

REPUBLIC OF KENYA



Enhancing Accountability



REPORT



OF

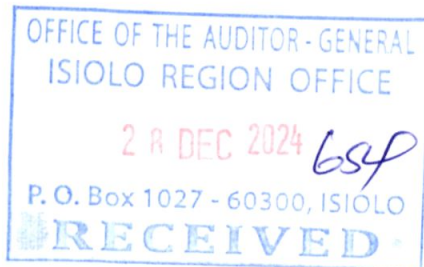
THE AUDITOR-GENERAL

ON

**SAMBURU COUNTY TEACHING AND
REFERRAL HOSPITAL**

**FOR THE YEAR ENDED
30 JUNE, 2024**

PAPERS LAID	
DATE	6/3/2025
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COMMITTEE	
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**SAMBURU COUNTY TEACHING AND REFERRAL
HOSPITAL
(Samburu County Government)**

ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 2024

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

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

CSR	Corporate Social Responsibility
OSHA	Occupational Health & Safety Act
PFMA	Public Financial Management Act
MED SUP	Medical Superintendent
SCTRH	Samburu County Teaching and Referral Hospital
OPD	Out Patients Department
PMTCT	Prevention of Mother to Child Transmission
MOPC	Medical Out Patient Clinic
POPC	Paediatric Out Patient Clinic
ENT	Ear, Nose, Throat
MOU	Memorandum of Understanding
HCWs	Health Care Workers
NHIF	National Health Insurance Fund
KMTC	Kenya Medical training college
HRIO	Health Record and Information Officer
ANC	Ante Natal Clinic
HMT	Health Management Team
CRF	County Revenue Fund
MCH	Mother Child Health

(This list is an indication of the common acronyms and glossary of terms; the entity should include all from the annual report and financial statements prepared)

2. Key Entity Information and Management

(a) Background information

Samburu County Referral and Teaching Hospital is a level 5 hospital established under gazette notice number 3847 and is domiciled in Samburu County under the Health Department. The hospital is governed by a Board of Management.

(b) Principal Activities

The principal activity of the *hospital* is to provide Consultation, Laboratory services, MCH, Immunization, Antenatal/Postnatal, Family Planning, Nutritional Services, Pharmacy, Comprehensive Care Clinic, TB CLINIC, Maternity and Inpatient services

(c) Key Management

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

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

(d) Fiduciary Management

The key management personnel who held office during the financial year ended 30th June 2024 and who had direct fiduciary responsibility were:

No.	Designation	Name
1.	Medical Superintendent	Dr. Kelvin Pateti Lengees
2.	Head of finance	CPA Joseph Lekalkuli
3.	Head of supply chain	Geoffrey Kitewan

(e) Fiduciary Oversight Arrangements

- Clinical Research and Standards Committee.
- Audit committee
- Risk Committee
- County Assembly
- Parliamentary committees

(f) Entity Headquarters

P.O. Box 12-20600
Hospital Building/House/Plaza
Hospital/Road/Highway
Maralal, Kenya

Key Entity Information and Management (continued)

(g) Entity Contacts

Telephone: (+254) 718778810
E-mail: maralalhospital50@gmail.com
Website: www.samburucountyteachingandreferralhospital.go.ke

(h) Entity Bankers

Samburu County MOH Free Maternity Account
Account No. 1162918217
KCB Maralal.

(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 County Attorney
County Headquarter
P.O. Box 3-20600
County HQS
Maralal, Kenya


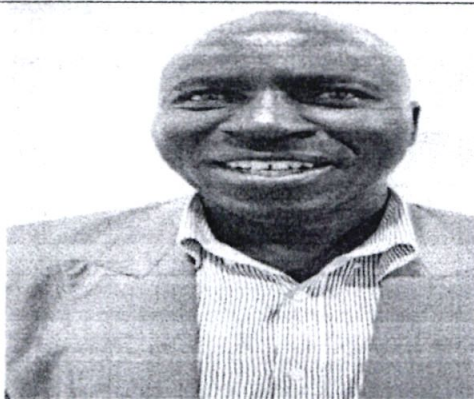
(k) County Attorney

P.O. Box 3-20600
Maralal, Kenya




3. The Board of Management

Ref	Directors	Details
1.		<p>Mark Loloolki – Chairman He was appointed to the hospital board by 5th December 2023. He holds a higher Diploma in Environmental Health and has over 30 years working experience. Age : 73 Years</p>
2.		<p>Pastor Lucas Lepariyo - Member He was appointed to the board on 5th December 2023 as a board member. He holds a degree in theology. Age:54 Years</p>
3.		<p>William S. Lekatap – Member He was appointed as from 5th December 2024 as a board member. Formerly DCI officer-CID Training school and trained investigation in Israel and FBI-South Africa training. He has a wealth experience in Security Matters. Age: 62 Years</p>
4.		<p>Lucy Sophia Randiya – Member She was appointed to the hospital board as from 5th December 2023. She holds a diploma in secretarial and currently pursuing Degree in Human resource.</p>

**Samburu County Teaching and Referral Hospital (Samburu County Government)
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		<p>A person living with disability</p> <p>Age: 34 years.</p>
5.		<p>Dr. Lengees Pateti Kelvin – Medical Superintendent</p> <p>He is Senior Medical Officer MBCHB Services. He holds a degree in Medicine and surgery. He is the board secretary.</p> <p>Age: 31 Years</p>
6.		<p>Mr. Gideon Ondara Obure – Member</p> <p>He is a Senior Health Administrative Officer with a Master degree in administration and Finance. With an experience of 30 years in civil services.</p> <p>Age: 56 Years</p>

4. Key Management Team

Ref	Management	Details
1.		<p>Dr. Lengees Pateti Kelvin – Medical Superintendent He is Senior Medical Officer MBCHB Services. He holds a degree in Medicine and surgery. He is the board secretary.</p>
2.		<p>Mr. Gideon Ondara Obure – Member He is a Senior Health Administrative Officer with a Master degree in administration and Finance. With an experience of 30 years in civil services.</p>
3.		<p>James Ikuah Ikonya Nursing Services Manager at the Hospital. He is civil servant who hold Bachelor of Nursing with vast experience of Nursing for a period of 27 years.</p>

5. Chairman’s Statement

It is with great pleasure that I present the Hospital’s Annual Report for 2023/2024, along with the accompanying Financial Statements. The Board of Management is proud of the significant achievements made by the hospital during this period in our journey toward becoming “A World-Class, Patient-Centered Specialized Care Hospital.” I am particularly impressed by the dedication and “can-do” attitude of our staff, whose commitment to delivering exceptional patient care is evident across all services. These services include Medical Consultations, Maternal and Child Health, Maternity Services, Physiotherapy, NM Services, PMTCT Services, Laboratory Services, and more. Over the years, the facility has transitioned from a health center to a Level 4 hospital. With the continued support of the county government, the hospital has undergone major renovations and a facelift to ensure that our services align with those of a Level 5 facility.

The management and operations of the hospital are guided by the relevant legal, policy, and institutional frameworks that govern the healthcare sector. These frameworks ensure the efficient and effective delivery of services. The Kenyan Constitution, under the Bill of Rights, guarantees the right to the highest attainable standard of health, including reproductive healthcare and emergency medical treatment, as stipulated by the County Government health systems. These systems regulate healthcare services, service providers, health products, and health technologies.

While the hospital continues to face challenges in a dynamic healthcare environment, we remain committed to improving the quality of our services. In response to these challenges, the Board and staff are dedicated to providing the necessary resources and supporting initiatives to maintain Samburu County Teaching and Referral Hospital’s leadership position in the healthcare sector.

On behalf of the Board, I would like to express our sincere gratitude to all our stakeholders, particularly the County Government of Samburu and our development partners, for their unwavering support. Without their continued assistance, these achievements would not have been possible. As we enter the new year, I also extend my heartfelt appreciation to the staff of Samburu County Teaching and Referral Hospital, including our specialists, team leaders, and Board members. Their pride in their work and dedication to our hospital’s mission and values are the cornerstone of our success.

Finally, I firmly believe that with the strategies in place and the committed team we have, our growth and continued success will be sustained in the years ahead, as demonstrated by our progress over time.

Mark Loloolki

Chairman


Signature.....

6. Report of The Medical Superintendent

Samburu County Teaching and Referral Hospital is pleased to present its annual Financial year reports. This report highlights our key achievements, challenges encountered, and future goals. We are proud to report significant progress in patient care, service expansion, and community outreach. Financial performance remained strong thanks to efficient management and strategic initiatives.

This report provides a detailed overview of Samburu County Teaching and Referral Hospital in the Financial year 2023/2024. We focused on improving patient care, expanding services, and ensuring financial stability.

SCTRH is an organization of excellence, a community of proactive professionals who create, pursue, perform, and achieve in support of the Facility's Mission and Vision. As I present the details of this report, it is clear the accomplishments recounted within it are the result of extraordinary collaboration by the Hospital's most important asset—its human resources as a pillar. The distinctive cadres of our hospital do not matter but rather each individual plays a valued part in making this hospital a better place. During the past year, we collectively embarked on a journey to align our activities to the strategic plan, advance our vision, and deliver our services using a balanced scorecard to ensure patients and the people of Samburu County get value for their money. Even with constant exposure to challenges, we remained enthusiastic about each one's contribution to our vision.

Key Achievements

Enhanced Patient Care:

- ❖ We recruited new specialists, expanding our service offerings in areas like paediatrics and gynaecology.
- ❖ Patient satisfaction scores remained high, reflecting our commitment to excellent care.
- ❖ We achieved accreditation renewals from various healthcare organizations and councils such as KUCO for demonstrating our commitment to upholding high standards.

Patient Satisfaction:

- ❖ We have conducted regular patient satisfaction assessments and implemented corrective actions based on feedback.
- ❖ Our patient satisfaction scores have continued to improve

Staff Training & Development:

- The hospital offered career advancement opportunities: scholarship opportunities through collaboration with Safaricom Foundation and Gertrude's Children Hospital for Paediatric critical care Nursing and paediatric nursing.
- Staffs also underwent other specialized trainings on Critical care, Nephrology nursing, Emergency and trauma nursing and Reproductive Health

Service Expansion:

- Growth and acceptance of various services leading to an increase in number of patients and clients seeking health care services.
- Increased specialized care that have seen the hospital undertake highly specialized operations and surgeries in maxillofacial, neurosurgery and urology.
- Increased laboratory tests portfolio embracing One health principle.
- Engagement with a collaborative zoonotic disease research with the American Army.

Telemedicine:

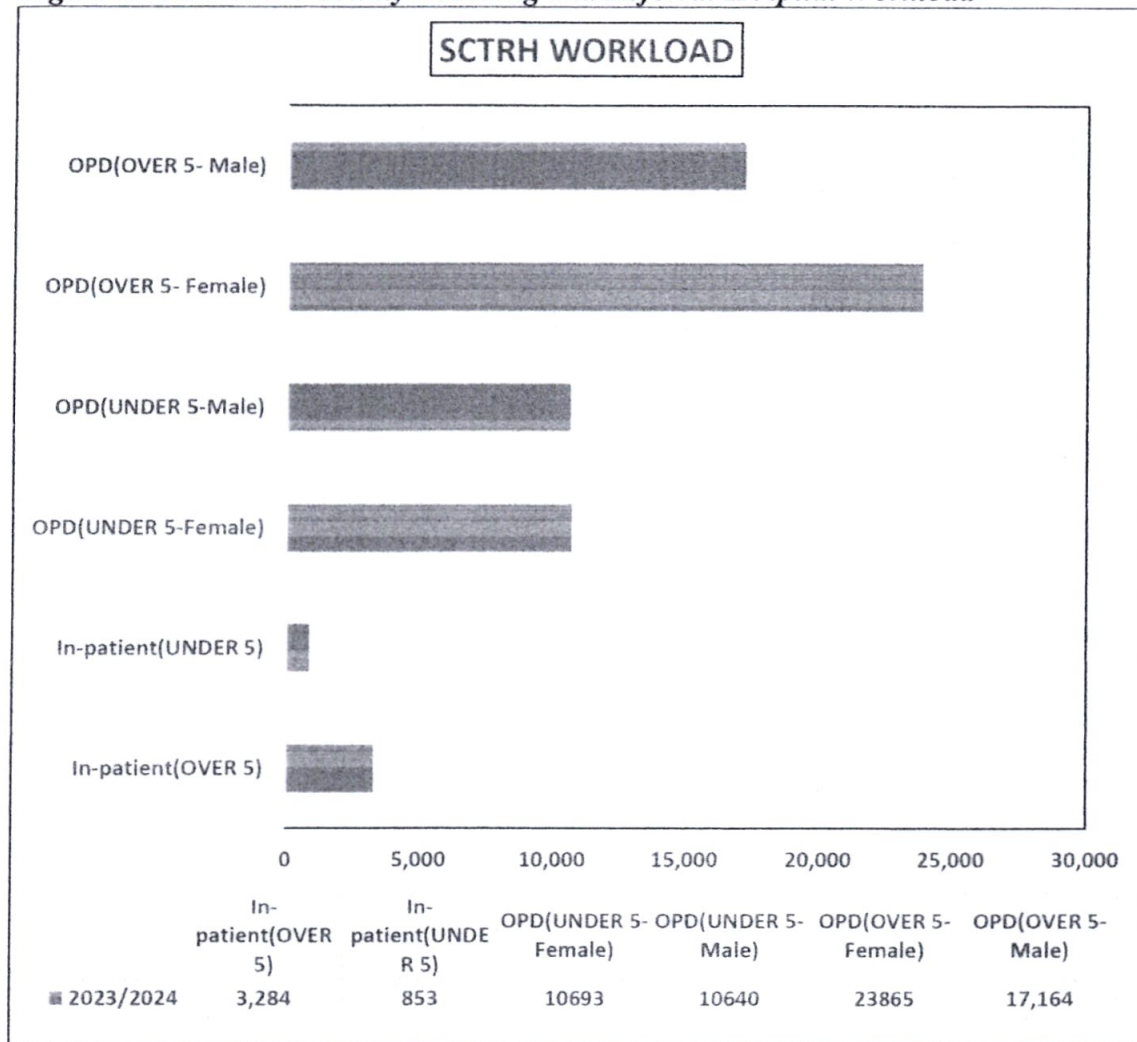
- ❖ Our telemedicine program provides convenient access to healthcare services for patients in remote areas.
- ❖ This service is particularly beneficial for those with transportation limitations, from hard-to-reach areas, and those with chronic conditions requiring regular consultations and who cannot afford those services

Clinical Performance

Samburu County Teaching and Referral Hospital (SCTRH) provides essential healthcare services to the people of Samburu County and neighbouring regions. These include accident and emergency care, outpatient care, and special clinic services. inpatient care, day-care procedures for minor surgeries, and specialized care in renal and Orthopaedic trauma surgeries. The hospital also offers comprehensive clinical support services such as pharmacy, laboratory, radiology, and other diagnostic services. SCTRH is committed to ensuring that all clinical services are delivered efficiently and effectively, in alignment with modern healthcare standards and practices. The hospital continues to enhance clinical governance to prioritize patient safety and ensure the provision of high-quality healthcare. Additionally, SCTRH plays a critical role in responding to county emergencies and disasters, formulating health policies, conducting research, and providing medical training to students. The workload analysis for the hospital for the past financial year (2023/2024) highlights increased demand for these services as the population continues to grow and access to healthcare expands.

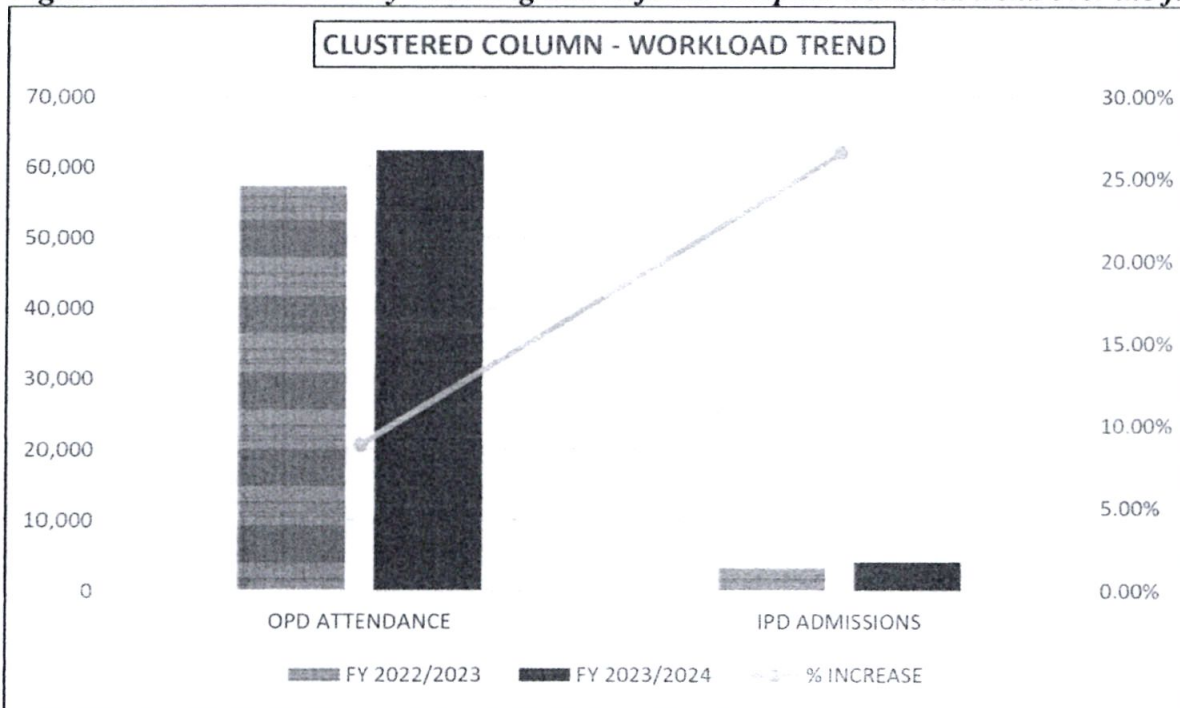
The following chart provides an overview of the hospital's workload trends:

Figure 1.0: Samburu County Teaching and Referral Hospital Workload



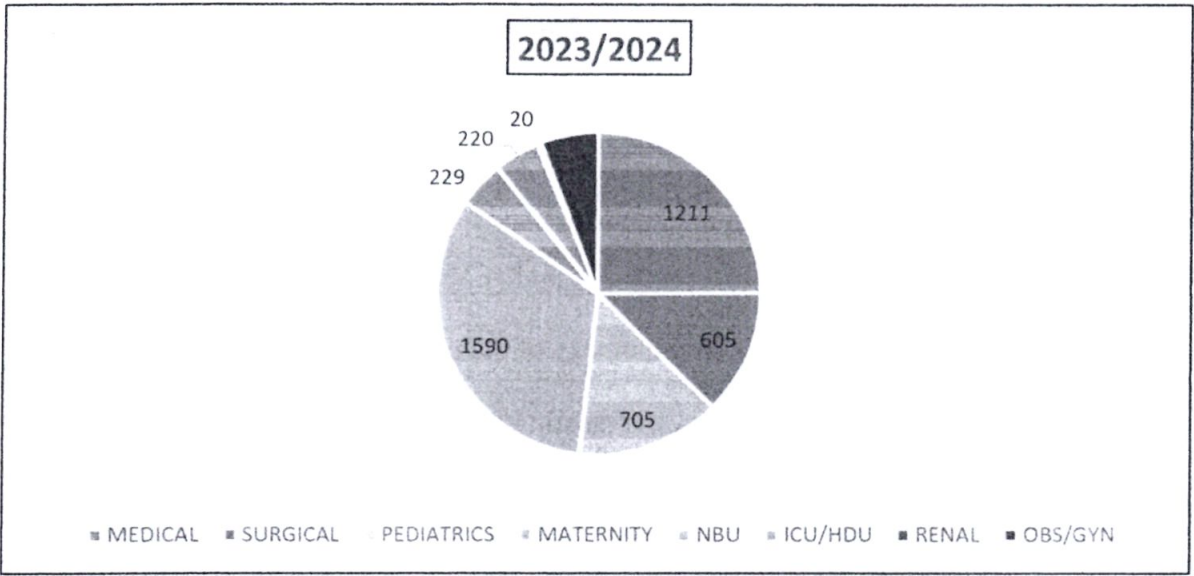
The hospital has experienced a mix of both growth and decline in patient numbers over the FY 2023/2024, but there was a steady increase in the number of patients, attributed to the expansion of services and improved healthcare access in the facility. The number of OPD clients increased from 57,292 during the FY 2022/2023 to 62,362 in the ending FY 2023/2024.

Figure 2.0: Samburu County Teaching and Referral Hospital workload trend over the financial years



The hospital has experienced growth in the number of patients over the period (FY2023/2024). There was a steady increase in the number of patients, attributed to the expansion of services and improved healthcare access in the facility. However, towards the end of the period, the hospital saw a decline in patient numbers due to a decline in the number of insecurity cases, disease outbreaks, and a decrease in the number of referral cases.

Figure 3.0: Patient Admission by Speciality



Reproductive health service in SCTRH continues to be the leading source of admission to the hospital with Maternity having a total of 1590 patients admitted for delivery during the ending financial year. This is due to the Government's free maternity policy and improved obstetric emergency services as well as continuous health education at the community level on skilled birth delivery.

Average Length of Stay (ALOS)

The hospital has continuously improved the average length of stay of the patients due to improved service delivery and enhanced performance monitoring.

The ALOS across different wards is approximately 5 days, indicating that most patients stay in the hospital for this duration which is a critical measure as it reflects the efficiency of patient management and the adequacy of resources.

Figure 4.0 ALOS

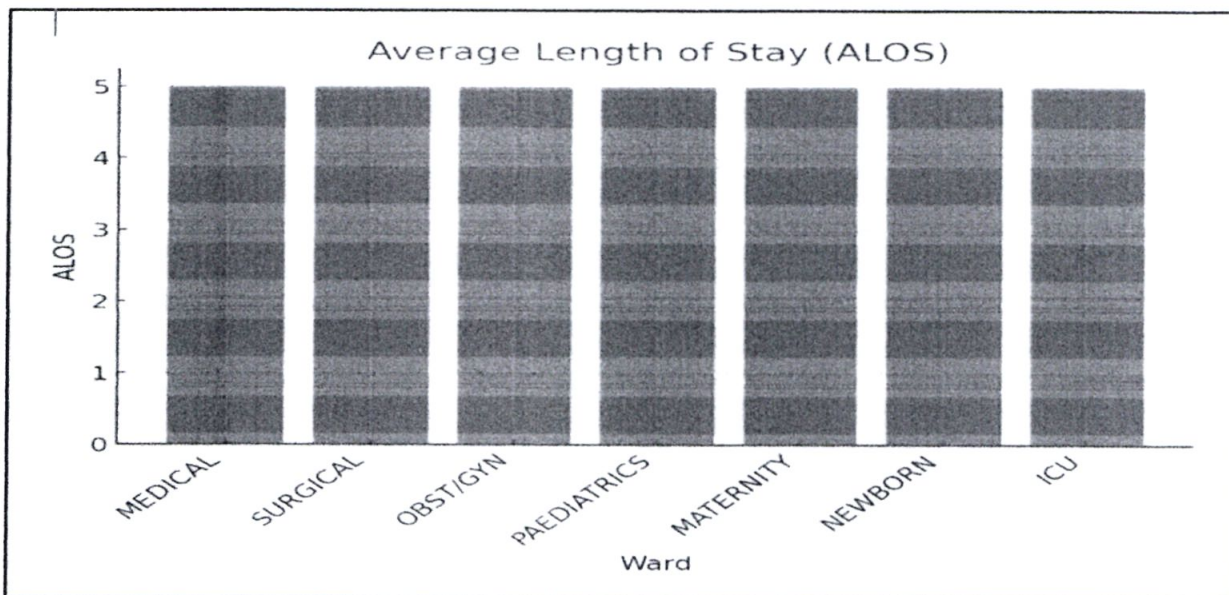


Figure 5.0 Bed Occupancy

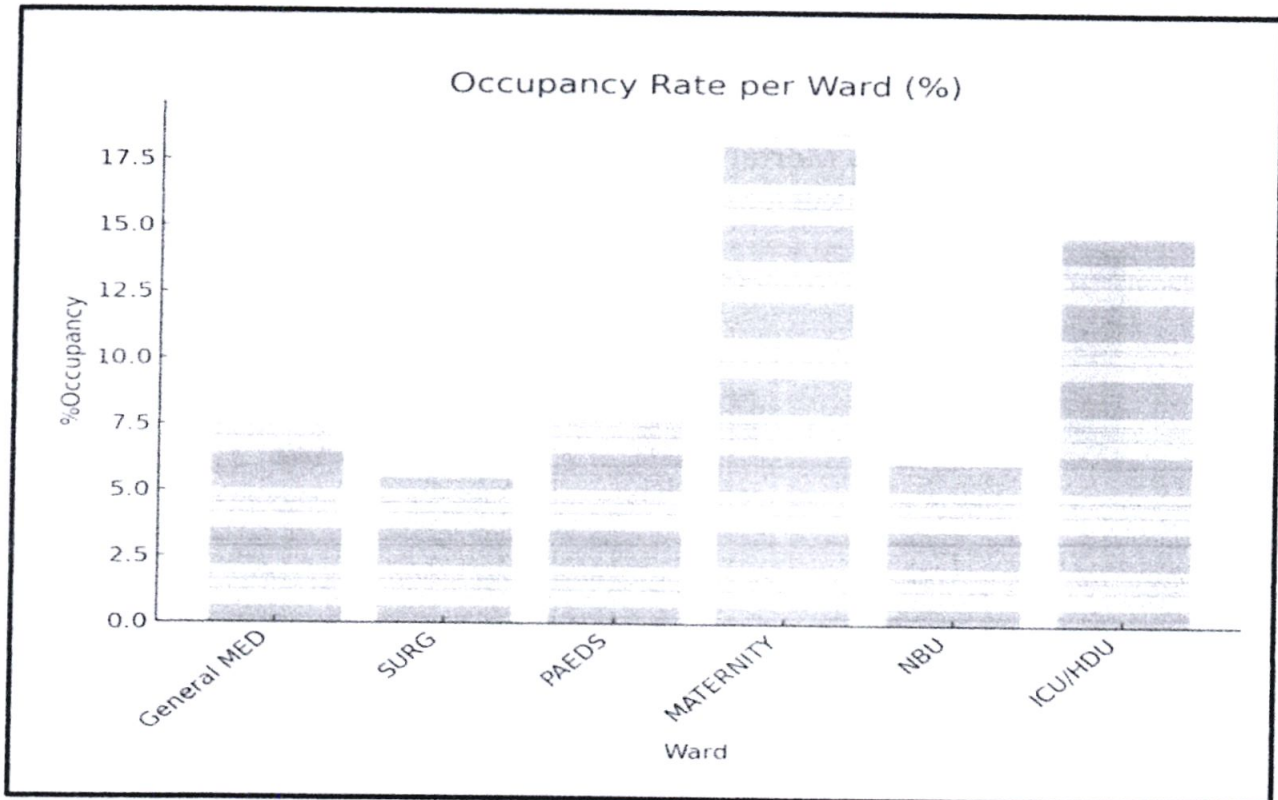


Figure 6.0: Mortality cases reported

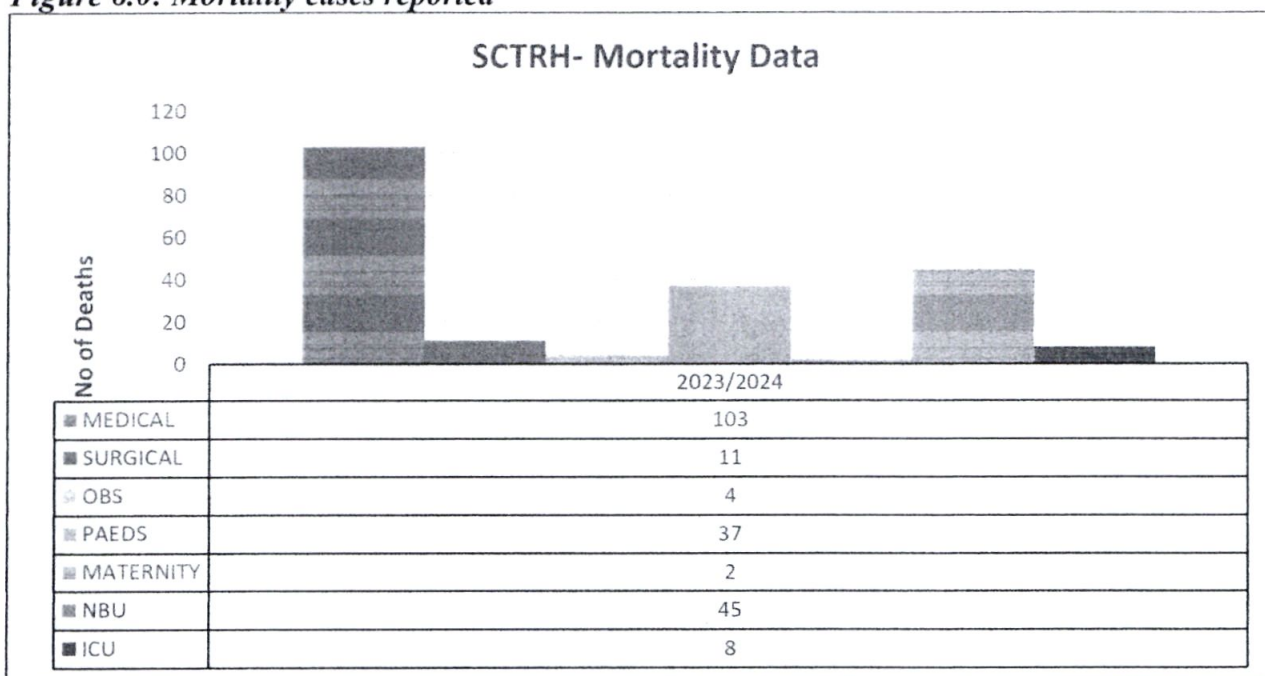
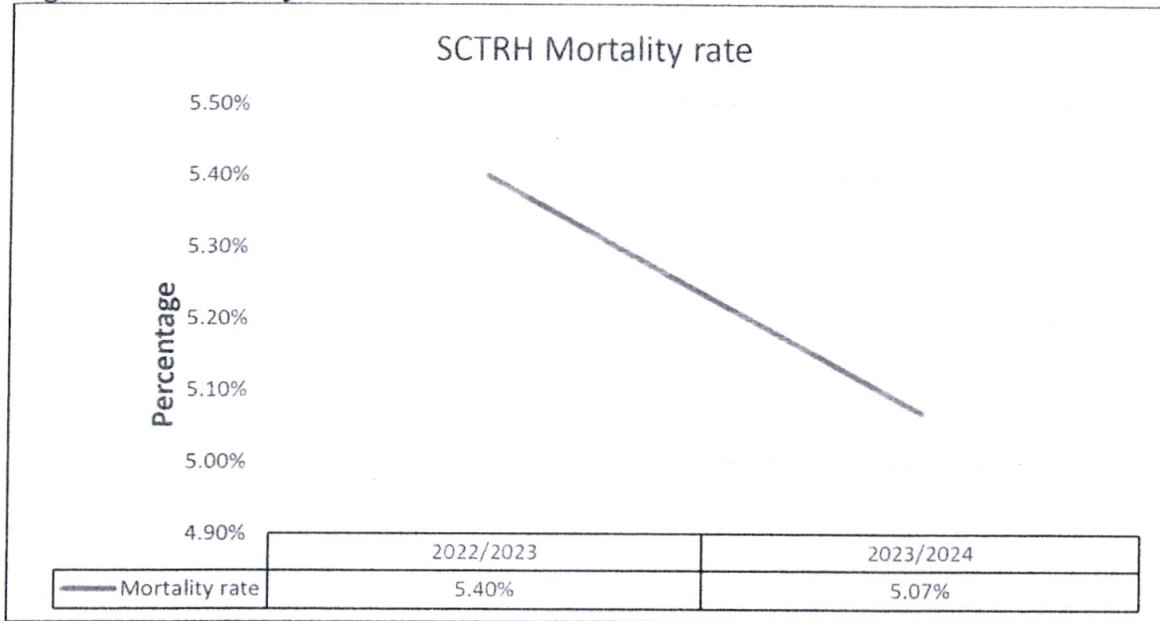
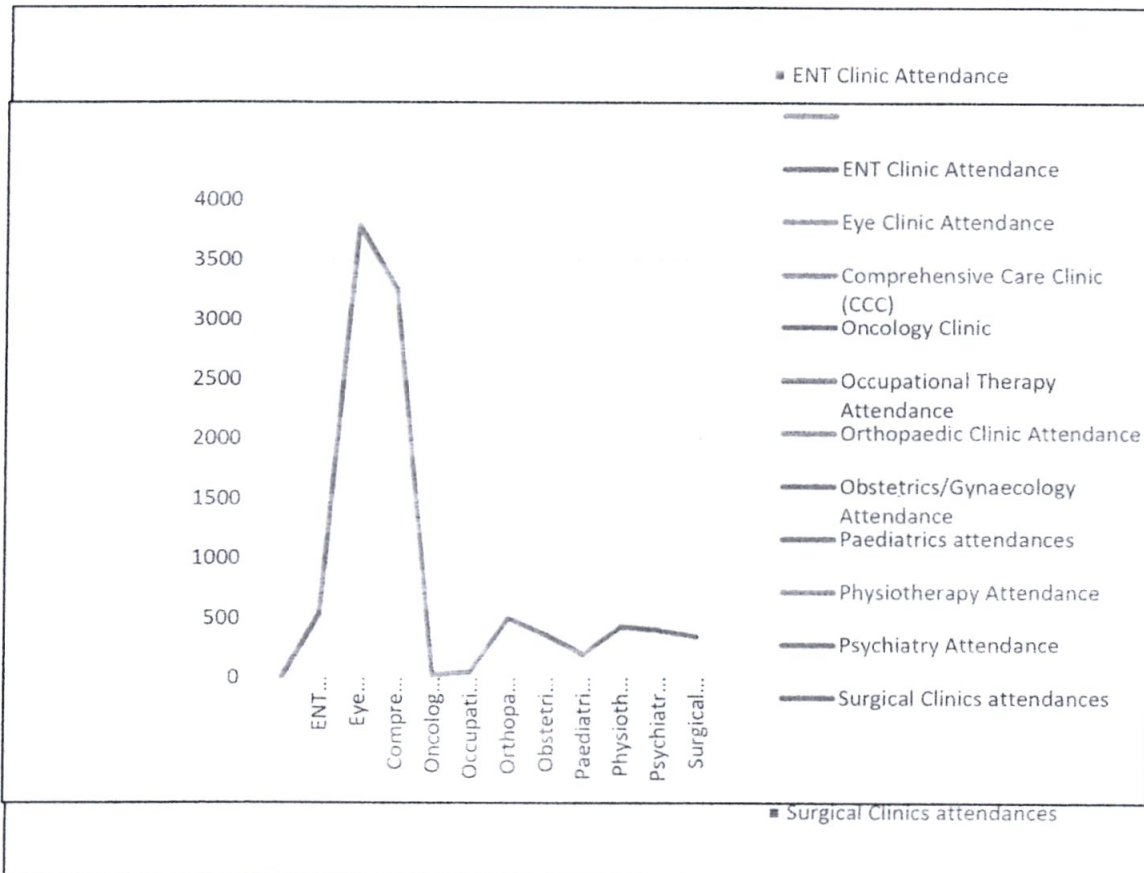


Figure 7.0: Mortality case rate



The mortality rate has continuously declined over the last financial year as compared to the FY (2022/2023) which was at 5.40%, due to improved healthcare services as well as the availability of satellite blood bank services. Also, improved emergency operation services as well as specialised care have played a huge role in the reduction of mortality cases.

Fig 9.0 Outpatient Specialized Clinic Attendance-(2023/2024)



SPECIAL CLINIC SERVICES LINE TREN

Samburu County Teaching and Referral Hospital (Samburu County Government)
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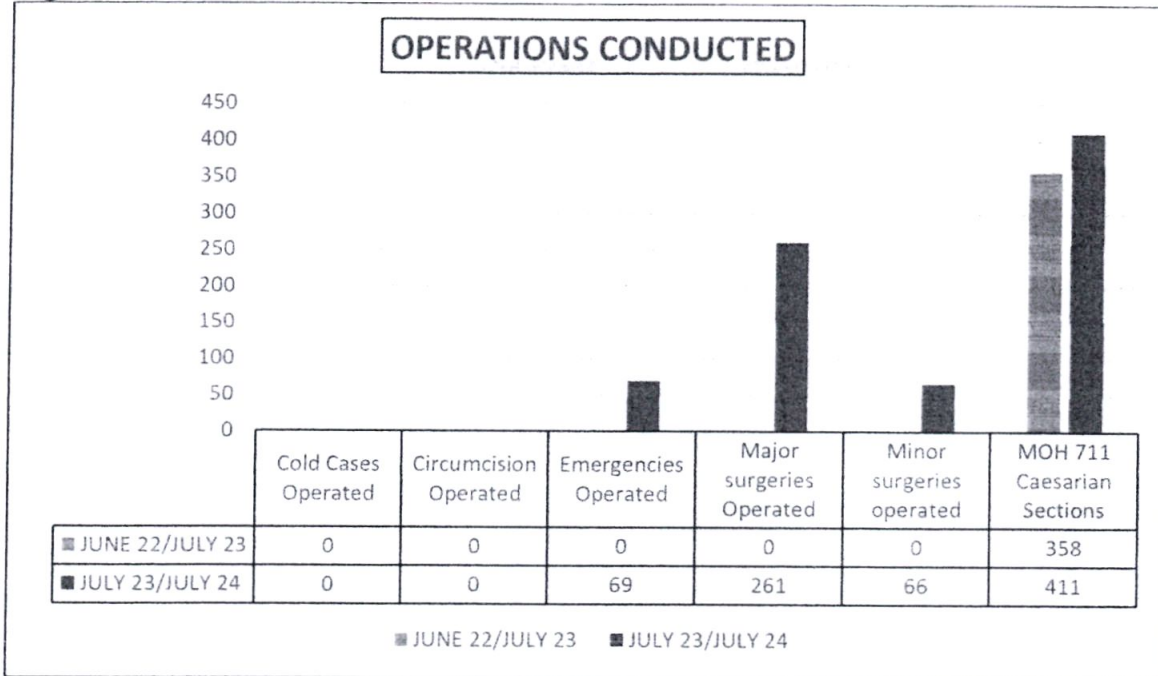
Samburu County Referral Hospital		
SPECIAL CLINIC	July 2022 - June 2023	July 2023 - June 2024
ENT Clinic Attendance	541	1,042
Eye Clinic Attendance	3,789	2,911
Comprehensive Care Clinic (CCC)	3,253	5,503
Oncology Clinic	24	156
Occupational Therapy Attendance	45	
Orthopaedic Clinic Attendance	501	282
Obstetrics/Gynaecology Attendance	364	885
Paediatrics attendances	198	93
Physiotherapy Attendance	430	610
Psychiatry Attendance	402	766
Surgical Clinics attendances	350	827
Medical Attendance	491	561
Renal Clinic	37	92
Nutrition Clinic	1,422	957
Dental clinic attendance	696	2,525
All other special clinics attendance	33	442
	12,576	17,652

The hospital runs specialized clinics that include the following:

- Eye clinic (retinopathy, diabetes, paediatrics, retinoblastoma glaucoma etc).
- Medical outpatient clinic (MOPC).
- Surgical clinics
- Outpatient Clinic (POPC) includes an oncology clinic, and respiratory, amongst others.
- Orthopaedic clinics that include specialized fracture, and rehabilitation clinics.
- Reproductive Health includes specialized ante-natal and post-natal clinics, specialized gynae-clinics including oncology
- ENT includes oncology, endoscopy, speech, and hearing clinics.

The hospital has a continuous plan for outsourcing more specialist numbers by providing training in various specialties both local and international. Recognizing the improved healthcare financing, the number of patients seeking specialized healthcare is projected to grow in the future.

Figure 10.0: Theatre services



The hospital has two theatres at the moment, with the main theatre and the maternity theatre operating on a twenty-four-hour basis.

Healthcare financing

With the improvements in NHIF coverage aimed at promoting universal healthcare and considering that majority of the patients at SCTRH are indigents and are not able to meet the cost of treatment; it is expected that considerations will be made on how to reimburse the cost of treatment for such persons. This will help the hospital to meet some of the pending obligations towards better healthcare provision.

Key projects

INFRASTRUCTURE

- Operationalization of the new OPD complex
- Operationalization of the new Mortuary
- Mapping, siting and ongoing project for a new borehole within the hospital compound
- Actualization of the KMTC-Land allocation
 - Fencing
 - Ongoing construction of tuition block, offices and skills lab.

MEDICAL TRAINING COLLEGES

- Attachment and clinical rotations for various health care students
- Signing of MOUs with the following institutions
 - Kenya Medical Training College
 - Nyahururu Medical training college
 - Wamba Nursing Training College

Future Outlook

Samburu County Referral Hospital remains committed to excellence in patient care, service expansion, and community outreach. We will continue to adapt to the evolving healthcare landscape, prioritizing

affordability and accessibility. We are confident that by investing in our people, technology, and community partnerships, we can ensure a healthy future for all.

Challenges and Opportunities

- **Workforce Recruitment and Retention:**

. Employment of the following HCWs.

- 3 Medical officers
- 1 Dentist
- 2 Laboratory specialists
- 1 HRIO
- Nurses and other cadres

- **Rising Healthcare Costs:**

- ❖ The increasing cost of medications and medical supplies continues to be a challenge. We are exploring partnerships with pharmaceutical companies and implementing cost-containment measures as well as partnering with non-governmental organizations.

- **Community Health Needs:**

- ❖ We are committed to addressing the specific health needs of our community. We plan to expand our outreach programs and develop targeted wellness initiatives at the community level.

7. Statement of Performance Against Predetermined Objectives

Section 164 Subsection 2 (f) of the Public Finance Management Act, 2012 requires the accounting officer to include in the financial statement, a statement of the County Government entity's performance against predetermined objectives.

Samburu County Teaching and Referral Hospital develops its annual work plans based on the above-mentioned pillars/Themes/Issues. Assessment of the Board's performance against its annual work plan is done on a quarterly basis. The hospital achieved its performance targets set for the FY 2023/2024 period for its strategic pillars, as indicated in the diagram below: Samburu County Teaching and Referral Hospital has five strategic pillars/ themes/issues and objectives within the current Strategic Plan for the FY 2023-FY 2024. These strategic pillars/ themes/ issues are as follows:

- Clinical services
- Health care financing
- Infrastructure development

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- Leadership and governance
- Health information

Samburu County Teaching and Referral Hospital develops its annual work plans based on the above five pillars/Themes/Issues. Assessment of the Board's performance against its annual work plan is done on a quarterly basis. The Hospital achieved its performance targets set for the FY 2022/2023 period for its five strategic pillars, as indicated in the diagram below:

Strategic Pillar/Theme/Issues	Objective	Key Performance Indicators	Activities	Achievements
Clinical services	<ul style="list-style-type: none"> • To enhance quality of clinical services 	<ul style="list-style-type: none"> • No stock outs of HPT • Increase uptake of maternity services 	<ul style="list-style-type: none"> • Timely procurement of commodities. • Reduce referrals 	<ul style="list-style-type: none"> • Efficient services • High number of deliveries conducted at the facility
Pillar/ theme/ issue 1: health care financing	<p>To increase revenue generation</p> <p>Empower staffs on prudent financial management</p>	<ul style="list-style-type: none"> • Revenue reports • % Increase in revenue • Empower departmental in charges on financial management • Strengthen use financial and procurement policies 	<ul style="list-style-type: none"> • Expand service menu • Review user fee charges • Regular training and capacity building • Support supervision and audit reports 	<ul style="list-style-type: none"> • Increased revenue generation • User fee committee for continuous review • Available procurement and financial management SOPs and guidelines. • Sealed revenue leakages.

*Samburu County Teaching and Referral Hospital (Samburu County Government)
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Leadership and governance	Enhance leadership and governance capacity	<ul style="list-style-type: none"> • Constitute service delivery committees • Hold quarterly management meetings • Manage HRM 	<ul style="list-style-type: none"> • Service delivery committee minutes. • Quarterly HMT and board meeting minutes. • Monthly HRM returns to county. 	<ul style="list-style-type: none"> • Effective service delivery. • Good governance of the facility. • Human resource reports.
Health information	Strengthen and manage health information	<ul style="list-style-type: none"> • ICT system maintenance register 	<ul style="list-style-type: none"> • Regular maintenance of ICT to ensure functionality 	<ul style="list-style-type: none"> • Routine maintenance and upgrading of the system.
Infrastructure development	To open ultrasound department	<ul style="list-style-type: none"> • ultrasound machine 	<ul style="list-style-type: none"> • Expand scope of services at ANC 	<ul style="list-style-type: none"> • Fully functional ultrasound department.

8. Corporate Governance Statement

Our commitment to sound corporate governance is essential to ensuring sustainable stakeholder value and fulfilling their expectations. The governance structures, procedures, and processes we have implemented are built on the core principles of accountability, transparency, responsibility, and fairness—key elements of good corporate governance. Through the Board of Management, Samburu County Teaching and Referral Hospital remains fully dedicated to adhering to statutory requirements and the Code of Governance for State Corporations, among other relevant frameworks.

Roles and Responsibilities of the Board

The roles and responsibilities of the Board, as outlined in the Board Charter, are critical to guiding the hospital's strategic direction and ensuring effective governance. These include, but are not limited to:

1. Strategic Direction and Priorities

The Board is responsible for establishing the hospital's strategic direction and priorities and approving the business plans proposed by management to achieve the strategic objectives.

2. Monitoring and Evaluation

The Board ensures the effective monitoring and evaluation of strategy implementation, policy adherence, management performance, and the execution of business plans.

3. Oversight of Financial Reporting

The Board provides oversight in ensuring transparent financial reporting to the Government and maintains clear communication with stakeholders regarding financial matters.

4. Resource Allocation

The Board ensures the availability of adequate resources to achieve the hospital's objectives, ensuring alignment with long-term goals.

5. Oversight of Business Affairs

The Board oversees the hospital's business affairs, with a particular focus on identifying and addressing emerging risks and opportunities.

6. Approval of Annual Budgets

The Board is responsible for the approval of annual budgets, ensuring that financial resources are allocated effectively to support the hospital's strategic objectives.

In addition to these key functions, the Board provides oversight to management and ensures that staff operates in full compliance with the Code of Conduct and Ethics, the Leadership Integrity Act, and the "Mwongozo" Code of Governance for State Corporations, which serve as foundational guides for our organizational culture and operations.

Through these governance practices, Samburu County Teaching and Referral Hospital remains committed to upholding the highest standards of corporate governance, ensuring effective leadership and continued success.

9. Management Discussion and Analysis

Clinical Performance

Samburu County Teaching and Referral Hospital has a bed capacity of 150. In the 2023/2024 financial year, the hospital recorded a total of 57,292 outpatient visits and 62,362 inpatient admissions. The hospital continues to provide a comprehensive range of specialized healthcare services to the residents of Samburu County and beyond. These services include Maternal and Child Health (MCH), outpatient care, physiotherapy, maternity services, and other specialized medical services. Additionally, the hospital offers critical clinical support services, including laboratory, pharmacy, and X-ray services.

The hospital is dedicated to ensuring that the clinical services it provides are safe, timely, appropriate, innovative, and effective. Our services are evidence-based and continuously aligned with modern technological advancements. Clinical governance remains a key focus, aimed at enhancing patient safety and delivering high-quality healthcare. Despite the challenges faced, including budgetary constraints, frequent industrial actions, and political factors, the hospital has experienced a steady increase in patient attendance.

Overall Patient Attendance

For the 2023/2024 financial year, the hospital recorded an average of 57,292 outpatient visits and 62,362 inpatient admissions, reflecting a continued demand for healthcare services.

Financial Performance

The hospital's revenue primarily comprises fees charged for services rendered, public contributions, and in-kind donations. For the fiscal year 2023/2024, the total revenue amounted to KES 11,130,342.60, compared to KES 10,027,782.83 in the previous financial year (2022/2023), reflecting a growth in revenue generation.

Key Hospital Projects

1. Ultrasound Machine Installation

The hospital successfully undertook the installation of an Ultrasound machine to enhance maternity and antenatal care (ANC) services. This investment aims to improve the quality of care and diagnostic capabilities available to expectant mothers.

Challenges

The hospital faces several challenges in fulfilling its mandate, which include the following:

1. Automation

To improve service efficiency and ensure seamless integration across hospital departments, the hospital is working towards full automation. However, the hospital is currently semi-automated, which presents challenges in optimizing patient flow and preventing service leakages. A comprehensive business process re-engineering initiative is necessary to develop a robust ICT platform that supports these objectives.

2. Underprivileged and Indigent Medical Bills

A significant portion of the patients treated at Samburu County Referral Hospital comes from

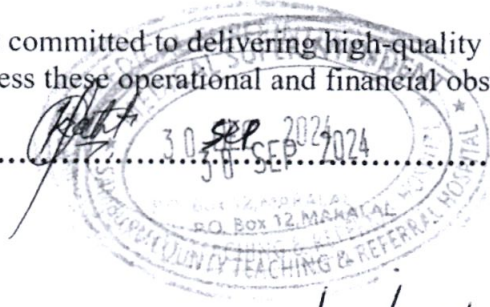
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within the county and its sub-counties. Upon clinical discharge, many patients are unable to settle their medical bills, placing financial strain on the hospital. This results in shortages of essential medical consumables, as budgeted resources are depleted more rapidly than anticipated, affecting the hospital's ability to maintain service delivery.

Despite these challenges, the hospital remains committed to delivering high-quality healthcare and continues to seek innovative solutions to address these operational and financial obstacles.

Dr. Lengees Pateti Kelvin

Medical Superintendent



30/sep/2024

10. Environmental and Sustainability Reporting

Sustainability strategy and profile

Samburu County referral and teaching hospital exist to transform lives. It is what guides us to deliver our strategy, putting the client/citizen first, delivering health services, and improving operational excellence.

The hospital recognizes the critical role of healthcare institution in promoting environmental sustainability and creating healthier future. As responsible healthcare provider we are committed to reducing our environmental impact, implementing sustainable practices, and contributing to the well-being of our community. This environmental and sustainable report outlines our effort to foster sustainable healthcare ecosystem in Samburu county referral hospital.

Waste Management and Recycling

Proper waste management is cornerstone of our sustainability initiatives. We have established a comprehensive waste management system that prioritizes the safe disposal of medical waste and the effective management of general waste. Our staff are trained in waste segregation technique (use of red, yellow and black bin liners and waste bins), Ensuring that hazardous material is handle and disposed of appropriately. The facility installed burning chamber as measure of responsible waste management. We aim to protect the environment and promote a circular economy

Water conservation

Water conservation is a vital aspect of our sustainability strategy. Samburu County referral hospital has implemented measures to reduce water consumption and promote responsible water usage. We have installed water-efficient fixtures such as low-low faucets, Soaps and availability of pit latrines, additionally we have implemented rainwater harvesting systems to capture and utilize rainwater for non-potables purposes such as cleaning. Through these initiatives, we aim to conserve water resources and contribute to the sustainability of our community.

Community engagement and Education

Samburu County referral hospital actively engages with the local to promote environmental awareness and sustainable practices. We organize educational campaigns, workshops and seminars to reduces staff, patient and the community about the importance of sustainability in healthcare. We collaborate with local school and community organization to develop programs that foster environmental responsibility among students and community members. By engaging and empowering our community, we foster a culture of sustainability beyond the hospital premises.

Conclusion

The Hospital is dedicated to promoting environmental sustainability and fostering a sustainable healthcare ecosystem. Through our effort in waste management, water conservation and community engagement we aim to set an example for other healthcare institutions. By prioritizing sustainability, we contribute to greener and healthier future for our community and inspire other to embrace sustainable practices. Together, we can create positive impact and ensure sustainable healthcare system for generation.

11. Report of The Board of Management

The Board members submit their report together with the Audited Financial Statements for the year ended June 30, 2024, which show the state of Maralal Referral Hospital's affairs.

Principal activities

The Principal activities of the entity are as follows.

- Consultation
- Laboratory services
- MCH & Immunization
- Antenatal/Postnatal & Family Planning
- Nutritional Services
- Pharmacy
- Maternity
- Inpatient services

Results

The results of the entity for the year ended June 30, 2024 are set out on page 1 to 72.

Board of Management

The members of the Board who served during the year are shown on page v to vi. During the year 2023/2024 two directors retired/ resigned and two directors were appointed with effect from 5th December 2023.

Auditors

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

By Order of the Board

Dr. Kelvin Pateti Lengees.....
Secretary to the Board



12. Statement of Board of Management’s Responsibilities

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

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

The Board of Management accepts responsibility for the Samburu County Teaching and Referral Hospital’s financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgements and estimates, in conformity with International Public Sector Accounting Standards (IPSAS), and in the manner required by the PFM Act, 2012. The Board members are of the opinion that the Samburu County Teaching and Referral Hospital’s financial statements give a true and fair view of the state of Samburu County Teaching and Referral Hospital’s transactions during the financial year ended June 30, 2024, and of the Samburu County Teaching and Referral Hospital’s financial position as at that date. The Board members further confirm the completeness of the accounting records maintained for the Samburu County Teaching and Referral Hospital, which have been relied upon in the preparation of the Samburu County Teaching and Referral Hospital’s financial statements as well as the adequacy of the systems of internal financial control.

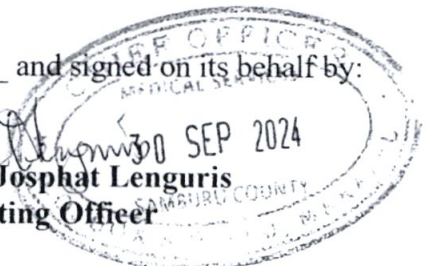
Nothing has come to the attention of the Board of management to indicate that the Samburu County Teaching and Referral Hospital will not remain a going concern for at least the next twelve months from the date of this statement.

Approval of the financial statements

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

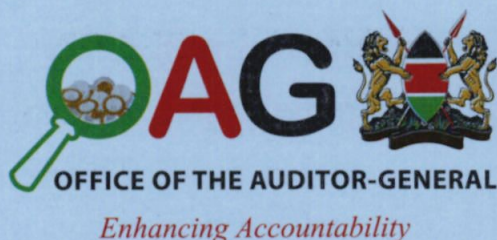

Name: Mark Loloolki
Chairperson, Board of Management


Name: Josphat Lenguris
Accounting Officer



REPUBLIC OF KENYA

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



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

REPORT OF THE AUDITOR-GENERAL ON SAMBURU COUNTY TEACHING AND REFERRAL HOSPITAL FOR THE YEAR ENDED 30 JUNE, 2024 – COUNTY GOVERNMENT OF SAMBURU

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 of the Auditor-General on Samburu County Teaching and Referral Hospital for the year ended 30 June, 2024-
County Government of Samburu*

REPORT ON THE FINANCIAL STATEMENTS

Qualified Opinion

I have audited the accompanying financial statements of Samburu County Teaching and Referral Hospital – County Government of Samburu set out on pages 1 to 55, which comprise of the statement of financial position as at 30 June, 2024, and the statement of financial performance, statement of changes in net assets, statement of cash flows and the statement of comparison of budget and actual amounts for the year then ended, and a summary of significant accounting policies and other explanatory information in accordance with the provisions of Article 229 of the Constitution of Kenya and Section 35 of the Public Audit Act, 2015. I have obtained all the information and explanations, which, to the best of my knowledge and belief, were necessary for the purpose of the audit.

In my opinion, except for the effect of the matters described in the Basis for Qualified Opinion section of my report, the financial statements present fairly, in all material respects, the financial position of Samburu County Teaching and Referral Hospital – County Government of Samburu as at 30 June, 2024, and of its financial performance and its cash flows for the year then ended, in accordance with the International Public Sector Accounting Standards (Accrual Basis) and comply with the Samburu County Health Services Act, 2018, the County Governments Act, 2012, and the Public Finance Management Act, 2012.

Basis for Qualified Opinion

1. Inaccuracies in the Financial Statements

Review of the financial statements revealed the following anomalies:

- i. The statement of financial performance reflects rendering of services – medical service income balance of Kshs.53,001,286 while Note 11 to the financial statements reflects a balance of Kshs.53,003,286 resulting in an unexplained variance of Kshs 2,000.
- ii. The statement of financial performance reflects total expenses balance of Kshs.53,476,629 while a recast of the amount resulted to a new balance of Kshs.51,474,629 resulting to an unexplained variance of Kshs 2,002,000.
- iii. The page 10 to page 39 of the financial statements were not paginated.

In the circumstances, the accuracy of the financial statements could not be confirmed.

2. Anomalies in the Rendering of Service - Medical Service Income

As previously reported, the statement of financial performance reflects an amount of Kshs. 53,001,286 in respect of rendering of services –medical services income-NHIF as disclosed in Note 11 to the financial statements. The amount includes Kshs. 22,028,106, Kshs.29,960,200 and Kshs.1,014,980 in respect of NHIF Capitation Received, NHIF Inpatient Claims Received and Facility Improvement Financing Collections, respectively.

Review of records revealed that management only recognized the actual amount received from NHIF instead of recognizing the total amount invoiced to NHIF clients for services rendered. No explanation was provided by management for failure to comply with accrual basis of accounting which requires revenue to be recognized when earned rather than when received.

In the circumstances, the accuracy and completeness of rendering of services - medical services income of Kshs.53,001,286 could not be confirmed.

3. Non-Disclosure of Property, Plant and Equipment

As previously reported, the statement of financial position and as disclosed in Note 31 to the financial statements reflects property, plant and equipment balance of Kshs.2,496,500. However, Review of records revealed that the Hospital had various assets of undetermined value which included land, buildings, furniture, computers and equipment. However, the assets were not disclosed in the financial statements. Further, ownership documents for the land were not provided for audit.

In the circumstance, the accuracy, completeness and valuation of property, plant and equipment could not be confirmed.

4. Unsupported Inventories Balance

As previously reported, statement of financial position reflects a nil balance for inventories while Note 30 to the financial statements reflects an amount of Kshs.2,700,000 in respect to inventories. Further, the stock taking report to confirm that the Hospital carried out stock taking exercises was not provided for audit review contrary to Section 162 (2) of the Public Procurement and Asset Disposal Act, 2015 which states that the head of procurement function shall arrange for occasional visits of inspection to the stores, at least quarterly in each calendar year, and conduct quarterly and annual inventory and stock taking in order to ensure compliance with all respective governing laws and submit the report to the accounting officer.

In the circumstance, the accuracy and completeness of inventories balance was not confirmed.

The audit was conducted in accordance with International Standards for Supreme Audit Institutions (ISSAIs). I am independent of the Samburu Teaching and Referral 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 matters described in the Basis for Qualified Opinion section, I have determined that there are no other key audit matters to communicate in my report.

Other Matter

Prior Year Unresolved Audit Matters

The report of the previous year shows various issues raised under Report on Financial Statements, Report on Lawfulness and Effectiveness in Use of Public Resources, Report on Effectiveness of Internal Control and Risk Management and Governance. However, Management has not resolved the issues nor disclosed all the prior year matter as provided by the Public Sector Accounting Standards Board templates.

Other Information

The Directors are responsible for the other information set out on page iii to xxvii which comprise of Key Entity Information and Management, The Board of Management, Management Team, Chairman's Statement, Report of the Medical Superintendent, Corporate Governance Statement, Management Discussion and Analysis, Environmental and Sustainability Reporting, Report of the Board of Directors, Statement of Board of Directors' 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(s) of the matter(s) 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. Lack of Approved Budget

As previously reported, the statement of financial performance reflects total receipts and payments for the year of Kshs.53,003,286 and Kshs.53,476,629 respectively. However, no supporting documents were availed for audit to show that annual estimates relating to the year under review were prepared and approved by the Hospital's Management Committee. This is a contrary to the requirements of Section 10(d) of the Samburu County Health Services Act, 2018 which requires the Board to be responsible for approving estimates before submission to the Executive Member of Health.

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

1. Non-Compliance with Requirements of the Kenya Quality Model for Health Guidelines

As reported in the previous year, review of the role of the Hospital in the Universal Health Care (UHC) revealed that the Hospital had a deficiency of two hundred and three (203) health workers from the standard required for a level 5 hospital as detailed below;

S/No,	Staff	Level 5 Standard	No. In Hospital	Shortfall
1	Medical Officers	50	8	42
2.	Anesthesiologist	7	0	7
3	General Surgeons	4	1	3
4	Gynecologist	4	1	3
5	Pediatricians	4	1	3
6	Radiologist	4	0	4
7	Registered Community health nurses	250	119	131
	Total	323	130	193

Further, the Hospital did not provide chemotherapy services as required. In addition, there were deficiencies noted in respect of equipment as detailed below;

S/No.	Equipment	Level Standard	5 No. In Hospital	Shortfall
1	Land size(acres)	10	10	0
2	Beds	500	143	357
3	New born unit incubators	10	8	2
4	New born unit cots	10	8	2
5	Functional intensive care unit - Beds	12	5	7
6	High dependency unit - beds	12	5	7
7	Renal unit with at least 5 dialysis	5	4	1
8	Two functional operating theaters maternity and general	2	2	0

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

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

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

REPORT ON EFFECTIVENESS OF INTERNAL CONTROLS, RISK MANAGEMENT AND GOVERNANCE

Conclusion

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

Basis for Conclusion

1. Lack of Risk Management Policy and Disaster Recovery Plan

During the year under review, the Hospital operated without an approved risk policy and a disaster recovery plan. It was further noted that management did not carry out risk assessment during the year under review.

In the circumstances, the Hospital may not recover its data and assets in case of an eventuality.

2. Lack of ICT Strategic Plan and ICT Steering Committee

During the year under review the Hospital operated without an ICT Strategic Plan, ICT Steering Committee and ICT Strategic Committee. In addition, without a sound and approved framework, users may not have any rules and procedures to follow in order to minimize risk of errors, fraud and the loss of data, confidentiality, and integrity.

Lack of an approved ICT Strategic Plan and ICT Steering Committee may result in an unclear direction regarding maintenance of information security across the organization and safeguarding the Hospital's ICT assets.

3. Use of personal Email in Official Communication

During the year under review, an interview with the ICT staff revealed that most of the workers were using personal emails for official government business despite being provided with official email addresses. This was contrary to the Head of public service circular SH/ADM 23(1) dated 14 June 2022 Government ICT standards, 2019.

This consequently, makes work/confidential correspondences prone to reach the unintended recipients and a risk of security breach for confidential and private official government information.

4. Lack of an Approved Disaster Recovery Plan

The Hospital operated an Information Technology (IT) system for capturing, storing and processing fees. In addition, the Hospital was responsible for custody of sensitive medical data of patients seeking its services alongside other operational data such as pharmaceutical and non-pharmaceutical inventory management activities. However, the Hospital did not have an approved IT continuity plan and disaster recovery plan.

In the circumstances, the effectiveness of disaster management could not be confirmed. the circumstances, the effectiveness of overall governance of the Samburu County Teaching and Referral 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 Management and the Board of Management

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

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

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

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

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

30 December, 2024

*Samburu County Teaching and Referral Hospital (Samburu County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2024*

14. Statement of Financial Performance for The Year Ended 30 June 2024

Description	Note	FY 2023/2024	FY 2022/2023
		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	53,003,286	33,996,980
Revenue from rent of facilities	12	-	-
Finance /Interest Income	13	-	-
Miscellaneous Income	14	-	-
Revenue from exchange transactions		53,003,286	33,996,980
Total revenue		53,003,286	33,996,980
Expenses			
Medical/Clinical costs	15	16,726,580	9,897,845
Employee costs	16	-	-
Board of Management Expenses	17	3,626,929	2,379,845
Depreciation and amortization expense	18	-	-
Repairs and maintenance	19	13,116,515	7,993,787
Grants and subsidies	20	-	-
General expenses	21	20,503,104	24,813,612
Finance costs	22	-	-
Total expenses		53,973,128	45,085,089
Other gains/(losses)			
Gain/Loss on disposal of non-Current assets	23	-	-

Samburu County Teaching and Referral Hospital (Samburu County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2024

Description	Note	FY 2023/2024	FY 2022/2023
		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		(969,843)	(11,088,109)


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

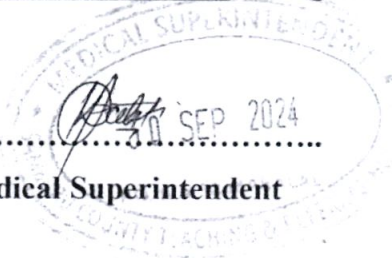


Chairman
Board of Management



Head of Finance
ICPAK No: 6711





Medical Superintendent

*Samburu County Teaching and Referral Hospital (Samburu County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2024*

15. Statement of Financial Position As At 30th June 2024

Description	Note	FY 2023/2024	FY 2022/2023
		Kshs	Kshs
Assets			
Current assets			
Cash and cash equivalents	27	187	970,030
Receivables from exchange transactions	28	-	-
Receivables from non-exchange transactions	29	-	-
Inventories	30	-	-
Total Current Assets		187	970,030
Non-current assets			
Property, plant, and equipment	31	-	-
Intangible assets	32	-	-
Investment property	33	-	-
Total Non-current Assets		-	-
Total assets (A)		187	970,030
Liabilities			
Current liabilities			
Trade and other payables	34	-	-
Refundable deposits from customers/Patients	35	-	-
Provisions	36	-	-
Finance lease obligation	37	-	-
Current portion of deferred income	38	-	-
Current portion of borrowings	39	-	-
Social Benefits	41	-	-
Total Current Liabilities		-	-
Non-current liabilities			
Provisions	36	-	-
Non-Current Finance lease obligation	37	-	-
Non-Current portion of deferred income	38	-	-
Non - Current portion of borrowings	39	-	-
Service concession Arrangements	40	-	-

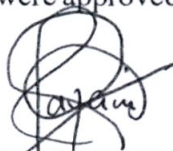
*Samburu County Teaching and Referral Hospital (Samburu County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2024*

Description	Note	FY 2023/2024	FY 2022/2023
		Kshs	Kshs
Social Benefits	41	-	-
Total non-current liabilities		-	-
Total Liabilities (B)		-	-
Net assets (A-B)		187	970,030
Represented by:			
Revaluation reserve		293,196	293,196
Accumulated surplus/Deficit		(293,009)	676,834
Capital Fund		-	-
Net Assets		187	970,030

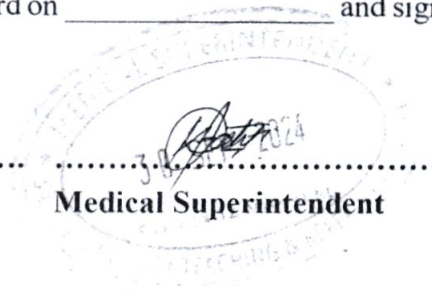
The Hospital's financial statements were approved by the Board on _____ and signed on its behalf by:



.....
**Chairman
Board of Management**



.....
**Head of Finance
ICPAK No: 6711**



.....
Medical Superintendent

Samburu County Teaching and Referral Hospital (Samburu County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2024

16. Statement of Changes in Net Asset for The Year Ended 30 June 2024

Description	Revaluation reserve	Accumulated surplus/Deficit	Capital Fund	Total
As at July 1, 2022	293,196	11,764,943	-	12,058,139
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	(11,088,109)	-	(11,088,109)
Capital/Development grants	-	-	-	-
As at June 30, 2023	293,196	676,834	-	970,030
At July 1, 2023	293,196	676,834	-	970,030
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	(969,843)	-	(969,843)
Capital/Development grants	-	-	-	-
At June 30, 2024	293,196	(293,009)	-	187

(Note:

- 1. For items that are not common in the financial statements, the entity should include a note on what they relate to – either on the face of the statement of changes in equity/net assets or among the notes to the financial statements.*
- 2. Prior year adjustments should have an elaborate note describing what the amounts relate to. In such instances, a restatement of the opening balances needs to be done.)*

*Samburu County Teaching and Referral Hospital (Samburu County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2024*

17. Statement of Cash Flows for The Year Ended 30 June 2024

Description	Note	FY 2023/2024	FY 2022/2023
		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	11	53,003,286	33,996,980
Revenue from rent of facilities		-	-
Finance / interest income		-	-
Miscellaneous receipts(<i>specify</i>)		-	-
Total Receipts		53,003,286	33,996,980
		-	
Payments			
Medical/Clinical costs	15	16,726,580	9,897,845
Employee costs		-	-
Board of Management Expenses	17	3,626,929	2,379,845
Repairs and maintenance	19	13,116,515	7,993,787
Grants and subsidies		-	-
General expenses	21	20,503,104	24,813,612
Finance costs		-	-
Refunds paid out		-	-
Total Payments		53,973,128	45,085,089
Net cash flows from operating activities	42	(969,843)	(11,088,109)
Cash flows from investing activities			
Purchase of property, plant, equipment	31	-	-
Purchase of intangible assets		-	-
Proceeds from the sale of PPE		-	-
Acquisition of investments		-	-
Net cash flows used in investing activities		-	-
Cash flows from financing activities			
Proceeds from borrowings		-	-
Repayment of borrowings		-	-
Capital grants received		-	-

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Net cash flows used in financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		(969,843)	(11,088,109)
Cash and cash equivalents as at 1 July	27	970,030	12,058,139
Cash and cash equivalents as at 30 June	27	187	970,030

(PSASB has now prescribed the direct method of cash flow presentation for all entities under the IPSAS Accrual basis of accounting).

18. Statement of Comparison of Budget and Actual Amounts for Year Ended 30 Jun 2024

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	
Revenue						
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	53,003,286	-	53,003,286	53,003,286	-	100%
Revenue from rent of facilities	-	-	-	-	-	-
Finance / interest income	-	-	-	-	-	-
Miscellaneous receipts (<i>specify</i>)	-	-	-	-	-	-
Total income	53,003,286	-	53,003,286	53,003,286	-	100%
Expenses						
Medical/Clinical costs	16,726,580	-	16,726,580	16,726,580	-	100%
Employee costs	-	-	-	-	-	-
Remuneration of directors	3,626,929	-	3,626,929	3,626,929	-	100%
Repairs and maintenance	13,116,515	-	13,116,515	13,116,515	-	100%
Grants and subsidies	-	-	-	-	-	-
General expenses	20,503,104	-	20,503,104	20,503,104	-	100%
Finance costs	-	-	-	-	-	-
Refunds	-	-	-	-	-	-
Surplus for the period	(969,843)	-	(969,843)	(969,843)	-	100%
Capital expenditure	-	-	-	-	-	-

Budget notes

1. Provide an explanation of differences between actual and budgeted amounts (any over/ 90% under) IPSAS 24.14

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2. Provide an explanation of changes between the original and final budget indicating whether the difference is due to reallocations or other causes. (IPSAS 24.29)
3. Where the total of actual on comparable basis does not tie to the statement of financial performance totals due to differences in accounting basis (budget is cash basis, statement of financial performance is accrual) provide a reconciliation.)

19. Notes to the Financial Statements

1. General Information

Samburu County Teaching and Referral Hospital is established by and derives its authority and accountability from xxx Act. The entity is wholly owned by the Samburu County Government and is domiciled in Samburu County in Kenya. The Samburu County Teaching and Referral Hospital's principal activity is to provide health care services to the citizens.

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 Samburu County Teaching and Referral Hospital's accounting policies. The areas involving a higher degree of judgment or complexity, or where assumptions and estimates are significant to the financial statements, are disclosed in Notes. The financial statements have been prepared and presented in Kenya Shillings, which is the functional and reporting currency of the Samburu County Teaching and Referral Hospital. The financial statements have been prepared in accordance with the PFM Act, International Public Sector Accounting Standards (IPSAS). The accounting policies adopted have been consistently applied to all the years presented.

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3. Adoption of New and Revised Standards

i. New and amended standards and interpretations in issue effective in the year ended 30 June 2024

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 2024.

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 cash flows 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- Property Plant and Equipment	<p><i>Applicable 1st January 2025</i></p> <p>The standard supersedes IPSAS 17 on Property, Plant and Equipment. IPSAS 45 has additional guidance/ new guidance for heritage assets, infrastructure assets and measurement. Heritage assets were previously</p>

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Standard	Effective date and impact:
	<p>excluded from the scope of IPSAS 17 in IPSAS 45, heritage assets that satisfy the definition of PPE shall be recognised as assets if they meet the criteria in the standard. IPSAS 45 has an additional application guidance for infrastructure assets, implementation guidance and illustrative examples. The standard has clarified existing principles e.g valuation of land over or under the infrastructure assets, under- maintenance of assets and distinguishing significant parts of infrastructure assets.</p> <p><i>State the expected impact of the standard to the Entity if relevant</i></p>
<p>IPSAS 46 Measurement</p>	<p>Applicable 1st January 2025</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>
<p>IPSAS 47- Revenue</p>	<p>Applicable 1st January 2026</p> <p>This standard supersedes IPSAS 9- Revenue from exchange transactions, IPSAS 11 Construction contracts and IPSAS 23 Revenue from non-exchange transactions. This standard brings all the guidance of accounting for revenue under one standard. The objective of the standard is to establish the principles that an entity shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of revenue and cash flow arising from revenue transactions.</p> <p><i>State the expected impact of the standard to the Entity if relevant</i></p>

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Standard	Effective date and impact:
IPSAS 48- Transfer Expenses	<p><i>Applicable 1st January 2026</i></p> <p>The objective of the standard is to establish the principles that a transfer provider shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of expenses and cash flow arising from transfer expense transactions. This is a new standard for public sector entities geared to provide guidance to entities that provide transfers on accounting for such transfers.</p> <p><i>State the expected impact of the standard to the Entity if relevant</i></p>
IPSAS 49- Retirement Benefit Plans	<p><i>Applicable 1st January 2026</i></p> <p>The objective is to prescribe the accounting and reporting requirements for the public sector retirement benefit plans which provide retirement to public sector employees and other eligible participants. The standard sets the financial statements that should be presented by a retirement benefit plan.</p> <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 Samburu County Teaching and Referral Hospital and can be measured reliably. To the extent that there is a related condition attached that would give rise to a liability to repay the amount, the amount is recorded in the statement of financial position and realised in the statement of financial performance over the useful life of the asset that has been acquired using such funds.

ii) Revenue from exchange transactions

Rendering of services

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

Sale of goods

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

Interest income

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

Rental income

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

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Notes to the Financial Statements (Continued)

b. Budget information

The original budget for FY 2023/2024 was approved by Board on 30th June 2023. 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, Samburu County Teaching and Referral Hospital recorded additional appropriations of nil on the FY 2023/24 budget following the Board's approval. The Samburu County Teaching and Referral Hospital budget is prepared on a different basis to the actual income and expenditure disclosed in the financial statements. The financial statements are prepared on accrual basis using a classification based on the nature of expenses in the statement of financial performance, whereas the budget is prepared on a cash basis. The amounts in the financial statements were recast from the accrual basis to the cash basis and reclassified by presentation to be on the same basis as the approved budget.

A comparison of budget and actual amounts, prepared on a comparable basis to the approved budget, is then presented in the statement of comparison of budget and actual amounts. In addition to the Basis difference, adjustments to amounts in the financial statements are also made for differences in the formats and classification schemes adopted for the presentation of the financial statements and the approved budget. A statement to reconcile the actual amounts on a comparable basis included in the statement of comparison of budget and actual amounts and the actuals as per the statement of financial performance has been presented on page 8 under section 18 of these financial statements.

c. Taxes

Sales tax/ Value Added Tax

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

- 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 nil years. Investment properties are derecognized either when they have been disposed of or when the investment property is permanently withdrawn from use and no future economic benefit or service potential is expected from its disposal. The difference between the net disposal proceeds and the carrying amount of the asset is recognized in the surplus or deficit in the period of de-recognition. Transfers are made to or from investment property only when there is a change in use.

e. Property, plant and equipment

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

Notes to the Financial Statements (Continued)

f. Leases

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

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

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

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

g. Intangible assets

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

Notes to the Financial Statements (Continued)

h. 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.

i. Financial instruments

IPSAS 41 addresses the classification, measurement and de-recognition of financial assets and financial liabilities, introduces new rules for hedge accounting and a new impairment model for financial assets. Samburu County Teaching and Referral Hospital does not have any hedge relationships and therefore the new hedge accounting rules have no impact on the hospital's financial statements.

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

Notes to the Financial Statements (Continued)

Financial assets

Classification of financial assets

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

Subsequent measurement

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

Amortized cost

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

Notes to the Financial Statements (Continued)

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 Notes.

Financial liabilities

Classification

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

Notes to the Financial Statements (Continued)

j. Inventories

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

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

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

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

k. Provisions

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

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

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

Notes to the Financial Statements (Continued)

l. Social Benefits

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

m. Contingent liabilities

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

n. Contingent assets

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

o. Nature and purpose of reserves

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

p. Changes in accounting policies and estimates

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

Notes to the Financial Statements (Continued)

q. Employee benefits

Retirement benefit plans

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

r. Foreign currency transactions

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

s. Borrowing costs

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

t. Related parties

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

Notes to the Financial Statements (Continued)

u. 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.

v. Cash and cash equivalents

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

w. Comparative figures

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

x. Subsequent events

There have been no events subsequent to the financial year end with a significant impact on the financial statements for the year ended June 30, 2024

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	FY	FY
	2023/2024	2022/2023
	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*	Amount deferred under deferred income	Amount recognised in capital fund.	Total grant income during the year	Comparative Period
	KShs	KShs	KShs	KShs	KShs
Samburu County Government	-	-	-	-	-
Total	-	-	-	-	-

(Ensure that the amount recorded above as having been received from the County fully reconciles to the amount recorded by the amount recorded as transferred by the County. An acknowledgement note/receipt should be raised in favour of the sending County Government. The details of the reconciliation have been included under appendix xxx).

**Amount recognised in the statement of financial performance should be the recurrent grant and the development grant to the extent that there are no conditions attached. Total of column 1 should tie to note 6(the part on unconditional grants).*

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Notes to Financial Statements Continued

7. In Kind Contributions from The County Government

Description	FY	FY
	2023/2024	2022/2023
	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	FY 2023/2024	FY 2022/2023
	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	-	-

(Provide brief explanation for this revenue)

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	-	-	-	-	-

Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to Financial Statements Continued

9. Transfers From Other Government Entities

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Transfer from Samburu County Government	-	-
Transfer from xxx National Hospital	-	-
Transfer from xxx Institute	-	-
Total Transfers	-	-

10. Public Contributions and Donations

Description	FY 2023/2024	FY 2022/2023
	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	-	-

(Provide brief explanation for this revenue)

10 (a) Reconciliations of amortised grants

Description	FY 2023/2022	FY 2022/2023
	Kshs	Kshs
Balance unspent at beginning of year	-	-
Current year receipts	-	-
Amortised and transferred to revenue	-	-
Conditions to be met – remain liabilities	-	-

*Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to Financial Statements Continued

11. Rendering of Services-Medical Service Income

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Pharmaceuticals	-	-
Non-Pharmaceuticals	-	-
Laboratory	-	-
Radiology	-	-
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	-	-
NHIF Capitation Received	22,028,106	16,344,550
NHIF Inpatient Claims Received	29,960,200	16,637,450
FIF Collection deposited in Hospital Account	1,014,980	1,014,980
Total revenue from the rendering of services	53,003,286	33,996,980

(Other medical services fee relates to other charges not listed above and should be specified)

Notes to the Financial Statements (Continued)

12. Revenue From Rent of Facilities

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Residential property	-	-
Commercial property	-	-
Total Revenue from rent of facilities	-	-

(Provide brief explanation for this revenue)

13. Finance /Interest Income

Description	FY 2023/2024	FY 2022/2023
	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	-	-

(Provide brief explanation for this revenue)

14. Miscellaneous Income

Description	FY 2023/2024	FY 2022/2023
	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	-	-

(NB: All income should be classified as far as possible in the relevant classes and miscellaneous income should be used to recognise income not elsewhere classified).

*Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to the Financial Statements (Continued)

15. Medical/ Clinical Costs

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Dental costs/ materials	-	-
Laboratory chemicals and reagents	268,960	1,969,720
Public health activities	-	-
Food and Ration	300,000	3,266,005
Uniform, clothing, and linen	-	17,500
Dressing and Non-Pharmaceuticals	6,620,310	250,530
Pharmaceutical supplies	6,973,320	1,222,830
Health information stationery	934,920	-
Reproductive health materials	-	-
Sanitary and cleansing Materials	-	1,041,160
Purchase of Medical gases	640,500	104,500
X-Ray/Radiology supplies	-	272,000
Renal Unit Cost	988,570	1,753,600
Total medical/ clinical costs	16,726,580	9,897,845

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

16. Employee Costs

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Salaries, wages, and allowances	-	-
Contributions to pension schemes	-	-
Service gratuity	-	-
Performance and other bonuses	-	-
Staff medical expenses and Insurance cover	-	-
Group personal accident insurance and WIBA	-	-
Social contribution	-	-
Other employee costs (<i>specify</i>)	-	-
Employee costs	-	-

(Social contribution relates to expenses incurred by the employer towards social welfare of Employees)

Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to the Financial Statements (Continued)

17. Board of Management Expenses

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Chairman's Honoraria	-	-
Sitting allowance	2,848,329	1,226,000
Mileage	-	-
Insurance expenses	-	-
Induction and training	-	-
Travel and accommodation allowance	778,600	1,152,000
Airtime allowances	-	1,845
Total	3,626,929	2,379,845

18. Depreciation and Amortization Expense

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Property, plant and equipment	-	-
Intangible assets	-	-
Investment property carried at cost	-	-
Total depreciation and amortization	-	-

19. Repairs And Maintenance

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Property- Buildings	2,203,250	4,678,179
Medical equipment	-	-
Office equipment	3,376,721	1,423,740
Furniture and fittings	-	-
Computers and accessories	-	-
Motor vehicle expenses	7,536,544	1,891,868
Maintenance of civil works	-	-
Total repairs and maintenance	13,116,515	7,993,787

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Notes to the Financial Statements (Continued)

20. Grants And Subsidies

Description	FY 2023/2024	FY 2022/2023
	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>specify</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	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Advertising and publicity expenses	-	-
Catering expenses	1,667,945	39,800
Waste management expenses	-	-
Insecticides and rodenticides	-	-
Audit fees	-	-
Bank charges	19,061	17,663
Conferences and delegations	-	-
Consultancy fees	-	500,000
Contracted services	-	-
Electricity expenses	-	-
Fuel and Lubricants	-	4,498,846
Insurance	-	-
Research and development expenses	-	-
Travel and accommodation allowance	14,043,313	13,336,338
Legal expenses	-	-
Licenses and permits	-	-
Courier and postal services	-	-
Printing and stationery	831,782	2,309,320
Hire charges	-	-
Rent expenses	-	-
Water and sewerage costs	1,503,998	814,500
Skills development levies	-	-

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Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Telephone and mobile phone services	486,015	282,640
Internet expenses	-	-
Staff training and development	1,950,990	3,014,505
Subscriptions to professional bodies	-	-
Subscriptions to newspapers periodical, magazines, and gazette notices	-	-
Library books/Materials	-	-
Parking charges	-	-
Total General Expenses	20,503,104	24,813,612

22. Finance Costs

Description	FY 2023/2024	FY 2022/2023
	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	FY 2023/2024	FY 2022/2023
	KShs	KShs
Property, plant, and equipment	-	-
Intangible assets	-	-
Other assets not capitalised (<i>specify</i>)	-	-
Total gain on sale of assets	-	-

24. Unrealized Gain On Fair Value Investments

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Investments at fair value	-	-
Total gain	-	-

*Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to the Financial Statements (Continued)

25. Medical Services Contracts Gains /Losses

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Comprehensive care contracts with NHIF	-	-
Non- Comprehensive contracts care with NHIF	-	-
Linda Mama Program	-	-
Waivers and Exemptions	-	-
Total Gain/Loss	-	-

26. Impairment Loss

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Property, plant, and equipment	-	-
Intangible assets	-	-
Investments	-	-
Total impairment loss	-	-

27. Cash And Cash Equivalents

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Current accounts – Kcb account 1162918217	187	970,030
On - call deposits	-	-
Fixed deposits accounts	-	-
Cash in hand	-	-
Others(<i>specify</i>)- Mobile money	-	-
Total cash and cash equivalents	187	970,030

(The amount should agree with the closing and opening balances as included in the statement of cash flows)

*Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to the Financial Statements (Continued)

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

Description		FY 2023/2024	FY 2022/2023
Financial institution	Account number	KShs	KShs
a) Current account			
Kenya Commercial bank	1162918217	187	970,030
Equity Bank, etc		-	-
Sub- total		187	970,030
b) On - call deposits			
Kenya Commercial bank		-	-
Equity Bank – etc		-	-
Sub- total		-	-
c) Fixed deposits account			
Bank Name		-	-
Sub- total		-	-
d) Others(<i>specify</i>)			
cash in hand		-	-
Mobile money- Mpesa, Airtel money		-	-
Sub- total		-	-
Grand total		187	970,030

28. Receivables From Exchange Transactions

Description	Insert Current FY	Insert Comparative FY
	KShs	KShs
Medical services receivables	-	-
Rent receivables	-	-
Other exchange debtors	-	-
Less: impairment allowance	-	-
Total receivables	-	-

(Entity to state the expected credit loss rates for various categories of its receivables. The entity should also disclose how ECL was arrived at in line with provisions of IPSAS 41.)

Samburu County Teaching and Referral Hospital (Samburu County Government)
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Analysis of Receivables From Exchange Transactions

Description	Insert Current FY		Insert Comparative FY	
	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)	-	%	-	%

29. Receivables From Non-Exchange Transactions

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

(Undisbursed donor funds refer to funds expected where conditions for disbursements have been met by the recipient as at the reporting date)

Analysis of Receivables From Non-Exchange Transactions

Description	Insert Current FY		Insert Comparative FY	
	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)	-	%	-	%

Samburu County Teaching and Referral Hospital (Samburu County Government)
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30. Inventories

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Pharmaceutical supplies	-	-
Maintenance supplies	-	-
Food supplies	-	-
Linen and clothing supplies	-	-
Cleaning materials supplies	-	-
General supplies	-	-
Less: provision for impairment of stocks	-	-
Total	-	-

*Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to the Financial Statements (Continued)

31. Property, Plant and Equipment

Description	Land	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment	ICT Equipment	Plant and medical equipment	Capital Work in progress	Total
	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh
Cost								
At 1 July 2022	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-
Transfers/adjustments	-	-	-	-	-	-	-	-
At 30th Jun 2023	-	-	-	-	-	-	-	-
At 1 July 2023	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-
Transfer/adjustments	-	-	-	-	-	-	-	-
At 30th Jun 2024	-	-	-	-	-	-	-	-
Depreciation and impairment								
At 1 July 2022	-	-	-	-	-	-	-	-
Depreciation for the year	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-
Impairment	-	-	-	-	-	-	-	-
At 30 June 2023	-	-	-	-	-	-	-	-
At July 2023	-	-	-	-	-	-	-	-

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Description	Land	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment	ICT Equipment	Plant and medical equipment	Capital Work in progress	Total
	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh
Depreciation		-	-	-	-	-	-	-
Disposals		-	-	-	-	-	-	-
Impairment		-	-	-	-	-	-	-
Transfer/adjustment		-	-	-	-	-	-	-
At 30th June 2024		-	-	-	-	-	-	-
		-	-	-	-	-	-	-
Net book values		-	-	-	-	-	-	-
At 30 th Jun 2023	-	-	-	-	-	-	-	-
At 30 th Jun 2024	-	-	-	-	-	-	-	-

*Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to the Financial Statements (Continued)

32. Intangible Assets-Software

Description	FY 2023/2024	FY 2022/2023
	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	-	-

33. Investment Property

Description	FY 2023/2024	FY 2022/2023
	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	-	-

(For investment property held at fair value, changes in fair value should go through the statement of financial performance. Where cost model is elected, depreciation and impairment should not be charged. Investment measured at fair value should be evaluated at the end of the reporting period for changes in fair value.). Entity should disclose the independent valuers, rental income from the investment property if any and the direct costs attributed to the investment property. Any charges on the investment property as well as any difficulty in classifying this asset as an investment property.

Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to the Financial Statements (Continued)

34. Trade and other Payables

Description	FY 2023/2024		FY 2022/2023	
	KShs		KShs	
Trade payables	-		-	
Employee dues	-		-	
Third-party payments (e.g. unremitted payroll deductions)	-		-	
Audit fee	-		-	
Doctors' fee	-		-	
Total trade and other payables	-		-	
Ageing analysis:	Current FY	% of the Total	Compa rative FY	% of the total
Under one year	-	%	-	%
1-2 years	-	%	-	%
2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total	-	%	-	%

35. Refundable Deposits from Customers/Patients

Description	FY 2023/2024		FY 2022/2023	
	KShs		KShs	
Medical fees paid in advance	-		-	
Credit facility deposit	-		-	
Rent deposits	-		-	
Others (specify)	-		-	
Total deposits	-		-	
Ageing analysis:	FY 2023/2024	% of the Total	FY 2022/2023	% of the Total
Under one year	-	%	-	%
1-2 years	-	%	-	%
2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total	-	%	-	%

Samburu County Teaching and Referral Hospital (Samburu County Government)
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Notes to the Financial Statements (Continued)

36. Provisions

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

37. Finance Lease Obligation

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Current Lease obligation	-	-
Long term lease obligation	-	-
Total	-	-

38. Deferred Income

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Current Portion	-	-
Non-Current Portion	-	-
Total	-	-

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Notes to the Financial Statements (Continued)

38 (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	-	-	-	-

39. Borrowings

Description	FY 2023/2024	FY 2022/2023
	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	-	-

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

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Current Obligation	-	-
Non-Current Obligation	-	-
Total	-	-

(Current portion of borrowings are those borrowings that are payable within one year or the next financial year. Additional disclosures on terms of borrowings, nature of borrowings, security and interest rates should be disclosed).

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Notes to the Financial Statements (Continued)

40. Service Concession Arrangements

Description	FY 2023/2024	FY 2022/2023
	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	-	-

41. Social Benefits

Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Health social benefit scheme	-	-
Unemployment social benefit scheme	-	-
Orphaned and vulnerable benefit scheme	-	-
People Living with Disabilities benefit Scheme	-	-
Elderly social benefit scheme	-	-
Bursary social benefits	-	-
Total	-	-
	-	-
Current social benefits	-	-
Non- current social benefits	-	-
Total (tie to totals above)	-	-

Social benefit schemes include benefits such as cash transfers for unemployment or elderly in line with IPSAS 42. They are incurred to mitigate against a certain social risk e.g poverty, age, unemployment among others.

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Notes to the Financial Statements (Continued)

42. Cash Generated from Operations

Description	FY 2023/2024	FY 2022/2023
	KShs	KShs
Surplus for the year before tax	(969,843)	(11,088,109)
Adjusted for:	-	-
Depreciation	-	-
Non-cash grants received	-	-
Impairment	-	-
Gains and losses on disposal of assets	-	-
Contribution to provisions	-	-
Contribution to impairment allowance	-	-
Working Capital adjustments	-	-
Increase in inventory	-	-
Increase in receivables	-	-
Increase in deferred income	-	-
Increase in payables	-	-
Increase in payments received in advance	-	-
Net cash flow from operating activities	(969,843)	(11,088,109)

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

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Notes to the Financial Statements (Continued)

43. Financial Risk Management

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

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

(i) Credit risk

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

Description	Total amount	Fully performing	Past due	Impaired
	Kshs	Kshs	Kshs	Kshs
At 30 June 2023				
Receivables from exchange transactions	-	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	-	-	-	-
Total	-	-	-	-
At 30 June 2024				
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 entity has significant concentration of credit risk on amounts due from xxxx. 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 2023				
Trade payables	-	-	-	-
Current portion of borrowings	-	-	-	-
Provisions	-	-	-	-
Deferred income	-	-	-	-
Employee benefit obligation	-	-	-	-
Total	-	-	-	-
At 30 June 2024				
Trade payables	-	-	-	-
Current portion of borrowings	-	-	-	-
Provisions	-	-	-	-
Deferred income	-	-	-	-
Employee benefit obligation	-	-	-	-
Total	-	-	-	-

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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 2024			
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
FY 2022/23			
Euro	10%	-	-
USD	10%	-	-
FY 2023/24			
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.

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Notes to the Financial Statements (Continued)

Sensitivity analysis

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

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

iv) Capital Risk Management

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

Description	FY 2022/23	FY 2023/24
	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)

44. Related Party Balances

Nature of related party relationships

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

Samburu County Government is the principal shareholder of the Samburu County Teaching and Referral Hospital, holding 100% of the equity interest. The National Government of Kenya has provided full guarantees to all long-term lenders of the entity, both domestic and external. The related parties include:

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

Description	FY 2023/2024	FY 2022/2023
	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	-	-

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Description	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
d) Key management compensation		
Directors' emoluments	-	-
Compensation to the medical Sup	-	-
Compensation to key management	-	-
	-	-
Total	-	-

45. 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)

46. Contingent Liabilities

Contingent liabilities	FY 2023/2024	FY 2022/2023
	Kshs	Kshs
Court case xxx against the hospital	-	-
Bank guarantees in favour of subsidiary	-	-
Total	-	-

(Give details)

47. Capital Commitments

Capital Commitments	FY 2023/2024	FY 2022/2023
	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)

48. Events after the Reporting Period

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

49. Ultimate and Holding Entity

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

50. Currency

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

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20. **Appendices**

Appendix 1: Progress on Follow Up of Auditor Recommendations

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

Reference No. on the external audit Report	Issue / Observations from Auditor	Management comments	Status: (Resolved / Not Resolved)	Timeframe: (Put a date when you expect the issue to be resolved)
1.1	<p>Inaccuracies in the Financial Statement Review of the financial statements revealed the following inconsistencies The Hospital did not disclose in-kind contribution from the county government regarding salaries and wages, pharmaceutical and non-pharmaceutical supplies from Kenya Medical Supplies Agency (KEMSA) and utility bills Management did not include amount in the statement of comparison of budget and actual amount included in the</p>	<p>Upon review, it appears that the in-kind contributions were inadvertently omitted from the financial statements due to a misunderstanding of the reporting requirements for non-cash contributions. Our team did not fully account for the Salaries and wages, supplies received from KEMSA and utilities received from County Government however, we have attached supportive documents of what Samburu County Teaching and Referral Hospital received from County Government The amounts recognized in the financial statements reflect the actual cash received from NHIF for Capitation, Inpatient Claims, and Facility Improvement Financing. This approach was adopted due to delays and The</p>	Resolved	

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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)
	<p>financial statements The statement of financial performance reflects an amount of kshs. 33,996,980 in respect of rendering of services – medical services income-NHIF as disclosed in Note 8 to the financial statements. The amount includes kshs. 16,344,550, Kshs.16,637,450 and Kshs.1,014,980 in respect of NHIF Capitation Received, NHIF Inpatient Claims Received and Facility Improvement Financing Collections, respectively. Review of records reviewed that management only recognized the actual amount received from NHIF instead of recognizing the total amount</p>	<p>Inconsistencies experienced in NHIF payments, where invoiced amounts are often subject to adjustments and rejections. As a result, management opted to recognize the income only when payment was confirmed to avoid overstating revenue. We are fully committed to maintaining transparency and compliance with all relevant financial reporting standards. Moving forward, we will ensure that the statement of comparison of budget and actual amounts is always included in our financial statements</p>		

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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)
	<p>invoiced to NHIF clients for services rendered. No explanation was provided by management for failure to comply with accrual basis of accounting which require revenue to be recognized when earned rather than when received. Further, NHIF records indicated outstanding inpatient and outpatient claims amounts of Ksh. 3,618,380 and Kshs. 1,477,625, respectively as at 30 June, 2023 which were not disclose in the financial statements. In the circumstances, the accuracy and completeness of the financial statements could be confirmed.</p>			
1.2	Unsupported Inventories Balance	We have conducted a comprehensive stock take to verify the actual physical inventory. This	Resolved	

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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)
	<p>The statement of financial position reflects a Nil balance in respect of inventories. However, the balance was not supported with annual stock take and ledgers. In the circumstances, the accuracy and completeness of inventories a Nil balance could not be confirmed</p>	<p>exercise was overseen by our inventory management team, in coordination with external consultants where necessary, to ensure accuracy. All discrepancies identified during the stock take were resolved, and the inventory records have been updated to reflect the actual balances</p>		
1.3	<p>Non – Disclosure of Property, Plant and Equipment Balance The statement of financial position reflects a Nil balance in respect of property, plant and equipment as disclosed in Note 18 to the financial statements. Review of records revealed that the Hospital had various assets of undermined value which included land, buildings,</p>	<p>The non-disclosure of PPE in the financial statements arose due to challenges in asset valuation and documentation. At the time of preparing the financial statements, the hospital had yet to complete the revaluation of its property, including land, buildings, and equipment, which resulted in the assets being reported with a nil balance. Additionally, there were delays in retrieving ownership documents for the land from the relevant authorities, which further complicated the reporting process.</p>	Resolved	

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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)
	<p>furniture, computers and equipment. However, the assets were not disclosed in the financial statements. Further, ownership documents for the land were not provided for audit.</p> <p>In the circumstances, the ownership, accuracy and completeness of the Nil balance in respect of property, plant and equipment could not be confirmed.</p>	<p>Enclosed are some of the documents that were obtained post-audit, including copies of land ownership documents and Asset Register. Efforts are underway to retrieve any remaining documents.</p>		
2.0	<p>Non-compliance with requirements of the Kenya Quality Model for Health guidelines</p> <p>Review of the role of the hospital in the universal health care (UHC) revealed that the hospital had a staff deficiency of two hundred</p>	<p>We acknowledge the audit findings regarding the hospital's status as a Level 5 facility. We recognize the critical issues raised, including staffing shortfalls, lack of chemotherapy services, and inadequacies in equipment and infrastructure. We are actively addressing these challenges through recruitment, infrastructure upgrades, and the expansion of</p>	Resolved	

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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)
	<p>and three (203) health workers from the standard required for level 5 hospital. Further, the hospital did not provide chemotherapy services as required. In addition, there deficiencies noted in respected of equipment. These deficiencies contravene the first schedule of the health act 2017 and imply that accessing the highest attainable standard of health which include the right of health care services, including reproductive health care as required by articles 43(1) of the constitution of Kenya, 2010 may not be achieved. In the circumstances, management was</p>	<p>services. We are committed to meeting the standards required for Level 5 hospitals and ensuring that we contribute effectively to the achievement of Universal Health Coverage. We will continue to monitor progress and keep pushing for more allocation to meet the rising demands that the above services need</p>		

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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)
	in breach of the law.			
3.0	<p>Lack of a Procurement Unit The hospital lack procurement unit responsible for overseeing procurement activities. During the year under review the hospital procured food and rations, sanitary and cleaning materials, pharmaceutical and non-pharmaceutical directly from supplies without competitive bidding or floating request for quotation. Further, there was no evidence provided to confirm that supplies were inspected on receipt and subsequently utilized. In addition, the hospital did not prepare the annual procurement plan during the</p>	<p>We acknowledge the auditor’s observation regarding the lack of a dedicated procurement unit within the hospital, while there is no standalone procurement unit, the department operates a centralized procurement under the oversight of County Treasury Procurement Department that is headed by Head Supply chain management Director. This department is responsible for coordinating and managing procurement activities across all sectors hospital included which review and approve any procurement process carried out and helps mitigate risks and ensure transparency</p>	Resolved	

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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)
	<p>year under review. In the circumstances, the hospital is likely to mismanage public resources as it lacks a professional procurement unit.</p>			
3.1	<p>Weaknesses in the Revenue Collection System Review of the revenue system and data generated from it revealed that was not consistently used during the year under review. Management resulted to manual collection of revenue and thus exposing the hospital to possible risk related to use of manual system. In the circumstance the existent of adequate internal controls on revenue could not be confirmed.</p>	<p>We acknowledge that during the period under review, there were instances where the revenue collection system was not operational, and manual collection methods were used as a temporary workaround. These lapses in the system's usage were primarily due to explain the reasons—e.g. system downtime and technical issues. We understand that this could expose the hospital to the risk of revenue loss, operational inefficiencies, and data discrepancies. The system was periodically offline for maintenance, and the backup processes for managing revenue collection during downtime were not adequately implemented therefore staff resorted to manual</p>	Resolved	

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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)
		<p>methods as a backup when the system was not operational. Unfortunately, there was insufficient training on how to record and report manual transactions correctly, leading to potential discrepancies.</p> <p>Below are the steps we have taken to handle future system breakdown</p> <p>System Maintenance and Upgrades: We have performed a comprehensive review of the revenue collection system's infrastructure and have implemented necessary upgrades to ensure higher reliability and minimize downtime. Additionally, we have scheduled regular system checks and maintenance to prevent future issues.</p> <p>Training and Capacity Building: To prevent future reliance on manual methods, all relevant staff have been retrained on the proper use of the revenue collection system. Additionally, we have implemented a contingency plan for emergency manual transactions to ensure</p>		

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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)
		<p>accurate recording and reporting during system outages.</p> <p>Backup Systems: We have introduced a more robust backup solution for revenue collection, including, such manual logging sheets, which will be used in case the system fails. These backups will be integrated with the main system for seamless reconciliation.</p> <p>Reconciliation Procedures: To address discrepancies caused by manual transactions, we have introduced a more frequent and thorough reconciliation process, where revenue collected manually will be cross-checked and integrated with the system data. This will be reviewed by both the finance department and internal auditors to ensure accuracy and prevent losses</p>		

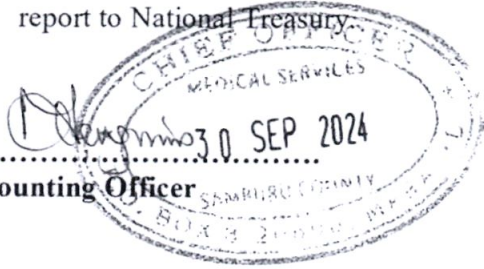
Guidance Notes:

- (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.

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(iv) Indicate the status of “Resolved” or “Not Resolved” by the date of submitting this report to National Treasury.

.....
Accounting Officer



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Appendix II: Projects Implemented by The Entity

Projects

Projects implemented by the Hospital Funded by development partners

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

Status of Projects completion

(Summarise the status of project completion at the end of each 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							

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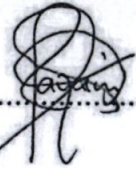
Appendix III: Inter-Entity Confirmation Letter


Name of Transferring entity: Samburu County Executive

Name of Beneficiary entity: Samburu County Teaching and Referral Hospital

Confirmation of amounts received by Samburu County Teaching and Referral Hospital as at 30 th June FY 2024					
Reference Number	Date Disbursed	Recurrent (A)	Development (B)	Total (C)=(A+B)	Remarks
N/A	N/A	NIL	NIL	NIL	N/A
Total					

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

Head of Accounts Department - Disbursing Entity:
 Name Joseph LeKalkuli Sign  Date 30th Sept 2024

Head of Accounts Department - Beneficiary Entity:
 Name John Koshipaya Sign  Date 30th sept 2024

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Appendix IV Reporting of Climate Relevant Expenditures

Project Name	Project Description	Project Objectives	Project Activities					Source Of Funds	Implementing Partners
				Q1	Q2	Q3	Q4		
Fencing of waste management sites	Construction of Perimeter wall for Kisima and Suguta, Waste Management site (Dumping site)	To improve solid waste management in major towns	Construction of Perimeter wall at the dumpsites					County Government	
	Improvement of Maralal Waste Management Site (Dumping site)	To improve solid waste management within Maralal town	Repair of Maralal dumpsite fence					County Government	
Control of soil erosion	Construction of soil conservation structures in Opiroi, Arsim and Nchock	To control soil erosion for enhanced rangeland management	Construction of soil conservation structures in degraded areas					County Government	

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Tree planting	Tree planting	To increase forest cover within the county	Tree planting activities during commemoration of world Environment Day School greening programme				County Government, Caritas	KFS, NEMA, Caritas,
Environment frameworks	Legal	Formulation of Climate Change Policy and Act, Forestry and Tree growing Policy, Rangelands Management and Grazing Policy	To enhance Environmental planning and management	Policy formulation Policy approvals Sensitization of the House Committee on the legal frameworks			County Government, UN/FAO, UN/WFP	FCDC/ LISTEN
Climate change		Establishment of Ward Climate Change committees	To build community resilience on climate change issues	Community sensitizations on climate change Act, committee elections			LISTEN Project	FCDC
Climate Change		Participatory Climate Risk Assessment	To assess community vulnerability to climate related risks and hazards	Community consultation meetings at the ward level			FLOCCA	LISTEN/FCDC

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Drafting of the County Climate Change Action Plan	County Climate Change Action Plan	To propose intervention measures to increase resilience of the county to climate change impacts	Ward level climate actions development Workshop on drafting of the CCAP and integration of the ward proposals					FLOCCA	LISTEN/FCDC
Green Energy	Solarization of boreholes	To enhance adoption of renewable energy (solar)	Installation of solar powered water systems in boreholes					County Government	ACTED, REDCROSS, UNICEF, NDMA, Food for Hungry, Caritas, World Vision, USAID-Nawiri, Fin Church Aid
Natural Resource Management Institutions	Training of WRUAs, CFAs, WUAs	To enhance protection and management of fragile ecosystems	Establishment and training of NRM institutions					County Government, USAID-Nawiri, LISTEN/SNV, FAO	SNV-LISTEN, NEMA, KFS, IMPACT Trust, and WRA

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Appendix V: Disaster Expenditure Reporting Template

Column I	Column II	Column III	Column IV	Column V	Column VI	Column VII
Programme	Sub-programme	Disaster Type	Category of disaster related Activity that require expenditure reporting (response/recovery/mitigation/preparedness)	Expenditure item	Amount (Kshs.)	Comments
Disaster Risk Reduction	Training of DRM committees	Flash floods	To mitigate the effects of flash floods in both live and livelihoods	Sensitization of the public	2,000,000	Not funded
	Establishment and training of DRM committees	Conflicts	To prepare and mitigate the effects of conflicts in lives and livelihoods	Training of DRM committees from village to County level	15,000,000	Not funded
	Operationalisation and equipping of Emergency operation	Early warning and early response	To respond effectively on current and emerging disasters and mitigate	Equipping of emergency operation centre	5,000,000	Not funded
	Reviewing and repealing of DRM Policy and DRM Act.	To have legal documents to operationalize DRM intervention.	To legally respond and mitigate disasters perfectly	Reviewing and repealing of DRM Policy and DRM Act.	10,000,000	Not funded
	Contingency planning	Mitigation				

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Emergency Relief food	Distribution of emergency relief food	Drought	Cushion the vulnerable households from hunger	Issuance of emergency relief food	30,000,000	Insufficient funding
	Identification and targeting of vulnerable households	Mitigation	Cushion vulnerable households from effects of hunger	Targeting of vulnerable households	5,000,000	Not funded
Peace and cohesion	Peace policy and Act operationalization	Conflicts	To save lives and livelihoods that are caused by the conflicts.	Sensitization And operationalization of peace policy and Act	5,000,000	Not funded
Partner relations and coordination	Coordination	Mitigation	To link partners to County department	Resource mobilization and building of synergies	2,000,000	Insufficient funding

