by The Entity

Projects

Projects implemented by the Hospital Funded by development partners

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

Status of Projects completion

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

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

**Butere County Hospital County Government Of Kakamega
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Appendix III: Inter-Entity Confirmation Letter

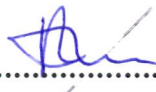
Name of Transferring entity.....

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
From County Treasury		18,455,959		18,455,959	
From FIF		67,601,800		67,601,800	
Total		86,057,759		86,057,759	

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

Head of Accounts Department - Disbursing Entity:

Name Wycliffe Kabonyo Sign  Date 28/8/2025

Head of Accounts Department - Beneficiary Entity:

Name Duncan Bakhoti Sign  Date 28/8/2025

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Appendix IV Reporting of Climate Relevant Expenditures

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

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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 (Kshs.)	Comments

