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REPORT

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AMUKURA SUB COUNTY HOSPITAL

FOR THE YEAR ENDED
30 JUNE, 2025

COUNTY GOVERNMENT OF BUSIA

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AMUKURA SUB COUNTY HOSPITAL

(County Government of Busia)

ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 2025

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

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1. Acronyms & Glossary of Terms

CSR	Corporate Social Responsibility
OSHA	Occupational Health & Safety Act
PFMA	Public Financial Management Act
MED SUP	Medical Superintendent
Fiduciary Management	Key management personnel who have financial responsibility in the entity.
HMT	Hospital Management Team
FIF Act	Facility Improvement Financing Act
SRC	Salary and Remuneration Commission
CHMT	County Health Management Team
SOPs	Standard Operating Procedures
SHA	Social Health Authority
KISM	Kenya Institute of Supply Management
CHVs	Community Health Volunteers
IPC	infection prevention and control
PWD	Person Living with Disability
SDG	Sustainable Development goals
NGO	Non-Governmental Organisation
CIDP	County Integrated Development Plans
UHC	Universal Health Coverage
AIDS	Acquired immune deficiency syndrome
STI's	sexually transmitted Infection
ENT	Ear,Nose and Throat
IGR	Internally Generated Revenue

2. Key Entity Information and Management

(a) Background information

Amukura Sub County Hospital is a level 4 hospital established under gazette notice number Vol.CXXII-No.24 and is domiciled in Busia County under the Health and Sanitation Department. The hospital is governed by a Board of Management.

(b) Principal Activities

The principal mandate of the hospital is offering comprehensive primary care including inpatient, outpatient, maternity, minor surgery, emergency and public health outreach serving approximately 14,714 people in Teso central sub county.

Amukura Sub-County Hospital aims to establish itself as a robust, adaptable, and regionally competitive healthcare facility, focused on delivering high-quality medical services in Teso Central Sub-County and surrounding areas. The hospital's mission is to offer innovative, sustainable, technology-driven, evidence-based, and patient-centered care that adheres to the highest standards. Committed to excellence in service, the hospital is built on core values that shape its culture and enhance its performance.

Core Value	Description
Integrity	Upholding honesty, strong moral principles, and ethical conduct in all operations.
Accountability	Taking responsibility for actions and outcomes to build public trust.
Professionalism	Demonstrating competence, respect, and commitment to high standards of service.
Stewardship	Managing resources efficiently and effectively for the public good.
Responsiveness	Acting promptly and appropriately to meet the health needs of the community.
Transparency	Ensuring openness and clarity in decision-making, communication, and reporting.
Confidentiality	Safeguarding patient and staff information with the utmost care and discretion.

(c) Key Management

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

- County department of health
- Board of Management
- Accounting Officer/ Medical Superintendent
- Management team

(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 Festus Kigen
2.	Hospital Administrator	James Edgar Obore
3.	Head of Finance and hospital accountant	Michael Roche
4.	Head of Nursing	Jackline Etori
5.	Head of Supply Chain	Kevin Ouma
6.	Head of Laboratory	Silvas Omuruon
7.	Head of Biomedical Department	Amos Mamati

(e) Fiduciary Oversight Arrangements

- Clinical Research and Standards Committee.
 A primary responsibility of clinical research and standards committee is ensuring that high-quality, safe, and effective care and research practices are provided. This involves: Standards Development, Producing and updating specific standards to guide clinical governance across all services.
 Ensuring compliance with established guidelines, regulations, and ethical standards and validating the quality and reliability of data generated during clinical trials to ensure that results are credible and can inform future clinical care.
- Audit committee
 The purpose of an Audit Committee is to provide a structured, systematic oversight of the entity's governance, risk management and internal control practices.
 They monitor Internal Controls and Risk Management and ensure Compliance with regulatory Controls. They also oversee the accuracy of financial reports for compliance.
- Risk Committee
 A risk committee ensures all types of risks—financial, operational, and strategic—are managed and mitigated.
- County Assembly
 The county assembly in the health sector exercises its fiduciary oversight role through approving budgets and expenditures, monitoring the use of funds, and ensuring fiscal prudence in the County Executive's health department.
- Other oversight committees
 They provide oversight for budgets, financial statements, and the administration of funds, oversee the implementation and adherence to critical policies, such as conflict of interest, document retention, some committees may also be responsible for engaging with external auditors, regulatory bodies, and other stakeholders to ensure transparency

(f) Entity Headquarters

P.O. Box 150-50403 Amukura
Amukura Hospital Building
Amukura Market
Teso Central Subcounty
Busia, Kenya

(g) Entity Contacts

Telephone: (+254) 711279709
E-mail: amukurasubcountyhospital@gmail.com

(h) Entity Bankers

Kenya Commercial Bank (KCB)

(i) Independent Auditors

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


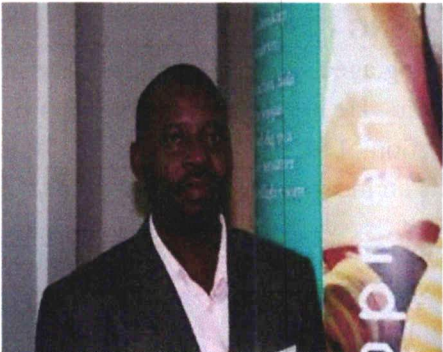
(j) Principal Legal Adviser

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




(k) County Attorney


P.O. Box. Private Bag
Busia, Kenya

3. The Board of Management




Ref	Directors	Details
1.		<p>MR. FELLY ODONGO-BOARD CHAIR Felly Odongo Ogori, aged 66, hails from Amukura in Teso Central. He completed his primary education at Kotur Primary School and continued at St. Paul's Amukura. Felly pursued higher education at Moi University, where he earned a Bachelor of Science degree, followed by a Master of Science degree from Makerere University. He holds a Diploma in Medical Laboratory Technology, as well as a Higher Diploma in Immunology and Microbiology.</p> <p>Professionally, Felly has extensive experience in the field of research and laboratory technology. He has served as a Research Scientist/Technologist at the National Museums of Kenya's Institute of Primate Research. Additionally, he has worked as a Senior Laboratory Technologist at Moi University and Moi Teaching and Referral Hospital (MTRH), and has also contributed as a Graduate Assistant at Makerere University. He is an independent member of the board.</p>
2.		<p>DR LAWRENCE OTEBA-MEMBER Dr. Lawrence Oteba, aged 47, is a highly experienced medical professional with a first degree in Medicine and Surgery from the University of Nairobi and a Master's degree in Public Health Epidemiology from Kenyatta University. With over 25 years in the field, he has built a robust career in medical practice, public health programming, capacity development, and health program management across both private and public sectors. Throughout his career, Dr. Oteba has demonstrated expertise in program development, resource mobilization, organizational development, and managing donor relations. He has successfully developed and nurtured strategic partnerships, enhancing the effectiveness of health initiatives. His project management skills are complemented by hands-on experience with major health sector donors, including USAID, PEPFAR, DFID, SIDA, The Bill and Melinda</p>




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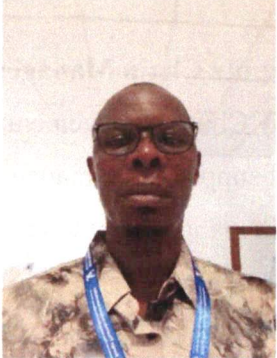
		<p>Gates Foundation, CIDA, and various governmental organizations from countries such as the Netherlands, Denmark, Japan, and South Korea.</p> <p>Dr. Oteba's extensive network in the region and globally further underscores his capability to drive impactful health programs and initiatives.</p> <p>He is an independent member of the board.</p>
3.		<p>STEPHEN OKOIT-MEMBER</p> <p>Stephen Okoit, aged 37, holds CPA II and has vast experience in Book keeping and Accounting having worked at Aphia Plus. He has also worked with Uraia trust a Civil Society Organization that deals with Social Accountability. This vast experience will be critical in adding value to Amukura Level 4 Hospital.</p> <p>He is an independent member of the board.</p>
4.		<p>MARYGORETTI AMOIT-MEMBER</p> <p>Marygoretti Amoit, aged 44, holds a kenya certificate of secondary education from St Annes Kisoko gerls high school (1991). She is a very active member of the local community particularly in women empowerment and advocacy for better maternal health. She is an independent member of the board.</p>
5.		<p>ROMANO ETYANG- MEMBER</p> <p>Mr Romano Etyang, aged 48, has been a primary school teacher for 17 years. He has also been a member of the kenya national union of teacher's teso branch executive committee. He is an independent member of the board.</p>

6.	 A portrait photograph of Dr. Festus Kigen, a man with glasses, wearing a white shirt and a red tie.	<p>DR FESTUS KIGEN -MED SUP/BOARD SECRETARY</p> <p>Dr. Festus Kigen, aged 40, is a registered medical practitioner (KMPDC reg A7410) with a professional career that commenced in 2010. From 2014 to 2018, he held the position of County AIDS and STI Control Coordinator for Busia County. Additionally, he served as the Medical Superintendent at Khunyangu Subcounty Hospital for four years. Dr. Kigen has also worked as the Subcounty Medical Officer for Teso South, Butula, and currently Teso Central. He has received further training in strategic public service and program-based budgeting from the Kenya School of Government. Presently, he is the Medical Superintendent at Amukura Subcounty Hospital. He serves as an executive member of the board.</p>
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4. Key Management Team

Ref	Management	Details
1.		<p>DR FESTUS KIGEN -MED SUP/BOARD SECRETARY Dr. Festus Kigen is a registered medical practitioner (KMPDC reg A7410) with a professional career that commenced in 2010. From 2014 to 2018, he held the position of County AIDS and STI Control Coordinator for Busia County. Additionally, he served as the Medical Superintendent at Khunyangu Subcounty Hospital for four years. Dr. Kigen has also worked as the Subcounty Medical Officer for Teso South, Butula, and currently Teso Central. He has received further training in strategic public service and program-based budgeting from the Kenya School of Government. Presently, he is the Medical Superintendent at Amukura Subcounty Hospital.</p>
2.		<p>JAMES EDGAR OBORE -Health Administrative officer Edgar James Obore is a Health Administrative officer currently working at Amukura sub county hospital and doubles up as a Sub County health administrative officer at Teso central. I hold bachelor of Arts in public administration and conflict management from university of Nairobi. He has worked previously on the same capacity in Sio Port Sub County hospital and Samia sub county and as well in Lupida Sub County hospital.</p>
3.		<p>Mr Michael Ngasi Roche-Senior Accountant and head of Finance Mr Michael is a Senior Accountant at the department of Health and sanitation Busia County. He is the Head of Finance at Amukura Sub county hospital and double up as DANIDA Accountant incharge in Busia County. Michael further oversees Accounting operations in Amukura, Lupida and Matayos sub county hospitals. He is a holder of CPA VI from Strathmore university. Prior to his appointment at Busia county, he worked at various departments at the national treasury among them, the Judiciary and ministry of Public works</p>

4.		<p>Kevin Ouma Oketch-Head of supply Chain Management Mr Kevin is an experienced Supply Chain management officer Licenced by the Kenya institute of supply chain management. He holds a diploma of supply chain management from the university of Nairobi (UoN). Currently he is the supply chain management officer incharge for Amukura Sub county Hospital in the Teso Central sub county and Amukura Level 4 Hospital in Teso Central sub county</p>
5.		<p>Mr Silvas Emuruon Omukaga - Head of Laboratoy Department Mr Silvas Emuruon Omukaga is a medical laboratory Technlogist, duly registered with KMLTTB. He holds a diploma in Medical Laboratory Sciences from The Eldoret National Polytechnic and has practiced since 2016.</p>
6.		<p>Jackline Amachulang Etori -Head of Nursing Jackline Amachulang Etori is the head of the nursing department in Amukura sub county Hospital. She has previously served as a facility in charge in Obekai health center and ochude dispensary. She holds a diploma in Kenya registered community health nurse from maseno school of nursing. She has served in Busia county since the year 2017.</p>

7.	 A portrait photograph of Collins Serede Agatsiva, a man with glasses wearing a patterned shirt and a blue lanyard.	<p>Collins Serede Agatsiva- Head of Pharmaceutical services</p> <p>Mr collins serede agatsiva is teso central subcounty pharmaceutical facilitator and pharmany incharge amukura sub county hospital.he is a holder of diploma in pharmacy and senior management course from eldoret polytechnic university and kenya school of government meru respectively.he has worked for 16yrs in differentcareer levels.9years at busia refferal hospital,pharmacy incharge at matayos sub county hospital and now the current position.he has also worked at matungu sub county hospital,,manyala sub county hospital as pharmacy incharge and khunyangu subcounty hospital.</p>
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5. Chairman's Statement

This year has seen significant advancements for Amukura Sub County Hospital, even in the face of ongoing resource limitations and operational difficulties. Our unified efforts, backed by the County Government of Busia and the local community, have further enhanced our ability to provide quality, accessible, and patient-focused healthcare services to the residents of Teso Central Sub County.

Key Activities and Achievements

Over the past year, the hospital made significant strides in its three strategic focus areas: Curative Health Services, Preventive and Promotive Health Services, and Universal Health Coverage (UHC). We saw substantial growth in our outpatient, inpatient, maternity, and laboratory services, generating revenue of Kshs 5,090,827. Through the SHA, we increased access to subsidized healthcare for a greater segment of the community, which helped reduce out-of-pocket costs for many families.

Several critical infrastructure projects progressed well:

- Construction of 60 bed hospital block- This complete and in use courtesy of the County government of Busia
- Completion of 2 delivery bed maternity unit- courtesy o county government
- Delivery of medical equipment for laboratory, maternity, inpatient- courtesy of the County government of Busia
- Delivery of an ultrasound machine - courtesy of the County government of Busia
- Construction of patient toilet block for the Outpatient- courtesy of the County government of Busia

Preventive and promotive health initiatives continued to be a core focus of our mission. Public health campaigns, medical outreach programs, the distribution of sanitary and reproductive health supplies, and environmental health efforts positively impacted thousands within our service area.

Challenges

Even with these accomplishments, the hospital still encountered ongoing systemic issues:

- The Busia water company presents a challenge with the consistent supply of water, compounded by a stalled borehole that leaves no alternative water source.
- A porous fence poses a significant security threat to the hospital.
- Some equipment deliveries are incomplete, such as the dental unit, which is missing essential components.
- Although there is a designated X-ray room, installation of a machine is not possible because the room lacks a lead-lined door with a frame, a lead glass window, and a radiation caution sign.
- Gaps in human resources for specialized positions hinder the optimal use of the facility; for instance, only two clinical officers are employed by the county government. While the Facility Improvement Financing (FIF) has attempted to address this, there is still a need for deployment of Ministry of Health staff.
- There are inconsistent drug and medical supply chains, leading to an increased dependence on Facility Improvement Financing (FIF) for procurement.
- Funding constraints have slowed down the progress of some development projects, with no core funding for operations coming from headquarters.
- The hospital kitchen is small and poorly ventilated

The Board collaborated closely with the County Department of Health to address these challenges by mobilizing resources, forming strategic partnerships, and managing finances wisely.

Future Outlook

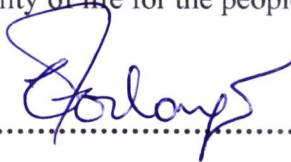
Looking ahead to FY 2025/2026, the hospital will prioritize:

- Refurbishment of the X-ray room
- Increased staffing levels with assistance from the county and focused recruitment efforts.
- Renovation and expansion of the hospital kitchen
- Boosted service efficiency by enhancing digital health systems and reinforcing performance-based budgeting.

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- Ongoing community involvement to encourage preventive health practices and utilization of Universal Health Coverage (UHC) services.
- Launch of ophthalmology, dental, and ear, nose, and throat (ENT) services. The Board remains committed to steering Amukura Sub County Hospital towards becoming a resilient, responsive, and regionally competitive healthcare facility. Our success will continue to depend on collaborative partnerships, staff dedication, and active community participation.

On behalf of the Board of Management, I extend my sincere appreciation to the County Government of Busia, our partners, stakeholders, and the dedicated hospital staff for their unwavering support in advancing our mission. Together, we shall continue to improve health outcomes and enhance the quality of life for the people of Teso Central Sub-County.



.....
Felly Ogwori Odongo

Chairman to the Board

6. Report of The Medical Superintendent

I am delighted to share the Medical Superintendent's report for the financial year 2024/2025. This year has been marked by substantial growth and resilience at Amukura Sub County Hospital, highlighted by improved service delivery, infrastructure enhancements, and strong community engagement, despite challenges related to limited resources and staffing.

During this review period, the County government opened a new 60-bed hospital block in December 2024, and the hospital began operations in a new outpatient and maternity unit. Our commitment to the hospital's mission of providing progressive, sustainable, technologically advanced, evidence-based, and client-centered healthcare has been at the forefront of our initiatives. Guided by the three strategic pillars in our current Strategic Plan—Curative Health Services, Preventive and Promotive Health Services, and Universal Health Coverage (UHC)—we have made significant progress towards achieving our objectives.

1. Service Delivery Performance

Curative Health Services

The hospital continues to deliver comprehensive outpatient, maternity, laboratory, MCH services to the approximately 91,967 residents of Teso Central Sub-County. The Hospital generated a total of Kshs 5,390,325.20 in medical service income.

Key service achievements included:

Preventive and Promotive Health Services

Community health outreach remained a key focus, with initiatives including:

- Public health inspections and environmental health campaigns.
- Disease surveillance and investigation to prevent outbreaks.

Universal Health Coverage (UHC)

The SHA programme remained a vital tool in increasing healthcare access and equity.

- Revenue from SHA services amounted to Kshs 4,626,394.15 representing 86% of total hospital income.
- Increased SHA awareness through targeted community sensitization campaigns.

2. Infrastructure and Development Projects

We achieved notable advancements on various important projects:

- The new hospital block has been completed.
- A modern restroom facility has been constructed at the Outpatient department.
- We conducted preventive maintenance, successfully repairing a non-functional anesthetic machine, which has improved our quality of service.

Once these projects are fully operational, they will greatly improve our capabilities in diagnostics, surgery, and emergency care.

3. Financial Performance

In FY 2024/2025, the hospital demonstrated prudent financial management:

- Total Revenue: Kshs 5,390,325.20 (mainly from SHA and out of pocket clients).
- Total Expenses: Kshs 2,788,009. The hospital did not receive any disbursement from the departmental headquarters

Our financial strategy emphasized maximizing internally generated revenue (IGR) through efficiency, improving billing systems, and adopting digital revenue collection methods to enhance transparency and accountability.

4. Human Resources and Capacity Building

Although we have a committed and skilled workforce, there are still deficiencies in specialized technical positions, especially within the Nursing department. We have maintained our partnership with the County Department of Health to tackle staffing shortages and enhance employee retention. At present, we have just 5 nurses on permanent contracts and 2 nurses on UHC contracts, along with only 2 clinical officers on permanent terms. Our staff development efforts have involved participation in technical training sessions, governance workshops, and capacity-building forums aimed at enhancing service delivery skills.

5. Challenges Faced

Despite our progress, several challenges persisted:

- irregular and partial reimbursements from the social health authority (SHA)
- Shortages of human resources in specialized departments, particularly the absence of a radiographer and dental officer, hindered the optimal use of the facility.
- Insufficient support from departmental headquarters in providing necessary drugs and medical supplies necessitated additional procurement through the Facility Improvement Financing (FIF).
- The unreliable water supply from Busia Water Company, along with a non-functional borehole, has been problematic.
- Funding constraints have caused delays in the completion of several development projects.

6. Future Outlook

In the fiscal year 2025/2026, the hospital's priorities will include:

- Renovating the x-ray room, as a new machine has been designated for installation by the national TB program.
- Fully operationalizing the dental department and operating theatre.
- Increasing staffing levels with support from the county and short-term contract hiring.

- Enhancing service efficiency by expanding digital health systems, particularly in revenue collection, and reinforcing performance-based budgeting.
- Maintaining community engagement to encourage preventive health practices and the utilization of Universal Health Coverage (UHC) services.

Conclusion

In conclusion, I would like to convey my heartfelt gratitude to the County Government of Busia, the Board of Management, our development partners, and the devoted staff of Amukura Sub County Hospital for their steadfast support and dedication to our mission. With ongoing collaboration and continued investment, I am optimistic that we will reach even greater achievements in the upcoming year, further establishing our position as a premier healthcare provider in Teso Central Sub-County.

.....
Name

Secretary to the Board



*Amukura Sub County Referral Hospital (Busia County Government)
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7. Statement of Performance Against Predetermined Objectives

Amukura Sub County Hospital's Strategic Plan for the fiscal year 2024/2025 is built around three key pillars:

- Curative Health Services
- Preventive and Promotive Health Services
- Universal Health Coverage (UHC)

The hospital formulates its annual work plans in alignment with these three pillars. The Board's performance is evaluated quarterly against the established annual work plan. For the fiscal year 2024/2025, Amukura Sub County Hospital successfully met its performance targets for all three strategic pillars, as illustrated in the diagram below:

Strategic Pillar/Theme/Issues	Objective	Key Performance Indicators	Activities	Achievements
Curative Health Services	Provide thorough and prompt clinical services.	<ul style="list-style-type: none"> • Overall income generated from services • Count of patients treated • Variety of services provided 	<ul style="list-style-type: none"> • Offering outpatient, inpatient, maternity, laboratory, and dental care • Diagnostic assistance services • Supply of medications and non-medication items 	- Kshs 5,390,325 generated from medical services
Preventive and Promotive Health Services	Promote community health and prevent disease outbreaks	<ul style="list-style-type: none"> - Number of community health interventions - Health education reach - Sanitation and surveillance activities 	<ul style="list-style-type: none"> - Public health inspections - Disease surveillance and investigation - Distribution of reproductive and sanitary materials - Provision of health information and preventive kits 	<ul style="list-style-type: none"> - Reproductive and sanitary items distributed - Insecticides and rodenticides procured - Regular environmental and public health campaigns conducted under the Public Health Department

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Universal Health Coverage (UHC)	Enhance access, affordability, and equity in healthcare services	<ul style="list-style-type: none"> • Use of the SHA program • Beneficiaries of free or subsidized services • Participation in the SHA program and awareness within the community 	<ul style="list-style-type: none"> • Organization of SHA services • Involvement of specific interest groups • Health education and promotion of SHA • Financial assistance for low-income individuals 	<ul style="list-style-type: none"> • Kshs 4,626,394 (86%) of revenue generated from SHA (government-subsidized healthcare) • Increased adoption of SHA within the community through outreach and awareness campaigns.
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Link to Performance Contracts

The performance metrics associated with each strategic pillar were incorporated into the departmental work plans and monitored through internal reporting mechanisms. The County Executive Committee Member (CECM) executed annual performance contracts in conjunction with the chief officer, linking them to quantifiable objectives, including revenue generation, patient satisfaction, clinical efficiency, and outreach coverage.

Key Challenges and Mitigation

Challenge	Mitigation Measures
Stalled infrastructural projects such as Mortuary	Requested for funds through the Health and sanitation Department for its completion
Limited in-kind contributions from the County	Maximized internally generated revenue (IGR) through efficient service delivery
Inconsistent drug supply	Procurement of pharmaceuticals and medical gases under FIF budget
Human resource gaps in technical cadres	Collaboration with the County Department of Health for staffing support and short term contracts

8. Corporate Governance Statement

Amukura Sub County Hospital is dedicated to fostering leadership that is effective, accountable, and transparent, following the principles of good corporate governance as outlined in the Constitution of Kenya, the Public Finance Management (PFM) Act of 2012, and the Mwongozo Code of Governance for State Corporations. The hospital's governance framework ensures efficient oversight of its strategic direction, risk management, ethical standards, and stakeholder involvement, all while maintaining public sector values and accountability.

i. Appointment and Composition of the Board

The Board of Management of Amukura Sub County Hospital is established in accordance with Section 9 of the Public Health Act, Cap 242, and is operationalized through Kenya Gazette Notice Vol. CXXVI No. 98 dated July 5, 2024, by the County Executive Committee Member (CECM) for Health and Sanitation. Board members are appointed based on their professional expertise, adherence to gender equity, regional representation, and the inclusion of special interest groups. As of June 30, 2025, the Board consists of eight Independent Board Members, including representatives for women, youth, and persons with disabilities (PWDs), as well as one Ex-Officio Member who serves as the Medical Superintendent and Secretary to the Board.

The current Chairperson, Mr. Felly Odongo, was elected through a democratic process by the other board members. The Board Charter, adopted at the commencement of the financial year, delineates the responsibilities, powers, and code of conduct for its members. Board members serve a renewable term of three years, with removal procedures conducted in accordance with applicable county policies and governance regulations.

ii. Roles and Functions of the Board

The Board is responsible for:

- Approving strategic plans and performance targets

- Providing policy and fiduciary oversight
- Monitoring risk, compliance, and internal controls
- Overseeing financial planning and budgeting
- Evaluating performance of the management and the hospital as a whole

The Board delegates operational responsibilities to the Medical Superintendent, who also serves as the Accounting Officer in line with the PFM Act, 2012.

iii. Induction, Training, and Development

Newly appointed members underwent an induction program facilitated by the County Department of Health and hospital leadership. The Board further supports continuous professional development through exposure to governance forums, health sector briefings, and capacity-building workshops where budget permits.

iv. Board and Members' Performance

Board performance is reviewed annually against a scorecard that assesses attendance, strategic input, financial oversight, and contribution to hospital development. All members participated in at least one governance review during the reporting period. The Board Chair provided quarterly updates to the County Health Management Team (CHMT) on institutional progress and challenges.

v. Board Meetings and Attendance

In the 2024/2025 financial year, the Board convened four ordinary meetings. Members achieved a 90% attendance rate. All meetings were minuted, and decisions followed structured procedures in compliance with the Board Charter and Standing Orders.

vi. Succession Planning

Succession is guided by County Public Service policies and the Leadership and Integrity Act, 2012, which promote continuity and institutional memory. The hospital maintains an internal

talent pipeline for critical roles and works closely with the County Health Department to ensure timely replacement of retiring or transitioning Board members.

vii. Conflict of Interest Policy

All Board members are required to declare personal and financial interests before engaging in deliberations as per Section 16 of the Leadership and Integrity Act, 2012. A conflict of interest register is maintained, and any member with a conflict excuses themselves from voting or participating in affected agenda items.

viii. Board Remuneration

Board remuneration is governed by the Salaries and Remuneration Commission (SRC) guidelines and comprises sitting allowances.

ix. Ethics and Conduct

The Board upholds high standards of public service ethics, integrity, and professionalism. Members are subject to the Leadership and Integrity Act, the Mwongozo Code, and the hospital's internal code of conduct. Whistle blower mechanisms and feedback channels are in place to address ethical violations.

x. Governance Audit

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

xi. Communication Policy

The hospital promotes open communication with stakeholders through public notice boards, community forums (barazas) and suggestion boxes. Communication is guided by public

participation principles under Article 10 of the Constitution and hospital service charters displayed prominently at facility entrances.

xii. Terms of Reference of Committees

The hospital has established the following governance committees:

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

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

xiii. Related Party Transactions Policy

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

9. Management Discussion and Analysis

Amukura Sub County Hospital is evolving into a vital healthcare provider in Teso Central Sub-County, Busia County. Its operations are anchored in the principles of equity, accountability, and sustainability, aligning with national health policies and the County Integrated Development Plan (CIDP). This section provides an overview of operational and financial performance, investment initiatives, and adherence to regulations, risk evaluation, and future strategies, along with trends observed over the past three years. Despite challenges related to human resources, the hospital has consistently delivered robust outpatient and specialized clinic services..

1. Clinical/operational performance

Clinical/operational performance

- *Amukura sub county Hospital has a bed capacity of 60 beds.*
- *Overall patient attendance during the year for both inpatient and outpatient was 22,920.*
- *Accident and Emergency attendance was Zero during the year under review*
- *Specialised clinic attendance stood at 231 clients*
- *Average length of stay for in patient was 2 days.*
- *Bed occupancy rate was 3.1%*
- *Mortality rate 0.3%*
- *Surgical theatre utilisation was zero due to lack of anaesthesia machine*

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

2. Financial Performance

a) Revenue Sources

In FY 2024/25, the hospital generated **Kshs 5,390,325.15** in total revenue, primarily from:

Revenue Source	Amount (Kshs)	% of Total Revenue
SHA (UHC Programme)	4,626,394.15	86%
Cash-Paying Clients	763,931	14%
TOTAL	5,390,325.15	100%

b) Fund Utilization

Total expenses for FY 2024/25 were Kshs 2,788,009 used in:

Expenditure Category	Amount (Kshs)	
Medical/Clinical costs	15	914,010
Employee costs	16	184,000
Board of Management Expenses	17	153,000
Depreciation and amortization expense	18	45,450
Repairs and maintenance	19	367,900
General expenses	21	1,123,649
Total expenses		2,788,009

3. Ongoing and Key Investments

Amukura Sub County Hospital has attracted both county government and development partner support to address critical infrastructure and service gaps. Key investments underway include:

i) Supply of equipment to new hospital block (County Government)

Equipment worth approximately 25,000,000 were supplied to Amukura subcounty hospital by the departmental headquarters.

4. Statutory Compliance

Amukura Sub County Hospital complied with:

- Public Finance Management Act, 2012
- Public Procurement and Asset Disposal Act, 2015
- Occupational Safety and Health Act, 2007
- Leadership and Integrity Act, 2012
- International Public Sector Accounting Standards (IPSAS).

There were no major compliance issues or audit queries raised during the period. Financial reports were submitted to the County Treasury and Auditor-General as required.

5. Risks and Mitigation

Risk	Description	Mitigation Strategy
Inadequate Drug Supply	Delay in County deliveries	Direct procurement under FIF and emergency stockpiling
Underutilization of some Facilities	Incomplete infrastructure or staffing gaps	Short term contracts to some technical staff especially radiology
High Patient Load	Overburdening available resources	Implement appointment systems and strengthen CHV outreach and contracted clinical staff

6. Statutory Arrears and Financial Obligations

As of 30th June 2025:

- No material arrears in statutory deductions or obligations

7. Conclusion and Outlook

The hospital has experienced significant operational growth, consistent revenue generation, and advancements in infrastructure, even amid challenges related to funding and staffing. Thanks to continued backing from the County Government and partners:

- Community confidence in the hospital's services has risen, fueled by outreach initiatives, subsidy programs, and enhanced diagnostic capabilities.
- Management plans to concentrate on performance-based budgeting, optimizing infrastructure, and embracing digital health solutions to further improve service delivery.

10. Environmental And Sustainability Reporting

i) Sustainability strategy and profile

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

Key Achievements:

- Waste Management: Implemented a waste segregation system (biodegradable, non-biodegradable, and hazardous waste) with designated disposal bins.
- Local Procurement: Allocated 30% of supply contracts to local vendors, supporting women- and youth-owned businesses.

Challenges & Mitigation:

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

ii) Environmental performance

The hospital adheres to Kenya's Environmental Management and Coordination Act and Occupational Safety and Health Act (OSHA 2007).

Waste Management

- Medical Waste: Amukura Sub County Hospital makes use of Obekai and Alupe incineration unit for hazardous waste.
- Plastic Reduction: Replaced single-use plastic bottles with water dispensers and reusable containers.

•

Climate Action Initiatives

- Tree planting: 20 assorted trees planted on 5 acres of hospital land to offset carbon emissions.

iii) Employee welfare

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

Hiring Policies and Inclusion

The hospital has established organized recruitment processes that promote transparency and fairness, in accordance with county government regulations and affirmative action policies. In the 2024/2025 financial year, specific initiatives were undertaken to uphold gender equity and improve the representation of youth and persons with disabilities (PWD) within both the workforce and the hospital board. This commitment is reflected in the appointment of a youth representative on the Board (Mr. Romano Etyang) and the inclusion of a PWD representative, ensuring that various stakeholder interests are considered in decision-making..

Stakeholder Engagement and Policy Review

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

Career Development and Staff Motivation

Throughout the year, staff engaged in various training sessions and knowledge-sharing forums. While formal appraisal and structured reward systems are still in progress, management has emphasized the importance of professional development opportunities, particularly for department heads and clinical staff..

Workplace Safety and OSHA Compliance

Amukura Sub County Hospital is dedicated to maintaining workplace safety in accordance with OSHA (2007) regulations. The hospital conducts regular inspections of its facilities to identify potential hazards, ensuring that critical areas like laboratories, wards, and the pharmacy are equipped with proper signage, cleanliness, and ventilation. Throughout the financial year, there were no reported work-related injuries, highlighting the effectiveness of the hospital's proactive safety initiatives and the training provided to staff on standard operating procedures (SOPs) and infection prevention and control (IPC)..

Efforts to Minimize Risk

To enhance staff safety, the hospital has allocated resources for vital protective gear, including uniforms, gloves, and clinical safety supplies. This year, Kshs 20,000 was spent on uniforms and clothing, which directly supports personal safety, hygiene, and professionalism. In the next financial year, the hospital intends to improve its welfare program by increasing training opportunities, formalizing performance appraisal systems, and enhancing occupational health monitoring..

iv) Market place practices-

A Sub County Hospital functions within a strictly regulated public health framework, where principles such as transparency, accountability, and equity are essential for delivering services and managing resources. The hospital has established a range of marketplace practices aimed at fostering ethical governance, ensuring fair competition, responsible procurement, and engagement that prioritizes the needs of citizens..

a) Responsible competition practice.

The hospital encourages responsible competition by rigorously following public procurement regulations and policies, such as the Public Procurement and Asset Disposal Act. All procurement processes at our level are carried out through open tendering, with bids and quotations publicly announced in a transparent and competitive manner or framed contracts from the departmental level. We have support from the Alupe based procurement officer, who is registered with the Kenya Institute of Supply Management (KISM), who oversees that all procedures adhere to compliance and integrity standards.

Service delivery is guided by a public service charter, which is prominently displayed within the hospital, detailing patient rights, responsibilities, and anticipated turnaround times. Additionally, the hospital has adopted digital systems for revenue collection, facilitating cashless payment options..

b) Responsible Supply chain and supplier relations

Amukura Sub County Hospital promotes responsible relationships with suppliers by adhering to ethical procurement practices and fulfilling contractual commitments within budget limits. Although we do not have a dedicated procurement office, the one we use at Alupe, managed by a licensed professional, ensures compliance with local content regulations. We prioritize suppliers who are youth, women, and persons with disabilities (PWD) in accordance with national affirmative action policies. The hospital consistently honors delivery schedules, minimizes delays in approvals, and values long-term partnerships founded on trust and performance..

c) Responsible marketing and advertisement or Responsible engagement with citizens

While the 2024/2025 budget does not include traditional advertising expenses, the hospital continues to engage with the community through public health initiatives, stakeholder meetings, and informational sessions at mobile clinics and medical camps. To maintain ethical promotion, the hospital shares accurate and verifiable information about health services through its staff, public health officers, and community health volunteers. All

communications focus on inclusivity, respect for cultural and gender diversity, and the prevention of misinformation or inflated claims. During health discussions and community gatherings, patients and residents are educated about service eligibility criteria, SHA coverage, and referral processes..

d) *Product stewardship or Awareness Creation*

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

- Health and safety: Enforcing infection control measures and ensuring that hospital environments are clean and safe.
 - Product information: Patients are given straightforward explanations regarding procedures, medications, and treatment plans.
 - Complaint and redress mechanisms: A suggestion box and feedback systems at the front desk enable patients to voice their concerns, which are then evaluated by the Hospital Management Team (HMT) for resolution..
- v) Citizen awareness: Community outreach teams educate citizens on rights to health, insurance options (SHA), immunization schedules, and access to specialized care such as maternity and pediatrics services.

vi) *Corporate Social Responsibility / Community Engagements*

In the financial year 2024/2025, Amukura Sub County Hospital participated in several Corporate Social Responsibility (CSR) initiatives designed to improve community health and well-being, in line with its primary mission of providing comprehensive primary healthcare services. These efforts targeted urgent health issues within the community, fostered inclusivity, and aimed to build partnerships for sustainable development in Teso Central Sub-County.

1. Free and Subsidized Medical Camps:

The hospital coordinated and facilitated multiple outreach programs in the remote regions of Teso Central Sub-County. These initiatives offered complimentary consultations, laboratory screenings, maternal healthcare services, and treatment for both communicable and non-communicable diseases. As a result, these outreach efforts greatly enhanced healthcare access for at-risk groups, particularly children, women, the elderly, and individuals with disabilities..

2. Health Education and Public Sensitization:

By collaborating with community health volunteers (CHVs) and the public health department, the hospital organized ongoing awareness campaigns focused on hygiene, family planning, immunization, nutrition, cancer screening, and HIV/AIDS education. Additionally, civic education sessions addressed topics such as SHA registration, healthcare rights, and awareness of service charters.

11. Report of The Board of Management

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

Principal activities

The principal activities of the entity is offering comprehensive primary care including inpatient, outpatient, maternity, minor surgery, emergency and public health outreach serving approximately 91,967 people in Teso Central.

Results

The results of the entity for the year ended June 30 2025 are set out on pages 1 to 59

Board of Management

The members of the Board who served during the year are shown on page vii. During the year, 2024/2025 no director(s) retired/ resigned, and 9 directors were appointed with effect from 5th July, 2024.

Auditors

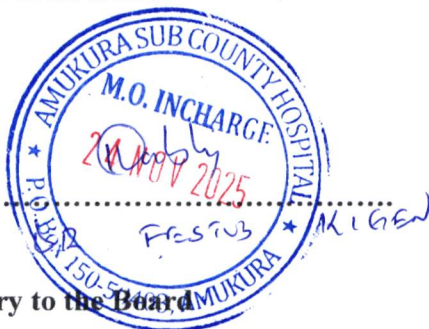
The Auditor General is responsible for the statutory audit of the *entity* in accordance with Article 229 of the Constitution of Kenya and the Public Audit Act 2015.

OR

By Order of the Board

.....
Name

Secretary to the Board



12. Statement of Board of Management's Responsibilities

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

The Board of Management is responsible for the preparation and presentation of the *entity's* financial statements, which give a true and fair view of the state of affairs of the *entity* for and as at the end of the financial year 2024/2025 ended on June 30, 2025. This responsibility includes: (i) maintaining adequate financial management arrangements and ensuring that these continue to be effective throughout the reporting period, (ii) maintaining proper accounting records, which disclose with reasonable accuracy at any time the financial position of the *entity*, (iii) designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements, and ensuring that they are free from material misstatements, whether due to error or fraud, (iv) safeguarding the assets of the *entity*; (v) selecting and applying appropriate accounting policies, and (vi) making accounting estimates that are reasonable in the circumstances.

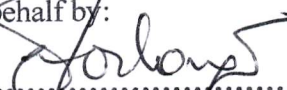
The Board of Management accepts responsibility for the *entity's* financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgements and estimates, in conformity with International Public Sector Accounting Standards (IPSAS), and in the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

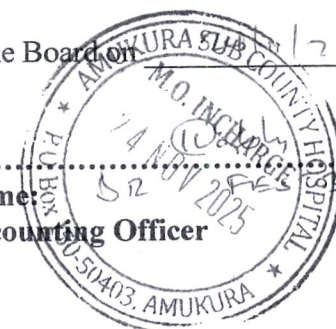
In preparing the financial statements, the Directors have assessed the Fund's ability to continue as a going concern (*disclosed, as applicable, matters relating to the use of going concern basis of preparation of the financial statements*) OR

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

Approval of the financial statements

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


.....
Name: Felly Odoyo
Chairperson
Board of Management


.....
Name: _____
Accounting Officer

REPUBLIC OF KENYA



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

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

PREAMBLE

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

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

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

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

REPORT ON THE FINANCIAL STATEMENTS

Qualified Opinion

I have audited the accompanying financial statements of Amukura Sub County Hospital – County Government of Busia set out on pages 1 to 60, which comprise of the statement

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

In my opinion, except for the effects of the matter described in the Basis for Qualified Opinion section of my report, the financial statements present fairly, in all material respects, the financial position of Amukura Sub-County Hospital – County Government of Busia at 30 June, 2025 and of its financial performance and its cash flows for the year then ended, in accordance with International Public Sector Accounting Standards (Accrual Basis) and comply with the Public Finance Management Act, 2012, the Health Act, 2017 and the Busia County Health Service Act, 2016.

Basis for Qualified Opinion

Unconfirmed Property, Plant and Equipment Balance

The statement of financial position reflects property, plant and equipment balance of Kshs.133,050 and as disclosed in Note 32 to the financial statements. However, review of records and physical inspection revealed that the hospital had occupied a freehold land, had ICT equipment, furniture and fittings, buildings, and motor vehicle, an ambulance which were not valued and disclosed in the financial statements. Further, motor vehicle and land did not have ownership documents, and Management does not have an updated asset register in the format prescribed by the Guidelines from The National Treasury.

In the circumstances, the accuracy and completeness of property, plant and equipment balance of Kshs.133,050 could not be confirmed.

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

Key Audit Matters

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

Other Information

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

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

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

REPORT ON LAWFULNESS AND EFFECTIVENESS IN THE USE OF PUBLIC RESOURCES

Conclusion

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

Basis for Conclusion

1. Failure to Undertake Safety and Health Audits

During the year under review, the hospital did not conduct safety and health audits. This was contrary to Section 11 (1) of the Occupational Safety and Health Act, 2007 which provides that an 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.

In the circumstances, Management was in breach of law.

2. Failure to Meet Level 4 Hospital Requirements

Review of hospital records and verification of services offered, equipment used and medical specialists revealed that the hospital did not meet the requirements of Kenya Quality Model for Health Policy Guidelines due to staff deficit compared with the authorized establishment as detailed below:

Staff Requirement	Level 4 Standard	Number in Hospital	Variance
Medical Officers	16	1	15
Anesthesiologist	2	0	2
General Surgeons	2	0	2
Gynecologists	2	0	2
Pediatrics	2	0	2
Radiologist	2	0	2
Kenya Registered Community Health Nurses	75	8	67
Total	101	9	92

In addition, the hospital lacked the necessary equipment and machines outlined in the health policy guidelines as detailed below: -

Services	Level 4 Standard	Number in Hospital	Variance
Beds	150	60	90
Resuscitaire (2 in labour & 1 in theatre)	2	0	2
New born unit incubators	5	3	2
New born unit cots	5	0	5
Functional ICU Beds	6	0	6
High Dependency Unit (HDU) Beds	6	0	6
Renal unit with atleast 5 dialysis Machines	5	0	5
Two functional operating theatres-Maternity and General	2	1	1

This was contrary to the requirements the first schedule of Health Act, 2017 and imply that accessing the highest attainable standards of health may not be achieved.

In the circumstances, the public may not efficiently get the required medical services that are expected to be offered by a level 4 hospital.

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

REPORT ON EFFECTIVENESS OF INTERNAL CONTROLS, RISK MANAGEMENT AND GOVERNANCE

Conclusion

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

Basis for Conclusion

1. Hazardous Management of Pharmaceuticals and Non-pharmaceuticals

Physical verification of the storage area for pharmaceuticals and non-pharmaceuticals revealed that the hospital does not have an incinerator for managing medical waste such as syringes, placentas, gloves, and other hazardous waste. As a result, waste was disposed of through open burning within the facility compound, contrary to established environmental and health standards.

In the circumstances, the controls over waste management were ineffective and may lead to infections and penalties.

2. Weak Internal Controls in Collection of Own Sourced Revenue

Review of revenue systems and controls in place at the hospital revealed the hospital had no Counterfoil Receipt Book Register (CRBR) in place to indicate the serial quantity of books purchased, how many were issued and outstanding balance at any particular time; and the hospital did not maintain a Revenue Collections Control Sheet (RCCC) to indicate the serial number of books used and amounts collected.

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

3. Lack of Risk Management Policy

During the year under review, the hospital did not have a risk management policy in place, and Management did not conduct risk assessment. This was contrary to regulation 158(1) of the Public Finance Management (County Governments) Regulations, 2015 which provides that the Accounting Officer shall ensure that the county government entity develops risk management strategies, which include fraud prevention mechanism; and the county government entity develops a system of risk management and internal control that builds robust business operations.

In the circumstances, the hospital may not be able to identify risk and put in place measures to mitigate against risks identified in a timely manner.

4. Lack of Internal Audit Function

During the year under review, the Hospital operated without an internal audit function, and did not benefit from the roles and functions of internal audit function as stipulated in Section 155 (3) (a)(b) of the Public Finance Management Act, 2012 which include among others, reviewing the governance mechanisms of the entity and mechanisms for transparency and accountability with regard to the finances and assets of the entity and conducting risk-based, value-for-money and systems audits aimed at strengthening internal control mechanisms that could have an impact on achievement of the strategic objectives of the entity.

In the circumstances, the effectiveness of the oversight over the operations of the hospital could not be confirmed.

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

Responsibilities of the Management and 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 cease operations.

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

In addition to the responsibility for the preparation and presentation of the financial statements described above, Management is also responsible for ensuring that the activities, financial transactions and information reflected in the financial statements comply with the authorities which govern them and that public resources are applied in an effective way.

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

Auditor-General's Responsibilities for the Audit

My responsibility is to conduct an audit of the financial statements in accordance with Article 229(4) of the Constitution, Section 35 of the Public Audit Act, 2015 and the International Standards of Supreme Audit Institutions (ISSAIs). The standards require that, in conducting the audit, I obtain reasonable assurance about whether the financial statements as a whole are free from material misstatements, whether due to fraud or error and to issue an auditor's report that includes my opinion in accordance with Section 48 of the Public Audit Act, 2015. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISSAIs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

In conducting the audit, Article 229(6) of the Constitution also requires that I express a conclusion on whether or not in all material respects, the activities, financial transactions and information reflected in the financial statements are in compliance with the authorities that govern them and that public resources are applied in an effective way. In addition, I consider the entity's control environment in order to give an assurance on the effectiveness of internal controls, risk management and governance processes and systems in accordance with the provisions of Section 7(1)(a) of the Public Audit Act, 2015.

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

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


FCPA Nancy Gathungu, CBS
AUDITOR-GENERAL

Nairobi

11 December, 2025

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

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

Description	Note	2024/2025	2023/2024
		Kshs	Kshs
Revenue from non-exchange transactions			
Transfers from the County Government	6	-	
In-kind contributions from the County Government	7	-	
Grants from donors and development partners	8	-	
Transfers from other Government entities	9	-	
Public contributions and donations	10	-	
Revenue from exchange transactions			
Rendering of services- Medical Service Income	11	5,390,325.2	
Revenue from rent of facilities	12	-	
Finance /Interest Income	13	-	
Miscellaneous Income	14	-	
Revenue from exchange transactions		-	
Total revenue		5,390,323.2	
Expenses			
Medical/Clinical costs	15	914,010	
Employee costs	16	184,000	
Board of Management Expenses	17	153,000	
Depreciation and amortization expense	18	45,450	
Repairs and maintenance	19	367,900	
Grants and subsidies	20	-	
General expenses	21	1,123,649	
Finance costs	22		
Total expenses		2,788,009	
Other gains/(losses)			
Gain/Loss on disposal of non-Current assets	23	-	

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

Description	Note	2024/2025	2023/2024
		Kshs	Kshs
Unrealized gain on fair value of investments	24	-	
Medical services contracts Gains/Losses	25	-	
Impairment loss	26	-	
Gain on foreign exchange transactions		-	
Total other gains/(losses)			
Net Surplus / (Deficit) for the year		2,602,316	

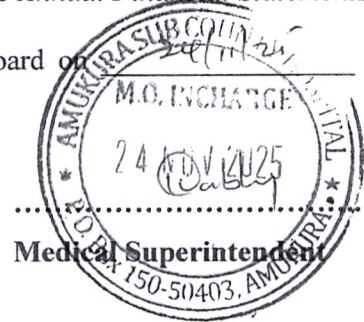
The medical cost of kshs 914,010 in the statement of financial performance excludes Ksh 426,102 and Ksh 1,123,649 representing general cost also excludes Ksh 82,180 which represents closing inventories measured at fair value at the closing of financial year as per IPSAS 12- accounting for inventories.

(The notes set out on pages 10 to 59 form an integral part of the Annual Financial Statements.)

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

.....
Chairman
Board of Management

.....
Head of Finance
ICPAK No: 33853



Medical Superintendent

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

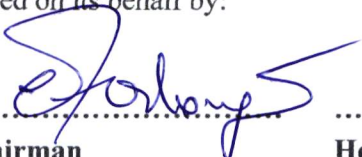
15. Statement of Financial Position As At 30th June 2025


Description	Note	2024/2025	2023/2024
		Kshs	Kshs
Assets			
Current assets			
Cash and cash equivalents	27	865,670.20	
Prepayments	28	-	
Receivables from exchange transactions	29	1,318,335	
Receivables from non-exchange transactions	30	-	
Inventories	31	508,282.00	
Total Current Assets		2,692,287.20	
Non-current assets			
Property, plant, and equipment	32	133,050	
Intangible assets	33	-	
Investment property	34	-	
Biological Assets	35	-	
Total Non-current Assets		133,050	
Total assets (A)		2,825,337.20	
Liabilities			
Current liabilities			
Trade and other payables	36	223,021	
Refundable deposits from Patients/Prepayments	37	-	
Provisions	38	-	
Finance lease obligation	39	-	
Current portion of deferred income	40	-	
Current portion of borrowings	41	-	
Total Current Liabilities		223,021	
Non-current liabilities			
Provisions	38	-	
Non-Current Finance lease obligation	39	-	
Non-Current portion of deferred income	40	-	
Non - Current portion of borrowings	41	-	

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

Description	Note	2024/2025	2023/2024
		Kshs	Kshs
Service concession Arrangements	42		
Total non-current liabilities		-	
Total Liabilities (B)		223,021	
Net assets (A-B)		2,602,316.20	
Represented by:			
Revaluation reserve		-	
Accumulated surplus/Deficit		2,602,316.2	
Capital Fund			
Net Assets		2,602,316.2	

The Hospital's financial statements were approved by the Board on 24/11/25 and signed on its behalf by:


.....
Chairman
Board of Management


.....
Head of Finance
ICPAK No:33853


.....
Medical Superintendent



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

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

Description	Revaluation reserve	Accumulated surplus/Deficit	Capital Fund	Total
As at July 1, 2023				
Revaluation gain	-	-	-	
Surplus/(deficit) for the year	-	-	-	
Capital/Development grants	-	-	-	
As at June 30, 2024				
At July 1, 2024	-	-	-	
Revaluation gain	-	-	-	
Surplus/(deficit) for the year	-	2,602,316	-	2,602,316
Capital/Development grants	-	-	-	
At June 30, 2025	-	2,602,316	-	2,602,316

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

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

Description	Note	2024/2025	2023/2024
		Kshs	Kshs
Cash flows from operating activities			
Receipts			
Transfers from the County Government		-	
Grants from donors and development partners		-	
Transfers from other Government entities		-	
Public contributions and donations		-	
Rendering of services- Medical Service Income	44	4,071,990	
Revenue from rent of facilities		-	
Finance / interest income		-	
Miscellaneous receipts(<i>specify</i>)		-	
Total Receipts		4,071,990	
Payments			
Medical/Clinical costs	45	1,340,112.00	
Employee costs	16	184,000.00	
Board of Management Expenses	17	153,000.00	
Repairs and maintenance	19	367,900.00	
Grants and subsidies		-	
General expenses	46	982,808	
Finance costs			
Refunds paid out			
Total Payments		3,027,820	
Net cash flows from operating activities	43	1,044,170	
Cash flows from investing activities			
Purchase of property, plant, equipment	32	(133,050)	
Purchase of intangible assets		-	
Proceeds from the sale of PPE		-	
Acquisition of investments		-	
Net cash flows used in investing activities		(133,050)	
Cash flows from financing activities			
Proceeds from borrowings		-	
Repayment of borrowings		-	
Capital grants received		-	

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

Description	Note	2024/2025	2023/2024
		Kshs	Kshs
Net cash flows used in financing activities		-	
Net increase/(decrease) in cash and cash equivalents		911,120	
Cash and cash equivalents as at 1 July	27	-	
Cash and cash equivalents as at 30 June	27	865,670	

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

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

Description	Original budget	Adjustments	Final budget	Actual on comparable basis	Performance difference	% of utilisation
	A	b	c=(a+b)	d	e=(c-d)	f=d/c %
	Kshs	Kshs	Kshs	Kshs	Kshs	
Budget carryovers from the previous year						%
Receipts						
Transfers from the County Government			00			%
Grants from donors and development partners			00			%
Transfers from other Government entities			00			%
Public contributions and donations			00			%
Rendering of services- Medical Service Income	1,789,528	3,600,797.2	5,390,325.2	4,071,990.2	1,318,335	76%
Revenue from rent of facilities						%
Finance / interest income						%
Miscellaneous receipts (<i>specify</i>)						%
Total receipts	1,789,528	3,600,797.2	5,390,325.2	4,071,990.2	1,318,335	76%
Payments						
Medical/Clinical costs	551,500	937,513	1,489,013	1,340,112	148,901	90%
Employee costs	184,000.	20,444	204,444	184,000	20,444	90%
Remuneration of directors	153,000.	17,000	170,000	153,000	17,000	90%
Repairs and maintenance	207,900.	140,878	408,778	367,900	40,878	90%
Grants and subsidies			-			%
General expenses	354,628	737,381	1,092,009	982,808	109,201	90%
Finance costs			-			
Refunds			-			
Total Operational Expenditure paid	1,451,028	1,853,216	3,364,243	3,027,820	336,423	
Capital Expenditure paid	178,500	19,833	198,333	178,500	19,833	90%
Surplus	160,000	1,727,748.2	1,827,749.2	865,670.2	962,079	%

Budget Reconciliation

	Description of Particulars	Amount in Kshs
	Actual Surplus Amounts as per the statement of Budget	1,827,749
1	Lower than projected medical service revenue due to reduced patient volumes in some months and delays in SHA reimbursements.	-
2	Unutilized operational budget from efficiency savings in medical supplies procurement and general expenses.	-
3	Capital expenditure savings from delayed acquisition of equipment now scheduled for next financial year.	19,833
4		-
	Closing Cash and Cash Equivalent as per the statement of Cash flows	865,670

19. Notes to the Financial Statements

1. General Information

Amukura sub county hospital entity is established by and derives its authority and accountability from PFM Act. The entity is wholly owned by the Busia County Government and is domiciled in Busia County in Kenya. The entity's principal activity is provision of quality health care services.

2. Statement of Compliance and Basis of Preparation

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

(When an IPSAS becomes effective on 1st January 20xx, it is applicable in Kenya from 1st July 20xx)

i. New and amended standards and interpretations in issue effective in the year ended 30 June 2025

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

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

Standard	Effective date and impact:
IPSAS 43	<p><i>Applicable 1st January 2025</i></p> <p>The standard sets out the principles for the recognition, measurement, presentation, and disclosure of leases. The objective is to ensure that lessees and lessors provide relevant information in a manner that faithfully represents those transactions. This information gives a basis for users of financial statements to assess the effect that leases have on the financial position, financial performance and cashflows of an Entity.</p> <p>The new standard requires entities to recognise, measure and present information on right of use assets and lease liabilities.</p> <p><i>State the expected impact of the standard to the Entity if relevant</i></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> <p><i>State the expected impact of the standard to the Entity if relevant</i></p>
IPSAS 45-	<p><i>Applicable 1st January 2025</i></p>

Standard	Effective date and impact:
Property Plant and Equipment	<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> <p><i>State the expected impact of the standard to the Entity if relevant</i></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> <ul style="list-style-type: none"> i. Providing further detailed guidance on the implementation of commonly used measurement bases and the circumstances under which they should be used. ii. Clarifying transaction costs guidance to enhance consistency across IPSAS; iii. Amending where appropriate guidance across IPSAS related to measurement at recognition, subsequent measurement and measurement related disclosures. <p>The standard also introduces a public sector specific measurement bases called the current operational value.</p> <p><i>State the expected impact of the standard to the Entity if relevant</i></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</p>

Standard	Effective date and impact:
	<p>revenue and cash flow arising from revenue transactions. <i>State the expected impact of the standard to the Entity if relevant</i></p>
<p>IPSAS 48- Transfer Expenses</p>	<p><i>Applicable 1st January 2026</i></p> <p>The objective of the standard is to establish the principles that a transfer provider shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of expenses and 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> <p><i>State the expected impact of the standard to the Entity if relevant</i></p>
<p>IPSAS 49- Retirement Benefit Plans</p>	<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> <p><i>State the expected impact of the standard to the Entity if relevant</i></p>
<p>IPSAS 50: Exploration For & Evaluation of Mineral Resources</p>	<p><i>Applicable 1st January 2027</i></p> <p>The objective of this Standard is to specify the financial reporting for the exploration for and evaluation of mineral resources. The Standard requires:</p> <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. <p><i>State the expected impact of the standard to the Entity if relevant</i></p>

iii) Early adoption of standards

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

4. Summary of Significant Accounting Policies

a. Revenue recognition

i) Revenue from non-exchange transactions

Transfers from other Government entities

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

ii) Revenue from exchange transactions

Rendering of services

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

Sale of goods

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

Interest income

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

Rental income

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

Notes to the Financial Statements (Continued)

b. Budget information

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

A comparison of budget and actual amounts, prepared on a comparable basis to the approved budget, is then presented in the statement of comparison of budget and actual amounts. In addition to the Basis difference, adjustments to amounts in the financial statements are also made for differences in the formats and classification schemes adopted for the presentation of the financial statements and the approved budget.

A statement to reconcile the actual amounts on a comparable basis included in the statement of comparison of budget and actual amounts, and the actuals as per the statement of cash flows.

c. Taxes

Sales tax/ Value Added Tax

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

- When the sales tax incurred on a purchase of assets or services is not recoverable from the taxation authority, in which case, the sales tax is recognized as part of the cost of acquisition of the asset or as part of the expense item, as applicable.

When receivables and payables are stated with the amount of sales tax included. The net amount of sales tax recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the statement of financial position.

Notes to the Financial Statements (Continued)

d. Investment property

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

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

e. Property, plant and equipment

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

Notes to the Financial Statements (Continued)

f. Leases

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

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

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

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

g. Intangible assets

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

Notes to the Financial Statements (Continued)

h. Biological Assets

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

i. Research and development costs

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

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

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

j. Financial instruments

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

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

Financial assets

Classification of financial assets

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

Subsequent measurement

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

Amortized cost

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

Fair value through net assets/ equity

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

Fair value through surplus or deficit

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

Trade and other receivables

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

Impairment

The entity assesses, on a forward-looking basis, the expected credit loss ('ECL') associated with its financial assets carried at amortized cost and fair value through net assets/equity. The entity recognizes a loss allowance for such losses at each reporting date. Critical estimates

and significant judgments made by management in determining the expected credit loss (ECL) are set out in *Note xx*.

Financial liabilities

Classification

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

k. Inventories

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

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

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

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

l. Provisions

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

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

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

Notes to the Financial Statements (Continued)

m. Social Benefits

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

n. Contingent liabilities

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

o. Contingent assets

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

p. Nature and purpose of reserves

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

q. Changes in accounting policies and estimates

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

Notes to the Financial Statements (Continued)

r. Employee benefits

Retirement benefit plans

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

s. Foreign currency transactions

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

t. Borrowing costs

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

construction of the asset is complete. Further borrowing costs are charged to the statement of financial performance.

u. Related parties

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

v. Service concession arrangements

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

w. Cash and cash equivalents

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

x. Comparative figures

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

y. Subsequent events

There have been no events subsequent to the financial year end with a significant impact on the financial statements for the year ended June 30, 2025.

5. Significant Judgments and Sources of Estimation Uncertainty

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

Estimates and assumptions.

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

Useful lives and residual values

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

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

Provisions

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

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

Notes to Financial Statements Continued

6. Transfers from the County Government

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

6 b Transfers from The County Government

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

Notes to Financial Statements Continued

7. In Kind Contributions from The County Government

Description	2024/2025	2023/2024
	KShs	KShs
Salaries and wages	-	-
Medical supplies-Drawings Rights (KEMSA)	-	-
Pharmaceuticals and Non-Pharmaceutical Supplies (other suppliers)	-	-
Utility bills	-	-
Total grants in kind	-	-

(These include payments made directly by the County Governments for staff salaries and medical drugs. These should be recorded both as income and expense for completeness of financial statements)

8. Grants From Donors and Development Partners

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

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

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

Notes to Financial Statements Continued

9. Transfers From Other Government Entities

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

10. Public Contributions and Donations

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

10 (a) Reconciliations of amortised grants

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

Notes to Financial Statements Continued

11. Rendering of Services-Medical Service Income

Description	2024/2025	2023/2024
	Kshs	Kshs
Pharmaceuticals	145,043	-
Non-Pharmaceuticals	-	-
Laboratory	150,600	-
Radiology	24,990	-
Orthopedic and Trauma Technology	-	-
Theatre	-	-
Accident and Emergency Service	-	-
Anesthesia Service	-	-
Ear Nose and Throat service	-	-
Nutrition service	-	-
Cancer centre service	-	-
Dental services	-	-
Reproductive health	-	-
Paediatrics services	-	-
Farewell home services	-	-
Ambulance services	4,300	-
Other medical services income (<i>specify</i>)	-	-
Maternity and Inpatient	371,560	-
Mopc	-	-
Rehabilitative services	-	-
Medical Records	66,338	-
Ophthalmic Services	00	-
Administrative Services	00	-
MCH	1,100	-
Special & Skin Clinics	-	-
Insurance Claims paid and receivables (SHA)	4,626,394	-
Total revenue from the rendering of services	5,390,325	-

Notes to the Financial Statements (Continued)

12. Revenue From Rent of Facilities

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

(Provide brief explanation for this revenue)

13. Finance /Interest Income

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

14. Miscellaneous Income

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

Notes to the Financial Statements (Continued)

15. Medical/ Clinical Costs

Description	2024/2025	2023/2024
	Kshs	Kshs
Dental costs/ materials	-	-
Laboratory chemicals and reagents	187,800	-
Public health activities	-	-
Food and Ration	320,093	-
Uniform, clothing, and linen	20,000	-
Dressing and Non-Pharmaceuticals	221,217	-
Pharmaceutical supplies	103,300	-
Health information stationery	-	-
Reproductive health materials	-	-
Sanitary and cleansing Materials	56,600	-
Purchase of Medical gases	5,000	-
X-Ray/Radiology supplies	-	-
Other medical related clinical costs (<i>specify</i>)		-
Net medical/ clinical costs	914,010	

16. Employee Costs

Description	2024/2025	2023/2024
	Kshs	Kshs
Salaries, wages, and allowances	184,000	-
Contributions to pension schemes	-	-
Service gratuity	-	-
Performance and other bonuses	-	-
Staff medical expenses and Insurance cover	-	-
Group personal accident insurance and WIBA	-	-
Social contribution	-	-
Other employee costs (<i>specify</i>)	-	-
Employee costs	184,000	-

Notes to the Financial Statements (Continued)

17. Board of Management Expenses

Description	2024/2025	2023/2024
	Kshs	Kshs
Chairman's Honoraria	-	-
Sitting allowance	153,000	-
Mileage	-	-
Insurance expenses	-	-
Induction and training	-	-
Travel and accommodation allowance	-	-
Airtime allowances	-	-
Total	153,000	-

18. Depreciation and Amortization Expense

Description	2024/2025	2023/2024
	Kshs	Kshs
Property, plant and equipment	45,450	-
Intangible assets	-	-
Investment property carried at cost	-	-
Total depreciation and amortization	45,450	-

19. Repairs And Maintenance

Description	2024/2025	2023/2024
	Kshs	Kshs
Property- Buildings	260,000	-
Medical equipment	3,000	-
Office equipment	-	-
Furniture and fittings	-	-
Computers and accessories	2,900	-
Motor vehicle expenses	102,000	-
Maintenance of civil works	-	-
Total repairs and maintenance	367,900	-

Notes to the Financial Statements (Continued)

20. Grants And Subsidies

Description	2024/2025	2023/2024
	Kshs	Kshs
Community development and social work	-	-
Education initiatives and programs	-	-
Free/ subsidised medical camp	-	-
Disability programs	-	-
Free cancer screening	-	-
Social benefit expenses	-	-
Other grants and subsidies(<i>Community health services</i>)	-	-
Total grants and subsidies	-	-

Social benefit schemes include benefits such as cash transfers for unemployment or elderly in line with IPSAS 42.

21. General Expenses

Description	2024/2025	2023/2024
	Kshs	Kshs
Advertising and publicity expenses	-	-
Catering expenses	-	-
Waste management expenses	-	-
Insecticides and rodenticides	-	-
Audit fees	-	-
Bank charges	14,299.	-
Conferences and delegations	-	-
Consultancy fees	-	-
Contracted services	-	-
Electricity expenses	340,400	-
Fuel and Lubricants	105,000	-
Insurance	-	-
Research and development expenses	-	-
Travel and accommodation allowance	135,000	-
Legal expenses	-	-
Licenses and permits	-	-
Courier and postal services	-	-
Printing and stationery	6,700	-
Hire charges	-	-
Rent expenses	-	-
Water and sewerage costs	262,621	-

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Description	2024/2025	2023/2024
	Kshs	Kshs
Skills development levies	-	-
Telephone and mobile phone services	50,000	-
Internet expenses	-	-
Staff training and development	-	-
Subscriptions to professional bodies	-	-
Subscriptions to newspapers periodical, magazines, and gazette notices	-	-
Library books/Materials	-	-
Parking charges	-	-
Other expenses	209,629	-
Net General Expenses	1,123,649	-

22. Finance Costs

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

(Borrowing costs that relate to interest expense on acquisition of non-current assets and do not qualify for Capitalisation as per IPSAS 5: on borrowing costs should be included under this note.)

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

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

24. Unrealized Gain On Fair Value Investments

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

Notes to the Financial Statements (Continued)

25. Medical Services Contracts Gains /Losses

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

26. Impairment Loss

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

27. Cash and Cash Equivalentents

Description	2024/2025	2023/2024
	KShs	KShs
Current accounts	865,670	-
On - call deposits	-	-
Fixed deposits accounts	-	-
Cash in hand	-	-
Others(<i>specify</i>)- Mobile money	-	-
Total cash and cash equivalentents	865,670	-

Notes to the Financial Statements (Continued)

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

Description		2024/2025	2023/2024
Financial institution	Account number	KShs	KShs
a) Current account			
Kenya Commercial bank	1164922564	865,670	-
Equity Bank, etc		-	-
Sub- total		865,670	-
b) On - call deposits			
Kenya Commercial bank		-	-
Equity Bank – etc		-	-
Sub- total		-	-
c) Fixed deposits account			
Bank Name		-	-
Sub- total		-	-
d) Others(specify)			
cash in hand		-	-
Mobile money- Mpesa, Airtel money		-	-
Sub- total		-	-
			-
Grand total		865,670	-

28. Prepayments

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

29. Receivables From Exchange Transactions

Description	2024/2025	2023/2024
	KShs	KShs
Medical services receivables	1,318,335	-
Rent receivables	-	-
Other exchange debtors	-	-
Less: impairment allowance	-	-
Total receivables	1,318,335	-

Analysis of Receivables From Exchange Transactions

Description	2024/2025		2023/2024	
	Kshs		Kshs	
	Current FY	% of the total	Comparative FY	% of the total
Less than 1 year	1,318,335	%	-	%
Between 1- 2 years	-	%	-	%
Between 2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total (a+b)	-	%	-	%

30. Receivables From Non-Exchange Transactions

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

Analysis of Receivables From Non-Exchange Transactions

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

31. Inventories

Description	2024/2025	2023/2024
	KShs	KShs
Pharmaceutical supplies	234,000	-
Maintenance supplies	-	-
Food supplies	174,802	-
Linen and clothing supplies	-	-
Cleaning materials supplies	17,300	-
General supplies	82,180	-
Total	508,282	-

Detailed disclosure on inventories

		2024/2025	2023/2024
Opening balance		-	-
Additional Inventory in the year		3,090,731	-
Inventory expensed in the year		2,582,449	-
Write-downs in the year		-	-
Others specify		-	-
Closing balance		508,282	-

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Notes to the Financial Statements (Continued)

32. Property, Plant and Equipment

Description	Land	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment @ 12.5%	ICT Equipment @30%	Plant and medical Equipment @ 2.5%	Other Assets (specify)	Capital Work in progress	Total
	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh		Ksh	Ksh
Cost									
At 1 July 2023 (previous year)	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Transfers/adjustments	-	-	-	-	-	-	-	-	-
Revaluation Adjustments	-	-	-	-	-	-	-	-	-
At 30th Jun 2024	-	-	-	18,000	142,500	18,000	-	-	178,500
At 1 July 2025(current year)	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Transfer/adjustments	-	-	-	-	-	-	-	-	-
Revaluation Adjustments	-	-	-	-	-	-	-	-	-
At 30th Jun 205	-	-	-	-	-	-	-	-	-
Depreciation and impairment									
At 1 July 2023 (previous year)	-	-	-	-	-	-	-	-	-

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Description	Land	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment @ 12.5%	ICT Equipment @30%	Plant and medical Equipment @ 2.5%	Other Assets (specify)	Capital Work in progress	Total
Depreciation for the year		-	-	-	-	-	-	-	-
Disposals		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Impairment		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
At 30 June 2024	-								
At July 2024 (current year)		-	-	2,250	42,750	450	-	-	45,450
Depreciation		-	-	-	-	-	-	-	-
Disposals		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Impairment		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Transfer/adjustment		-	-	-	-	-	-	-	(-)
At 30th June 2025		-	-	-	-	-	-	-	-
Net book values									
At 30 th Jun 2024 (previous)	-	-	-	-	-	-	-	-	-
At 30 th Jun 2025 (current)	-	-	-	15,750	99,750	17,550	-	-	133,050

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Notes to the Financial Statements (Continued)

33. Intangible Assets-Software

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

34. Investment Property

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

Notes to the Financial Statements (Continued)

35. Biological Assets

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

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36. Trade and other Payables

Description	2024/2025		2023/2024	
	KShs		KShs	
Trade payables	223,021		-	
Employee dues	-		-	
Third-party payments (e.g. unremitted payroll deductions)	-		-	
Audit fee	-		-	
Doctors' fee	-		-	
Total trade and other payables	223,021		-	
Ageing analysis:	Current FY	% of the Total	Compa rative FY	% of the total
Under one year	223,021	%	-	%
1-2 years	-	%	-	%
2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total	-	%	-	%

37. Refundable Deposits from Customers/Patients

Description	2024/2025		2023/2024	
	KShs		KShs	
Medical fees paid in advance	-		-	
Credit facility deposit	-		-	
Rent deposits	-		-	
Others (specify)	-		-	
Total deposits	-		-	
Ageing analysis:	2024/2025	% of the Total	2023/2024	% of the Total
Under one year	-	%	-	%
1-2 years	-	%	-	%
2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total	-	%	-	%

38. Provisions

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

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

39. Finance Lease Obligation

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

40. Deferred Income

Description	2024/2025	2023/2024
	KShs	KShs
Current Portion	-	-
Non-Current Portion	-	-
Total	-	-

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Notes to the Financial Statements (Continued)

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

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

41. Borrowings

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

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

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

Notes to the Financial Statements (Continued)

42. Service Concession Arrangements

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

43. Cash Generated from Operations

Description	2024/2025	2023/2024
	KShs	KShs
Surplus for the year before tax	2,602,316	00
Adjusted for:		
Depreciation	45,450	00
Non-cash grants received	(00)	00
Impairment	00	00
Gains and losses on disposal of assets	(00)	00
Contribution to provisions	00	00
Contribution to impairment allowance	00	00
Working Capital adjustments		
Increase in inventory	(508,282)	00
Increase in receivables	(1,318,335)	00
Increase in deferred income	-	00
Increase in payables	223,021	00
Increase in payments received in advance	-	00
Net cash flow from operating activities	1,044,170	00

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

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44. Actual Rendering of Services-Medical Service Income

Description	2024/2025	2023/2024
	Kshs	Kshs
Pharmaceuticals	145,043	-
Non-Pharmaceuticals	-	-
Laboratory	150,600	-
Radiology	24,990	-
Orthopedic and Trauma Technology	-	-
Theatre	-	-
Accident and Emergency Service	-	-
Anesthesia Service	-	-
Ear Nose and Throat service	-	-
Nutrition service	-	-
Cancer centre service	-	-
Dental services	-	-
Reproductive health	-	-
Paediatrics services	-	-
Farewell home services	-	-
Ambulance services	4,300	-
Other medical services income (<i>specify</i>)	-	-
Maternity and Inpatient	371,560	-
Mopc	-	-
Rehabilitative services	-	-
Medical Records	66,338	-
Ophthalmic Services	00	-
Administrative Services	00	-
MCH	1,100	-
Special & Skin Clinics	-	-
Insurance Claims received (SHA)	3,308,059	-
Total revenue from the rendering of services	4,071,990	-

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45. Actual Medical/ Clinical Costs

Description	2024/2025	2023/2024
	Kshs	Kshs
Dental costs/ materials	-	-
Laboratory chemicals and reagents	265,800	-
Public health activities	-	-
Food and Ration	494,895	-
Uniform, clothing, and linen	20,000	-
Dressing and Non-Pharmaceuticals	299,217	-
Pharmaceutical supplies	181,300	-
Health information stationery	-	-
Reproductive health materials	-	-
Sanitary and cleansing Materials	73,900	-
Purchase of Medical gases	5,000	-
X-Ray/Radiology supplies	-	-
Other medical related clinical costs (<i>specify</i>)		-
Net medical/ clinical costs	1,340,112	

46. General Expenses

Description	2024/2025	2023/2024
	Kshs	Kshs
Advertising and publicity expenses	-	-
Catering expenses	-	-
Waste management expenses	-	-
Insecticides and rodenticides	-	-
Audit fees	-	-
Bank charges	14,299.	-
Conferences and delegations	-	-
Consultancy fees	-	-
Contracted services	-	-
Electricity expenses	340,400	-
Fuel and Lubricants	105,000	-
Insurance	-	-
Research and development expenses	-	-
Travel and accommodation allowance	135,000	-
Legal expenses	-	-
Licenses and permits	-	-

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Description	2024/2025	2023/2024
	Kshs	Kshs
Courier and postal services	-	-
Printing and stationery	6,700	-
Hire charges	-	-
Rent expenses	-	-
Water and sewerage costs	262,621	-
Skills development levies	-	-
Telephone and mobile phone services	50,000	-
Internet expenses	-	-
Staff training and development	-	-
Subscriptions to professional bodies	-	-
Subscriptions to newspapers periodical, magazines, and gazette notices	-	-
Library books/Materials	-	-
Parking charges	-	-
Other expenses	291,809	
Less payables	(223,021)	
Net General Expenses	982,808	-

Notes to the Financial Statements (Continued)

47. Financial Risk Management

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

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

(i) Credit risk

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

Description	Total amount	Fully performing	Past due	Impaired
	Kshs	Kshs	Kshs	Kshs
At 30 June 2024 (previous year)				
Receivables from exchange transactions	-	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	-	-	-	-
Total	-	-	-	-
At 30 June 2025 (current year)				
Receivables from exchange transactions	-	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	-	-	-	-
Total	-	-	-	-

(NB: The totals column should tie to the individual elements of credit risk disclosed in the entity's statement of financial position)

Notes to the Financial Statements (Continued)

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

(ii) Liquidity risk management

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

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

Description	Less than 1 month	Between 1-3 months	Over 5 months	Total
	Kshs	Kshs	Kshs	Kshs
At 30 June 2024				
Trade payables	-	-	-	-
Current portion of borrowings	-	-	-	-
Provisions	-	-	-	-
Deferred income	-	-	-	-
Employee benefit obligation	-	-	-	-
Total	-	-	-	-
At 30 June 2025				
Trade payables	-	-	-	-
Current portion of borrowings	-	-	-	-
Provisions	-	-	-	-
Deferred income	-	-	-	-
Employee benefit obligation	-	-	-	-
Total	-	-	-	-

Notes to the Financial Statements (Continued)

(iii) Market risk

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

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

a) Foreign currency risk

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

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

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

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Notes to the Financial Statements (Continued)

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

Foreign currency sensitivity analysis

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

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

b) Interest rate risk

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

Management of interest rate risk

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

Notes to the Financial Statements (Continued)

Sensitivity analysis

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

Using the end of the year figures, the sensitivity analysis indicates the impact on the statement of financial performance if current floating interest rates increase/decrease by one percentage point as a decrease/increase of KShs - (2024: KShs -). A rate increase/decrease of 5% would result in a decrease/increase in surplus of KShs -(2025 – KShs -).

iv) Capital Risk Management

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

Description	2024/2025	2023/2024
	Kshs	Kshs
Revaluation reserve	-	-
Retained earnings	-	-
Capital reserve	-	-
Total funds	-	-
Total borrowings	-	-
Less: cash and bank balances	(-)	(-)
Net debt/ (<i>excess cash and cash equivalents</i>)	-	-
Gearing	-%	-%

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Notes to the Financial Statements (Continued)

48. 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

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

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Description	2024/2025	2023/2024
	Kshs	Kshs
Directors' emoluments	-	-
Compensation to the medical Sup	-	-
Compensation to key management	-	-
Total	-	-

49. Segment Information

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

50. Contingent Liabilities

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

(Give details)

51. Capital Commitments

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

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

52. Events after the Reporting Period

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

53. Ultimate and Holding Entity

The entity is a County Corporation under the Department of Health and Sanitation. Its ultimate parent is the County Government of Busia.

54. Currency

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

20. Appendices

Appendix 1: Progress on Follow Up of Auditor Recommendations

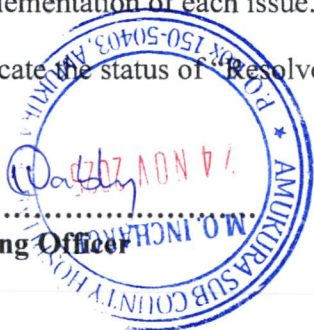
The following is the summary of issues raised by the external auditor, and management comments that were provided to the auditor. We have nominated focal persons to resolve the various issues as shown below with the associated time frame within which we expect the issues to be resolved.

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

Guidance Notes:

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

.....
Accounting Officer



Appendix II: Projects Implemented by The Entity

Projects

Projects implemented by the Hospital Funded by development partners

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

Status of Projects completion

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

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

Appendix III: Inter-Entity Confirmation Letter

Name of Transferring entity.....

Name of Beneficiary entity.....

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

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

Head of Accounts Department - Disbursing Entity:
 Name Sign Date

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

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Appendix IV Reporting of Climate Relevant Expenditures

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

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