

REPUBLIC OF KENYA



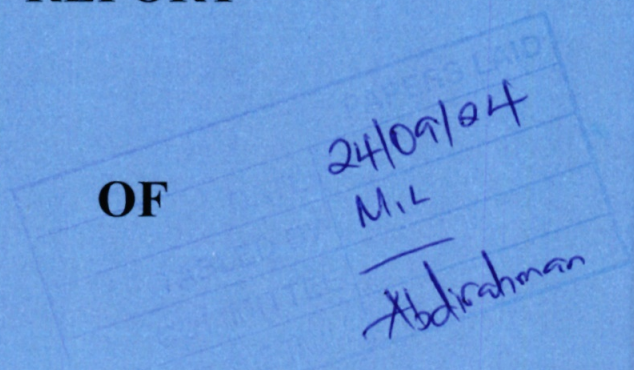
OFFICE OF THE AUDITOR-GENERAL

Enhancing Accountability



REPORT

OF



THE AUDITOR-GENERAL

ON

LODWAR COUNTY REFERRAL HOSPITAL

**FOR THE YEAR ENDED
30 JUNE, 2022**

OFFICE OF THE AUDITOR GENERAL
P. O. Box 30084 - 00100, NAIROBI
REGISTRY

29 APR 2024

RECEIVED



**LODWAR COUNTY REFERRAL HOSPITAL
(Turkana County Government)**

ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30TH JUNE 2022

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

Lodwar County Referral Hospital (Turkana County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2022

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I. Key Entity Information and Management

(a) Background information

Lodwar County Referral Hospital is a public hospital domiciled in Turkana County under the Department of Health. The hospital is governed by a Board of Management., in the north-western region of Kenya. The hospital serves as a referral facility for the larger Turkana County, providing specialized medical care and services to the community. The hospital is also a teaching facility for the Kenya Medical Training College and it provides services such as laboratory, radiology, and surgery. The hospital serves a large number of patients from the region, many of whom are from marginalized and disadvantaged communities with limited access to healthcare. The hospital is a key healthcare facility in the region, and it plays an important role in providing essential health services to the population.

(b) Principal Activities

The principal activity/mission/ mandate of the hospital is to provide efficient and high-quality health care system that is accessible, equitable, and affordable for every resident of Turkana County. Further it is mandated to promote and participate in provision of integrated and high quality promotive, preventive, curative, and rehabilitative health care services to every resident of Turkana County. It also formulates policies, set standards, provide health services, create and enabling environment and regulate the provision of health service delivery

(c) Key Management

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

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

(d) Fiduciary Management

The key management personnel who held office during the quarter ended June 30th, 2022 and who had direct fiduciary responsibility were:

No.	Designation	Name
1.	CEO	Dr. Joseph Epem
2.	DEPUTY DIRECTOR ADMINISTRATION & FINANCE	Simon Loyara
3.	DEPUTY DIRECTOR CLINICAL SERVICES	Dr. Ekiru Kidalio
4.	SENIOR ACCOUNTANT	Mr. Wycliffe Ogetii

(e) Fiduciary Oversight Arrangements

Quality Improvement Team

There is a quality improvement team comprising of various heads of departments, the CEO being the chairperson and the matron being the secretary. This team is obliged to improve the speed of decision-making and increase commitment for quality improvement. The roles and responsibilities of this committee is training of hospital staff, conducting situation analysis before implementation of QI approach, implementing Quality Improvement activities for common problems of the hospital, providing necessary inputs for QI activities, reviewing situation and the action plan et cetera.

The team implements changes, monitors their effects, and continuously evaluates and adjusts their approach to drive ongoing improvements in quality of care. Additionally, they ensure compliance with regulatory standards and accreditation requirements.

Waiver Committee

There is a waiver committee in place which is typically responsible for reviewing and approving requests for waivers or exceptions to established policies, procedures, or guidelines. These committees often consist of the CEO who serves as the chairperson, social worker- who serves as the secretary, and the administrator, accountant and the matron who are members. The primary role of the waiver committee is to assess the justification for the waiver request, evaluate potential risks and benefits, and make informed decisions that align with the hospital's mission, values, and regulatory requirements. Waiver committees play a crucial role in ensuring that exceptions to standard protocols are made judiciously and with careful consideration of patient safety, legal implications, and ethical considerations.

Lodwar County Referral Hospital
P.O. Box 18
30500
Napetet Road
Lodwar, KENYA

(f) Entity Contacts

E-mail: lodwarreferral@turkana.go.ke

(g) Entity Bankers

National Bank of Kenya
Head Office, National Bank Building
Harambee Avenue
P.O Box 72866-00200 Nairobi, Kenya
Email: info@nationalbank.co.ke

(h) Independent Auditors



Auditor-General
Office of Auditor-General
Anniversary Towers, Institute Way


P.O. Box 30084
GPO 00100
Nairobi, Kenya




(i) Principal Legal Adviser

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



II. The Board of Management





	<p>Basra Ifrah Ali Basra currently sits as Chairperson of Turkana County Referral Hospital Board, She's also sits as a member of the UNDP-African Borderlands Centre. She has in 2018 worked as Head of Programmes and food Security expert for Cooperation International (COOPI) in Nairobi. The agency was in Both Cash consortium and SOMREP which is a group of international agencies such WV-Somalia, ADRA, ACF, CARE, DRC and COOPI. Similarly, in 2019, Basra supported the Financial Market survey and tech-use financial instruments in Somalia, led by California based financial consulting firm contracted by World Bank Somalia.</p> <p>Basra has previously worked with UNDP-Rule of Law and security programme supporting the formation of the transitional government of Somalia and Somaliland, in 2007 and 2008. She was instrumental in organizing donor round table meetings. Government joint meeting with key UNDP staff among other tasks. Furthermore; Basra has also worked with a global research agency the Stockholm Environment Institute.</p>
	<p>Dr Joseph Epem Dr. Epem has over 14 years of working experience in leadership in diverse fields. He holds a Master of Public Health from Maseno University, a Master of Business Administration – Healthcare Management form University of Zambia, Postgraduate Diploma, Management and control of HIV/AIDS and Infectious Diseases Galilee from the International Institute-Israel, Postgraduate Certificate, Applied Epidemiology & Biostatistics Course Ss1978 CDC Atlanta- 2011, and PharmD, from University of Nairobi.</p> <p>Currently Dr. Epem is pursuing Bachelor of Laws (LLB) from the University of Suffolk. He has a wealth of working experience. Currently he is serving as the County Director/CEO at Lodwar county Referral Hospital and doubles up as the secretary to the Hospital Board. Previously he has also served as a County Director- Health Products and technologies, County Director of health-Preventive and Promotive services, Ag. Chief officer of health, District Medical Officer of health, at the Turkana County Government. He has also served as Hospital Pharmacist, at Lodwar District Hospital</p>

	<p>Fr Paul Areman</p> <p>Fr. Paul holds a Phd in Development Studies from Moi University, a Master of Arts degree in Development Studies, Post Graduate Diploma in Planning and Management of Development Projects, and Baccalaureate in Sacred Theology from the Catholic University of Eastern Africa. He also has a Bachelor’s of Philosophy from Pontifical Urbaniana University. He has a wealth of working experience. Currently he is serving as the Administrator at the St. Augustine Cathedral, Vicar General at Catholic Diocese of Lodwar. Previously he has also served as a Parish priest at Holy Spirit Parish-Nawoitong, a campus chaplain at Mount Kenya University-Lodwar Campus, a Dean Catholic Diocese of Lodwar- Central Deanery, a parish priest St. Michael Parish- Napetet- Catholic Diocese of Lodwar.</p> <p>He has also served as Deputy Director- Caritas Lodwar at the Catholic Diocese of Lodwar, Assistant Campus Chaplain at The Catholic University of Eastern Africa- Gaba Campus, Chaplain at Mother of Mercy, Langata Barracks, Parish Priest at St. Daniel Comboni Parish-Lokori, Catholic Diocese of Lodwar and Good Shepherd Parish, Kakuma, Lodwar Diocese respectively. He was also the Director at Good Shepherd Catechetical Centre, Katilu- Catholic Diocese of Lodwar. He has also done community service in various institutions and schools</p>
	<p>Moses Ikwel Achok</p> <p>Mr Ikwel holds a Bachelor’s of Development Studies degree from Mount Kenya University, S1 Teacher certificate and a P1 certificate and has a working experience of over 27 years in leadership position s. He has served as a Principal Social Welfare Officer – Turkana County Government Consultant Trainer. Previously he served as a Chairperson, Community Liaison Committee – Oil and Gas operations, Turkana West sub county (CEPSA). He has also served as a chairperson, Community Dialogue and Development Committee (CDDC) Kalobeyei Refugee Settlement Programme. He also served as a Director Member – General Wages Council Ministry of Labour Nairobi. He also served as a public relations officer.</p>

	<p>Robert Lochuch Kamaro Mr. Lochuch has 20 years of working experience in leadership in diverse fields. He currently serves as a Director and Health Advisor with Lodwar Galilee School. He also served in various key roles in Save the Children as a Child safeguarding Focal Person and as a Technical Officer Clinical Services HIV/SRHR Project. He previously served as a Senior Program Coordinator with AICHM/DIFAEM/ACTION MEDEOR Boresha Project Nairobi. Previously also he has worked with Pathfinder International as a Lead Clinician/Surgeon for VMMC Program. He also served in the Ministry of Health Services welfare Kingdom of Lesotho as a Senior Nursing officer. He holds a Bachelor's of Science in Public Health from Jomo Kenyatta University of Agriculture and Technology</p>
	<p>Mrs Jacinta Nyanga Epeyon Jacinta currently is the PTA chairperson David Lee Adventist Nagis Secondary school. She has a wealth of experience in leadership having worked as the chairperson Maendeleo ya Wanawake Charter in Turkana County. Previously she was the County Vice Chair Lady Maendeleo ya Wanawake. She has served as a secretary and patient attendant in various institution. She has also been nominated as Councillor Lodwar Municipal Council</p>
	<p>Christine Nalemsekon Mrs Christine has a wealth of working experience in leadership in diverse fields. She holds a Master Degree Business Administration -Strategic Management from Kenyatta University. Currently she serves as the Sub County Administrator for Turkana Central.</p>

III. Management Team

Management	Details
 <p data-bbox="135 806 446 873"><i>Dr. Joseph Epem - MPH, MBA, PharmD</i></p>	<p data-bbox="539 638 606 672">CEO</p>
 <p data-bbox="135 1299 383 1332"><i>Dr. Ekiru Kidalio- MBBS</i></p>	<p data-bbox="539 1142 941 1176">Deputy Director Clinical Services</p>

 <p><i>Simon Loyara, - MPH</i></p>	<p>Administration and Finance</p>
 <p><i>Rebecca Ekaeli, - BScN</i></p>	<p>Hospital Matron</p>
 <p><i>Mary Ogutu-BSc (EVH)</i></p>	<p>Public Health</p>
 <p><i>Mr. Wycliffe Ogeti- BBA (Finance & Marketing)</i></p>	<p>Accountant</p>

IV. Chairman's Statement

The Governance structure of the Lodwar County Referral Hospital has a composition of six members from independent county structures of religious, minority, gender and community leaders. The CEO of the hospital sits as the secretary to the board. The Board has a structured meeting that runs four times in a year on a quarterly basis. The Chairperson of the hospital is the one that direct all the meetings while the convener is the hospital CEO. The state of the county Referral Hospital has been improving significantly, The Expansion of the facilities building and human resource is one of the main visible milestones to many of the partners and communities interacting with the LCRH.

The Board members profile has been attached in these documents and all the members profile and strengths can be viewed and attached as hospital documents profile and promotional organizational communication documents.

The LCRH has made significant progress and the main milestones that the board finds visible remain as significant for documentation. The following strengths are seen as milestones.

- 1). A fully fledged membership at the governance board level. The members are positive, optimistic, have strong values and are real team players. They are up to date with all the functioning, internal and external information within the LCRH facility.
- 2). A digitalized system that's fully fledged and with the best security equipment has been procured, and installed during the board members tenure.

As the chairperson I see the following opportunities available for the health facility in the next one year. The need to have a CCTV system and an oxygen plant. The need to have a 5-year strategic plan for the LCRH will be a great opening. In line with the strategic plan a vibrant a live communication strategy is also vital.

Currently LCRH has received the NHIF insurance policy which actually has been sustaining the facility. Other Insurances are also viable. These will be a milestone opportunity.

In conclusion the board has been very effective and the CEO quite supportive and forward looking for the year coming. We look forward to a fruitful and open consultation and continued governance improvement.

V. Report of The Chief Executive Officer

I am pleased to present the Hospital's annual report and financial statements for the year 2021/22. The report highlights the hospitals operational and financial performance as well as our strategic direction.

Operational Performance

The hospital provides specialized healthcare services in Turkana with over one million people relying on it. To meet our patients' needs, we have specialists in all major disciplines of medical practice who ensure our customers receive safe, timely, equitable, efficient, effective and patient-centred services. During the year, the medical team demonstrated clinical effectiveness by reduction of mortality rate at the critical care units. The hospital management team also managed to install a hospital information system and ensured availability of medical supplies to enhance patient.

Embracing Technology to Advance Patient Care

The use of ICT is a priority for LCRH as reflected in Kenya's and Turkana county's ICT Master Plan and need to automate systems to enhance efficiency in services delivery. Towards this, the hospital planning to carry out a business reengineering with the view of aligning all hospital processes for automation.

LCRH is focused to reduce hospital acquired infections and medical errors, reduction of falls and occurrence of venous thrombosis. The Hospital has created the committee of quality improvement services (QIT) whose operations encompass patient safety, clinical governance, infection prevention & control, as well as monitoring and evaluation. The hospital also developed protocols SOPs and guidelines for patient management. Further, the hospital in collaboration with medical training college (MTC) and Ministry of Health (MoH) held inaugural patient safety symposium and also carried patient safety survey that is being used to address patient safety concerns.

Effective Communication

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

Acknowledgment

The thousands of patients served are a living testament to the care, love and support of the everyday by the outstanding commitment of our staff. We are grateful to our county government led by the Governor, stakeholders and sponsors for their kindness, compassion, support, dedication and contributions to LCRH.

VI. Statement Of Performance Against Predetermined Objectives

(Section 149 subsection 2(g) of the PFM Act 2012, requires the Accounting Officer of Lodwar County Referral Hospital to prepare a strategic plan in conformity with the medium-term fiscal framework and financial objectives of the County government.

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 Lodwar County Referral Hospital performance against predetermined objectives

Lodwar County Referral Hospital has four strategic pillars and objectives within its Strategic Plan for the FY 2018/2019- 2022/2023. These strategic pillars are as follows:

- Pillar 1: Health Service Delivery
- Pillar 2: Health Workforce
- Pillar 3: Health Financing
- Pillar 4: Leadership And Governance

Lodwar County Referral Hospital develops its annual work plans based on the above four pillars. Assessment of the Board’s performance against its annual work plan is done on a quarterly basis. Lodwar County Referral Hospital achieved its performance targets set for the FY 2021/2022 period for its three strategic pillars, as indicated in the diagram below:

Strategic Pillar/Theme/Issues	Objective	Key Performance Indicators	Activities	Achievements
Pillar 1: Health Service Delivery:	Improve access to essential health services, especially for	Tracking the percentage of the population accessing	Enhance quality, accessibility, and equity of health services.	40% of the vulnerable population are accessing the health services,

	vulnerable populations	essential health services.	Strengthen referral systems and emergency care.	and the referral system has been strengthened 35%
Pillar 2: Health Workforce	Enhance their competencies through training and professional development.	Evaluating the percentage of health workers completing required training.	Increase the number of skilled health workers. Improve retention and motivation.	Skilled staff have increased we are nearing to reach the set standard by WHO
Pillar 3: Health Financing	Improve financial risk protection for citizens	Evaluating the extent to which health costs are covered by insurance or other mechanisms.	Increase domestic funding for health. Explore innovative financing mechanisms.	In the process of making the entity autonomous in order to get more funding
Pillar 4: Leadership and Governance	Promote transparency and accountability in health management.	Evaluating adherence to governance principles.	Strengthen health sector leadership at all levels. Enhance coordination among stakeholders	30% achieved in strengthening leadership at all levels

VII. Corporate Governance Statement

The board of directors is composed of competent, diverse and qualified members capable of exercising objective and independent judgement. The Board has appropriate autonomy and authority to exercise its functions are accountable and responsible to the stakeholders. The composition of the Board provides a diversity of gender, competencies and skills required for effective leadership of the organization.

During the period under review the Board held six number of meetings, nil special meetings and one Finance and Human Resource Committee

No	Board Member	Classification	Designation	Main Board Meetings: Total 2 (2 scheduled, 0 special)
1.	Ms Basra Ali	Independent	Board Chairperson	2/2
2.	Fr. Paul Areman	Independent	Vice chairperson	2/2
3.	Moses Achok	Independent	Member	2/2
4.	Robert Lochuch	Independent	Member/Chairperson (BF&HRC)	2/2
5.	Jacinta Epeyon	Independent	Member	2/2
6.	Dr. Yvonne Musa	CEO	Secretary	2/2
7.	Christine Nalemsekon	Administrator	Member	2/2

BOARD CHARTER

The board is yet to develop the charter.

APPOINTMENT AND REMOVAL OF DIRECTORS.

The board of directors are appointed by a transparent and formal process governed by the County Executive Committee Member (CECM) through a Gazette Notice and thereafter an appointment letter.

ROLES AND FUNCTION OF THE BOARD

The Board of the has the following roles as outlined by Turkana County Health Services Administration Act:

- a) Responsible for the supervision of the funds allocated to the hospital;
- b) Open and operate a bank account at a bank approved by CECM finance;
- c) Consider recommended activities to be included in the hospital work plans based on the County health sector strategic plan.
- d) Keep a permanent record of all deliberations

INDUCTION AND TRAINING OF THE BOARD

Lodwar County Referral Hospital recognizes the governance leap made by the Government of Kenya through the development and issuance of Mwongozo- The Code of Governance for State Corporations. In this regard, once new board members are appointed, the Hospital provides them with information on the operations of Lodwar County Referral Hospital.

BOARD AND MEMBER PERFORMANCE

The board conducts the annual board and individual members' evaluation to monitor and review performance. This is independently supervised by SCAC.

CONFLICT OF INTEREST

During every meeting of the board, members sign a declaration of conflict of interest. Where a member has conflicting interest, they are excluded from the deliberations of the said agenda.

BOARD REMUNERATION

The policy on remuneration of the board members is in place as provided for by relevant government regulations and guidelines. Allowances were paid when they fall due.

ETHICS AND CONDUCT

Board members received training on ethics and conduct during the induction training. There are no ethical and misconduct issues to declare.

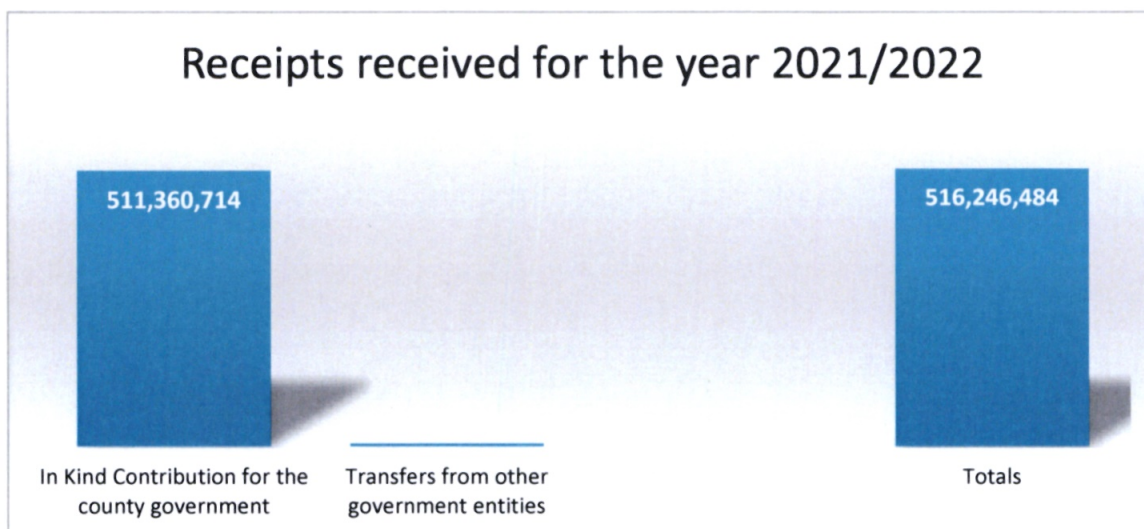
GOVERNANCE AUDIT

The Board is yet to established a Board Audit and Risk Committee in compliance with Mwongozo and government audit laws and regulation

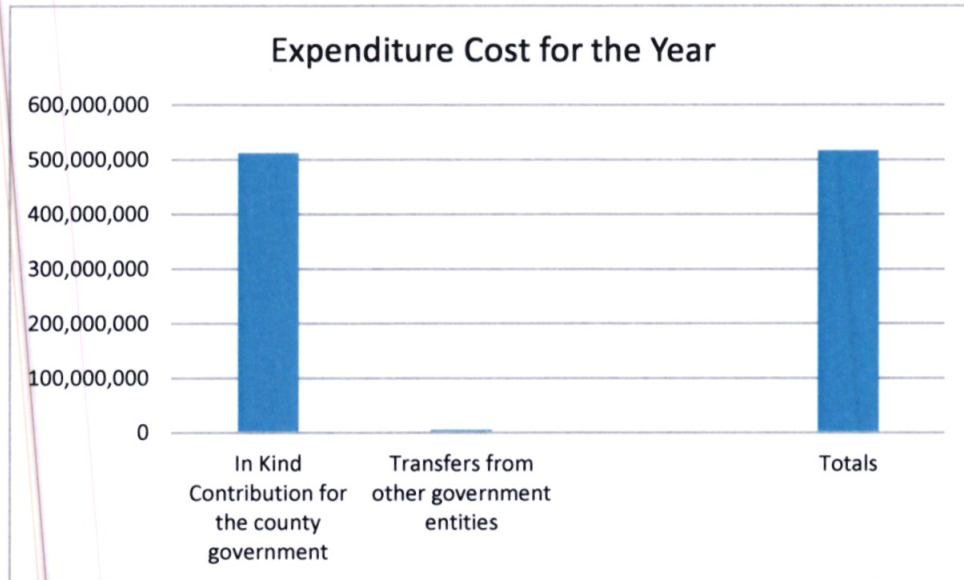
VIII. Management Discussion and Analysis

During the year under review the hospital has been operating in accordance with the Turkana County Health Administrative Act through authority from the Chief Officer.

During the year under review, the Hospital received a total of Kshs 511,360,714 out of which Kshs 506,474,944 was In-kind contributions from the County Government, and 4,885,770 was Transfers from other Government entities.



During the year the expenditures were in kind as the entity was still under the department of health. The in-kind expenditure on medical/clinical costs was Kshs 27,788,437, Kshs 461,452,776 on employee costs, and Kshs 21,972,792 on general expenses. The surplus net surplus for the year was Kshs 146.710



IX. Environmental And Sustainability Reporting

i) Sustainability strategy and profile

Lodwar County Referral Hospital in Turkana County, Kenya, prioritizes comprehensive medical care for residents. Its accounting officer ensures financial viability by monitoring expenses and aligning spending with national healthcare goals. Beyond finances, the hospital remains aware of political and macroeconomic trends that impact service delivery. Notably, the hospital installed an integrated solar water desalination system for clean water, irrigation, fish farming, and waste recycling, promoting self-sufficiency.

ii) Environmental performance

The Lodwar County Referral Hospital recognizes its responsibility to protect the environment while providing essential healthcare services. Their environmental policy aims to balance medical care with sustainable practices. Evidence of this policy can be found in their initiatives, infrastructure, and operational decisions. Integrated Solar Water Desalination System: The hospital's recent installation of an integrated solar water desalination system stands as a significant achievement. This system not only provides clean water but also holds promise for irrigation, fish farming, and waste recycling. It's a step toward self-sufficiency and reduced reliance on external resources.

Improved Infrastructure: Rehabilitation efforts have targeted various hospital departments, including the Pediatric ward, Male and Female wards, Outpatient department, Operating Theatre, and Physiotherapy department. Upgrading infrastructure contributes to better resource utilization and energy efficiency. The hospital's location in an arid area necessitates thoughtful resource use. Preserving local flora and fauna is crucial for ecological balance. The hospital's waste management policy likely includes guidelines for proper disposal of medical waste. Ensuring safe handling of hazardous materials is essential. Evidence of this policy would be found in waste disposal practices, segregation, and collaboration with relevant agencies.

iii) Employee welfare

The hiring process for Lodwar County referral staff is done centrally by the County Public Service Board by following the National's Human Resource policies and manuals which take into account the gender ratio, take in stakeholder engagements and how often they are improved. The hospital ensures a safe working environment, proper handling of hazardous materials, and compliance with health and safety regulations such as the Occupational Safety and Health Act of 2007, (OSHA.)

iv) Market place practices-

The following are the market place practices undertaken by the hospital:

a) Responsible competition practice.

The Lodwar County Referral Hospital actively promotes ethical practices and responsible competition. They combat corruption through internal controls and audits, educate staff about fair play, and maintain a neutral political stance. Fair competition, innovation, and respect for competitors contribute to their commitment to quality healthcare

b) Responsible Supply chain and supplier relations

Lodwar County Referral Hospital demonstrates responsible business practices by upholding contractual agreements and treating suppliers with respect. Their commitment to honouring contracts ensures that suppliers receive timely payments and fair treatment. Whether procuring foodstuff, medical supplies, or other essentials, the hospital prioritizes transparency, reliability, and ethical conduct. By maintaining strong relationships with suppliers, they contribute to a sustainable and efficient healthcare system for the community.

c) Responsible marketing and advertisement

Lodwar County Referral Hospital demonstrates ethical marketing practices through several initiatives. Firstly, they prioritize transparency and community engagement, actively communicating with the community about services, programs, and achievements. Secondly, their patient-centric approach ensures clear communication about available services, treatment options, and patient rights. Thirdly, they practice cultural sensitivity, considering Turkana's unique context in marketing materials. Fourthly, collaboration with NGOs and partners strengthens their reach, enhancing community awareness. Lastly, maintaining high standards of care contributes to a positive reputation, as satisfied patients become advocates for the hospital's ethical practices

v) Corporate Social Responsibility / Community Engagements

The Lodwar County Referral Hospital operates within a community facing significant vulnerability due to low poverty levels. There are instances where patients receive services but are unable to pay, the hospital steps in to assist by waiving those that can't really pay. Additionally, after receiving

treatment and discharged, there are those stranded due to lack of transportation, the hospital provides support to ensure they can safely return home to their families. This compassionate approach reflects the hospital's commitment to serving its community, even in challenging circumstances.

X. Report of The Board of Management

The Board members submit their report together with the Audited Financial Statements for the year ended June 30, 2022, which show the state of the hospital's affairs.

Principal activities

The principal activities of the entity is to provide efficient and high-quality health care system that is accessible, equitable, and affordable for every resident of Turkana County. Further it is mandated to promote and participate in provision of integrated and high quality promotive, preventive, curative, and rehabilitative health care services to every resident of Turkana County. It also formulates policies, set standards, provide health services, create and enabling environment and regulate the provision of health service delivery.

The entity's principal activity is providing specialized medical care for patients referred by other healthcare providers, offering secondary and tertiary care services such as diagnostic testing and advanced, offering training programs for medical professionals, and Providing care for patients with complex or severe medical conditions that require specialist expertise.

Results

The results of the entity for the year ended June 30 2022 are set out on pages 1 to 8.

Board of Management

The members of the Board who served during the year are shown on page vi. During the year, no director(s) retired/ resigned, and no director (s) was appointed with effect from 19th November 2021.

Auditors

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

By Order of the Board



.....
Name: Dr. Joseph Epem
Secretary to the Board

XI. Statement of Board of Management's Responsibilities

Section 166 of the Public Finance Management Act, 2012 require the Directors to prepare quarterly financial statements in respect of that Lodwar County Referral Hospital, which give a true and fair view of the state of affairs of the Lodwar County Referral Hospital at the end of the period and the operating results of the Lodwar County Referral Hospital for that period. The Directors are also required to ensure that the Lodwar County Referral Hospital keeps proper accounting records which disclose with reasonable accuracy the financial position of the Lodwar County Referral Hospital. The Directors are also responsible for safeguarding the assets of the Lodwar County Referral Hospital.

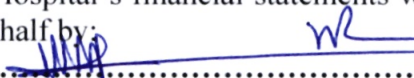
The Board of Directors is responsible for the preparation and presentation of the Lodwar County Referral Hospital's financial statements, which give a true and fair view of the state of affairs of the Lodwar County Referral Hospital for and as at the end of the period ended on 30th June 2022. This responsibility 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 Lodwar County Referral Hospital, (iii) designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements, and ensuring that they are free from material misstatements, whether due to error or fraud, (iv) safeguarding the assets of the Lodwar County Referral Hospital; (v) selecting and applying appropriate accounting policies, and (vi) making accounting estimates that are reasonable in the circumstances.

The Board of Directors accepts responsibility for the Lodwar County 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 Lodwar County Referral Hospital's financial statements give a true and fair view of the state of Lodwar County Referral Hospital's transactions during the financial year ended June 30, 2022, and of the Lodwar County Referral Hospital's financial position as at that date. The Board members further confirm the completeness of the accounting records maintained for the Lodwar County Referral Hospital, which have been relied upon in the preparation of the Lodwar County 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 Directors to indicate that the Lodwar County 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 29th April 2024 and signed on its behalf by:


.....

Name: Ms Basra Ali
Chairperson
Board of Management


.....

Name: Dr. Joseph Epem Esekun
Accounting Officer

REPUBLIC OF KENYA

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



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

REPORT OF THE AUDITOR-GENERAL ON LODWAR COUNTY REFERRAL HOSPITAL FOR THE YEAR ENDED 30 JUNE, 2022 - COUNTY GOVERNMENT OF TURKANA

PREAMBLE

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

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

An unmodified opinion does not necessarily mean that an entity has complied with all relevant laws and regulations and that its internal controls, risk management and governance systems are properly designed and were working effectively in the financial year under review.

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

REPORT ON THE FINANCIAL STATEMENTS

Qualified Opinion

I have audited the accompanying financial statements of Lodwar County Referral Hospital - County Government of Turkana set out on pages 1 to 52, which comprise of the

Report of the Auditor-General on Lodwar County Referral Hospital for the year ended 30 June, 2022 - County Government of Turkana

statement of financial position as at 30 June, 2022, and the statement of financial performance, statement of changes in net assets, statement of cash flows, 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 Lodwar County Referral Hospital - County Government of Turkana as at 30 June, 2022, and of its financial performance and its cash flows for the year then ended, in accordance with International Public Sector Accounting Standards (Accrual Basis) and comply with the Public Finance Management Act, 2012, the County Governments Act, 2012 and the Health Act, 2017.

Basis for Qualified Opinion

1. Non-Disclosure of Property, Plant and Equipment

The statement of financial position reflects Nil property, plant and equipment balance. However, review of Hospital records and physical verification in the month of April, 2024 revealed various assets including land, buildings, motor vehicles, furniture, computers and equipment which were not disclosed in the financial statements. Further, the ownership documents for land were not provided for audit.

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

2. Undisclosed Inventories

The statement of financial position reflects Nil inventories balance. However, review of records revealed that the facility had undetermined values of inventory at the end of the year which were not disclosed in these financial statements. Further, there was no evidence of conducting the annual stock take to confirm the quantities, value and status of closing inventory balances as at 30 June, 2022.

In the circumstances, the accuracy and completeness of the Nil balance of inventories could not be confirmed.

3. Variances in Transfer from Other Entities

The statement of financial performance reflects transfers from National Health Insurance Fund (NHIF) of Kshs.4,885,770 as disclosed in Note 9 to the financial statements. However, review of records from NHIF revealed that a disbursement of Kshs.4,753,250 was made to the Hospital resulting in an unreconciled variance of Kshs.132,520.

In the circumstances, the accuracy and completeness of transfers from NHIF of Kshs.4,885,770 could not be confirmed.

4. Variances in Receivables from Exchange Transactions

The statement of financial position reflects Nil receivables from exchange transactions, however, corroborative records from NHIF indicate a balance of Kshs.19,232,575 resulting to an unexplained variance of Kshs.19,232,575.

In the circumstances, the accuracy, completeness and recoverability of the Nil trade receivables balance from exchange transactions could not be confirmed.

5. Non-Disclosure of Donated Drugs

The statement of financial performance reflects a Nil amount on grants from donors and development partners as reported in the financial statements. However, distribution data from Kenya Medical Supplies Authority (KEMSA) revealed that the Hospital received donations and program commodities drugs amounting to Kshs.43,305,131 and Universal Health Coverage of Kshs.1,853,121 but were not disclosed in the financial statements.

In the circumstances, the accuracy and completeness of Nil grants from donors and development partners could not be confirmed.

The audit was conducted in accordance with International Standards of Supreme Audit Institutions (ISSAIs). I am independent of the Lodwar County Referral Hospital Management in accordance with ISSAI 130 on 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 judgment, are of most significance in the audit of the financial statements. There were no key audit matters to report in the year under review.

REPORT ON LAWFULNESS AND EFFECTIVENESS IN USE OF PUBLIC RESOURCES

Conclusion

As required by Article 229(6) of the Constitution, based on the audit procedures performed, except for the matters described in the Basis for Conclusion on Lawfulness and Effectiveness in 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. Late Submission of Financial Statements

The financial statements for the year ended 30 June, 2022 were submitted to the Office of the Auditor-General on 19 April, 2024 more than one year, six (6) months after the statutory deadline of 30 September, 2022. This was contrary to Section 68(2)(k) of the Public Finance Management Act, 2012 which requires an Accounting Officer to prepare annual financial statements for each financial years and submit them for Audit within three months after the end of the financial year.

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

2. Lack of an Approved Annual Budget

The statement of comparison of budget and actual amounts reflects total income and total expenditure budget of Kshs.511,360,714 and Kshs.511,214,004 respectively resulting in an unbalanced budget. Further, Management did not provide the approved budget for audit.

In the circumstances, the regularity of the expenditure incurred could not be confirmed.

3. Deficiencies in Implementation of Universal Health Coverage (UHC)

Review of Hospital records and interviews on verification of services offered, equipment used and medical specialists in the Hospital at the time of audit revealed that the Hospital did not meet the requirements of Kenya Quality Model for Health Policy Guidelines due to staff deficits by four (4) staff requirements or 4% of the authorized establishment.

Staffing Requirement	Level 4 Standard	Number in Hospital	Variance	Percentage (%)
Medical Officers	16	13	3	19
Anesthesiologists	2	7	(5)	Over 100
General Surgeons	2	2	0	100
Gynecologists	2	2	0	100
Pediatricians	2	2	0	100
Radiologists	2	1	1	50
Registered Community Health Nurses	75	70	5	7
Total	101	97	4	4

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

Service	Level 4 Hospital Standard	Actuals in the Hospital	Variance	Percentage %
Resuscitaire In Labour Ward	2	3	(1)	Over 100
New Born Unit Incubators	5	9	(4)	Over 100
New Born Unit Cots	5	4	1	20
Functional ICU Beds	6	3	3	50
High Dependency Unit (HDU) Beds	6	4	2	33
Renal Units with at least 5 Dialysis Machines	5	5	0	100
Two functional operational theatres- Maternity & General	2	3	(1)	Over 100

These deficiencies contravene 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, the Hospital will not be able to deliver on its mandate.

The audit was conducted in accordance with ISSAI 4000. The standard requires 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 are in compliance, 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 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 overall governance were not effective.

Basis for Conclusion

1. Lack of Risk Management Policy, Strategic Plan and Disaster Recovery Plan

During the year under review, Management did not have in place a risk management policy. This was contrary to Regulation 158(1) of the Public Finance Management (County Governments) Regulations, 2015 which requires each county government entity to

develop risk management strategies and a system of risk management to enable the county to identify and develop appropriate risk strategies in order to improve on effective and efficient management of public resources.

In the circumstances, the existence of an effective risk management strategy could not be confirmed.

2. Lack of Internal Audit Function

The Management of the Hospital has not established an internal audit department and no evidence was provided to confirm that internal audit reviews were carried out during the year under review. This is contrary to Section 155(1) of the Public Finance Management Act, 2012 which requires each county government entity to have appropriate arrangements for conducting internal audit.

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

3. Unutilised Medical Equipment

The Ministry of Health awarded a contract to equip Managed Equipment Services (MES) contract. However, physical verification in the month of 2024 revealed that the contracts between maintenance service providers and the Ministry had expired. Therefore, some equipment including renal dialysis equipment, Intensive Care Unit (ICU) equipment, X-ray and other Imaging equipment were not functioning and had not been serviced as at 10 April, 2024.

In the circumstances, value for money may not be obtained from the Managed Equipment Services (MES) contract.

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 processes and systems of internal control, 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 to sustain its services, disclosing, as applicable, matters related to the sustainability of services and using the applicable basis of accounting

unless Management is aware of the intention to terminate the Hospital or 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 governance and risk management, and ensuring the adequacy and effectiveness of the control environment.

Auditor-General's Responsibilities for the Audit

The audit objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion in accordance with the provisions of Section 48 of the Public Audit Act, 2015 and submit the audit report in compliance with Article 229(7) of the Constitution. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISSAIs will always detect a material misstatement and weakness 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 addition to the audit of the financial statements, a compliance audit is planned and performed to express a conclusion about whether, 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 accordance with the provisions of Article 229(6) of the Constitution and submit the audit report in compliance with Article 229(7) of the Constitution.

Further, in planning and performing the audit of the financial statements and audit of compliance, I consider internal controls in order to give an assurance on the effectiveness of internal controls, risk management and overall governance processes and systems in accordance with the provisions of Section 7(1)(a) of the Public Audit Act, 2015 and submit the audit report in compliance with Article 229(7) of the Constitution. My consideration of the internal controls would not necessarily disclose all matters in the internal controls that might be material weaknesses under the ISSAIs. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements caused by error or fraud in

amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions.

Because of its inherent limitations, internal controls may not prevent or detect misstatements and instances of noncompliance. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies and procedures may deteriorate.

As part of an audit conducted in accordance with ISSAIs, I exercise professional judgement and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Conclude on the appropriateness of Management's use of the applicable basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue to sustain its services. If I conclude that a material uncertainty exists, I am required to draw attention in the auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my audit report. However, future events or conditions may cause the Hospital to cease to continue to sustain its services.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information and business activities of the Hospital to express an opinion on the financial statements.
- Perform such other procedures as I consider necessary in the circumstances.

I communicate with Management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that are identified during the audit.

I also provide Management with a statement that I have complied with relevant ethical requirements regarding independence and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and where applicable, related safeguards.



FCPA Nancy Gathungu, CBS
AUDITOR-GENERAL

Nairobi

04 July, 2024

XIII. Statement of Financial Performance for The Year Ended 30 June 2022

Description	Note	FY 2021-2022
		Kshs
Revenue from non-exchange transactions		
Transfers from the County Government	6	-
In-kind contributions from the County Government	7	506,474,944
Grants from donors and development partners	8	-
Transfers from other Government entities	9	4,885,770
Public contributions and donations	10	-
		511,360,714
Revenue from exchange transactions		
Rendering of services- Medical Service Income	11	-
Revenue from rent of facilities	12	-
Finance /Interest Income	13	-
Miscellaneous Income	14	-
Revenue from exchange transactions		-
Total revenue		511,360,714
Expenses		
Medical/Clinical costs	15	27,788,437
Employee costs	16	461,452,776
Board of Management Expenses	17	-
Depreciation and amortization expense	18	-
Repairs and maintenance	19	-
Grants and subsidies	20	-
General expenses	21	21,972,792
Finance costs	22	-
Total expenses		511,214,004
Other gains/(losses)		
Gain/Loss on disposal of non-Current assets	23	-
Unrealized gain on fair value of investments	24	-
Medical services contracts Gains/Losses	25	-
Impairment loss	26	-

Lodwar County Referral Hospital (Turkana County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2022

Gain on foreign exchange transactions		-
Total other gains/(losses)		-
Net Surplus / (Deficit) for the year		146,710


The notes set out on pages 11 to 51 form an integral part of the Annual Financial Statements

The Hospital's financial statements were approved by the Board on 29th April 2022 and signed on its behalf by:



Chairman

Board of Management



Head of Finance

ICPAK No: 7285



Medical Superintendent

XIV. Statement of Financial Position as at 30th June 2022

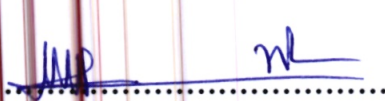
Description	Note	FY 2021-2022
		Kshs
Assets		
Current assets		
Cash and cash equivalents	27	146,710
Receivables from exchange transactions	28	-
Receivables from non-exchange transactions	29	-
Inventories	30	-
Total Current Assets		146,710
Non-current assets		
Property, plant, and equipment	31	-
Intangible assets	32	-
Investment property	33	-
Total Non-current Assets		-
Total assets		146,710
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	-

Lodwar County Referral Hospital (Turkana County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2022

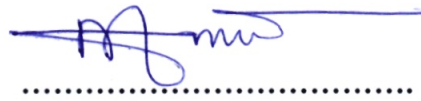
Service concession liability	40	-
Social Benefits	41	-
Total Non-current liabilities		-
Total Liabilities		-
Net assets		
Revaluation reserve		-
Accumulated surplus/Deficit		146,710
Capital Fund		-
		146,710
Total Net Assets and Liabilities		146,710

The notes set out on pages 11 to 51 form an integral part of the Annual Financial Statements.

The Hospital's financial statements were approved by the Board on 29th April 2024 and signed on its behalf by:



Chairman
Board of Management



Head of Finance
 ICPAK No: 7385



Medical Superintendent

XV. Statement of Changes in Net Asset for The Year Ended 30 June 2022

Description	Revaluation reserve	Accumulated surplus/Deficit	Capital Fund	Total
As at July 1, 2020	-	-	-	-
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	-	-	-
Capital/Development grants	-	-	-	-
As at June 30, 2021	-	-	-	-
At July 1, 2021	-	-	-	-
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	146,710	-	146,710
Capital/Development grants	-	-	-	-
At June 30, 2022	-	146,710	-	146,710


XVI. Statement of Cash Flows for The Year Ended 30 June 2022

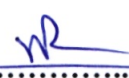
Description	Note	FY 2021-2022
		Kshs
Cash flows from operating activities		
Receipts		
Transfers from the County Government		-
Grants from donors and development partners		-
Transfers from other Government entities		4,885,770
Public contributions and donations		-
Rendering of services- Medical Service Income		-
Revenue from rent of facilities		-
Finance / interest income		-
Miscellaneous receipts		-
Total Receipts		4,885,770
Payments		
Medical/Clinical costs		-
Employee costs		-
Board of Management Expenses		-
Repairs and maintenance		-
Grants and subsidies		-
General expenses		4,739,060
Finance costs		-
Refunds paid out		-
Total Payments		4,739,060
Net cash flows from operating activities		146,710
Cash flows from investing activities		
Purchase of property, plant, equipment & intangible assets		-
Proceeds from the sale of property, plant, and equipment		-
Acquisition of investments		-
Net cash flows used in investing activities		-
Cash flows from financing activities		
Proceeds from borrowings		-
Repayment of borrowings		-
Capital grants received		-
Net cash flows used in financing activities		-


Lodwar County Referral Hospital (Turkana County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2022


Net increase/(decrease) in cash and cash equivalents		146,710
Cash and cash equivalents as at 1 July	27	-
Cash and cash equivalents as at 30 June	27	146,710

The notes set out on pages 11 to 51 form an integral part of the Annual Financial Statements. The Hospital's financial statements were approved by the Board on 29th April 2022 and signed on its behalf by:


.....
Chairman
Board of Management


.....
Head of Finance
ICPAK No:


.....
Medical Superintendent


.....

**Lodwar County Referral Hospital (Turkana County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2022**

XVII. Statement Of Comparison of Budget and Actual Amounts For The Year Ended 30 June 2022

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	-	-	-	-	-	0
Grants from donors and development partners	-	-	-	-	-	0
Transfers from other Government entities	4,885,770	-	4,885,770	4,885,770	-	100
Public contributions and donations	-	-	-	-	-	0
Rendering of services- Medical Service Income	-	-	-	-	-	0
Revenue from rent of facilities	-	-	-	-	-	0
Finance / interest income	-	-	-	-	-	0
Miscellaneous receipts (<i>specify</i>)	-	-	-	-	-	0
In Kind Contributions from The County Government	506,474,944	-	506,474,944	506,474,944	-	100
Total income	511,360,714	-	511,360,714	511,360,714	-	100
Expenses						

Lodwar County Referral Hospital (Turkana County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2022

Medical/Clinical costs	27,788,437	-	27,788,437	27,788,437	0	100
Employee costs	461,452,776	-	461,452,776	461,452,776	-	100
Remuneration of directors	-	-	-	-	-	0
Repairs and maintenance	-	-	-	-	-	0
Grants and subsidies	-	-	-	-	-	0
General expenses	17,087,022	-	17,087,022	17,087,022	-	100
Finance costs	-	-	-	-	-	0
Transfer to CRF	4,885,770	-	4,885,770	4,885,770	-	0
Total Expenses	511,214,005	-	511,214,005	511,214,004	0	100
Surplus for the period	146,710	-	146,710	146,710	0	
Capital expenditure	-	-	-	-	-	


The notes set out on pages 11 to 51 form an integral part of the Annual Financial Statements. The Hospital's financial statements were approved by the Board on 29th April 2022 and signed on its behalf by:



Chairman
Board of Management



Head of Finance
ICPAK No:



Medical Superintendent

XVIII. Notes To the Financial Statements

1. General Information

The principal activity/mission/ mandate of the hospital is to provide efficient and high-quality health care system that is accessible, equitable, and affordable for every resident of Turkana County. Further it is mandated to promote and participate in provision of integrated and high quality promotive, preventive, curative, and rehabilitative health care services to every resident of Turkana County. It also formulates policies, set standards, provide health services, create and enabling environment and regulate the provision of health service delivery.

The entity's principal activity is Providing specialized medical care for patients referred by other healthcare providers, offering secondary and tertiary care services such as diagnostic testing and advanced, offering training programs for medical professionals, and Providing care for patients with complex or severe medical conditions that require specialist expertise.

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 *Lodwar County 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 (not applicable). The financial statements have been prepared and presented in Kenya Shillings, which is the functional and reporting currency of the *Lodwar County Referral Hospital*.

The financial statements have been prepared in accordance with the PFM Act, and (*include any other applicable legislation*), and International Public Sector Accounting Standards (IPSAS). The accounting policies adopted have been consistently applied to all the years presented.

Adoption of New and Revised Standards

Lodwar County Referral Hospital Turkana County Government)
Annual Report and Financial Statements for The Year Ended 30th June 2022

IPSASB deferred the application date of standards from 1st January 2022 owing to Covid 19. This was done to provide entities with time to effectively apply the standards. The deferral was set for 1st January 2023.

Notes to the Financial Statements (Continued)

i. New and amended standards and interpretations in issue but not yet effective in the year ended 30 June 2022.

Standard	Effective date and impact:
<p>IPSAS 41: Financial Instruments</p>	<p>Applicable: 1st January 2023:</p> <p>The objective of IPSAS 41 is to establish principles for the financial reporting of financial assets and liabilities that will present relevant and useful information to users of financial statements for their assessment of the amounts, timing and uncertainty of an Entity’s future cash flows.</p> <p>IPSAS 41 provides users of financial statements with more useful information than IPSAS 29, by:</p> <ul style="list-style-type: none"> • Applying a single classification and measurement model for financial assets that considers the characteristics of the asset’s cash flows and the objective for which the asset is held; • Applying a single forward-looking expected credit loss model that is applicable to all financial instruments subject to impairment testing; and • Applying an improved hedge accounting model that broadens the hedging arrangements in scope of the guidance. The model develops a strong link between an Entity’s risk management strategies and the accounting treatment for instruments held as part of the risk management strategy.
<p>IPSAS 42: Social Benefits</p>	<p>Applicable: 1st January 2023</p> <p>The objective of this Standard is to improve the relevance, faithful representativeness and comparability of the information that a reporting Entity provides in its financial statements about social benefits. The information provided should help users of the financial statements and general-purpose financial reports assess:</p> <ul style="list-style-type: none"> (a) The nature of such social benefits provided by the Entity; (b) The key features of the operation of those social benefit schemes; and

Standard	Effective date and impact:
	(c) The impact of such social benefits provided on the Entity’s financial performance, financial position and cash flows.
Amendments to Other IPSAS resulting from IPSAS 41, Financial Instruments	<p>Applicable: 1st January 2023:</p> <ul style="list-style-type: none"> a) Amendments to IPSAS 5, to update the guidance related to the components of borrowing costs which were inadvertently omitted when IPSAS 41 was issued. b) Amendments to IPSAS 30, regarding illustrative examples on hedging and credit risk which were inadvertently omitted when IPSAS 41 was issued. c) Amendments to IPSAS 30, to update the guidance for accounting for financial guarantee contracts which were inadvertently omitted when IPSAS 41 was issued. <p>Amendments to IPSAS 33, to update the guidance on classifying financial instruments on initial adoption of accrual basis IPSAS which were inadvertently omitted when IPSAS 41 was issued.</p>
Other improvements to IPSAS	<p>Applicable 1st January 2023</p> <ul style="list-style-type: none"> • <i>IPSAS 22 Disclosure of Financial Information about the General Government Sector.</i> <p>Amendments to refer to the latest System of National Accounts (SNA 2008).</p> <ul style="list-style-type: none"> • <i>IPSAS 39: Employee Benefits</i> <p>Now deletes the term composite social security benefits as it is no longer defined in IPSAS.</p> <ul style="list-style-type: none"> • IPSAS 29: Financial instruments: Recognition and Measurement <p>Standard no longer included in the 2021 IPSAS handbook as it is now superseded by IPSAS 41 which is applicable from 1st January 2023.</p>
IPSAS 43	<p>Applicable 1st January 2025</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</p>

Standard	Effective date and impact:
	<p>leases have on the financial position, financial performance and cashflows of an Entity.</p> <p>The new standard requires entities to recognise, measure and present information on right of use assets and lease liabilities.</p>
<p>IPSAS 44: Non-Current Assets Held for Sale and Discontinued Operations</p>	<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>

ii. **Early adoption of standards**

The entity did not early – adopt any new or amended standards in the year 21/22

3. Summary Of Significant Accounting Policies

a) Revenue recognition

i) Revenue from non-exchange transactions

Transfers from other Government entities

Revenues from non-exchange transactions with other government entities are measured at fair value and recognized on obtaining control of the asset (*cash, goods, services, and property*) if the transfer is free from conditions and it is probable that the economic benefits or service potential related to the asset will flow to the entity and can be measured reliably.

Notes to the Financial Statements (Continued)

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.

Dividends

Dividends or similar distributions must be recognized when the shareholder's or the entity's right to receive payments is established.

Rental income

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

Notes to the Financial Statements (Continued)

v) Budget information

The original budget for Turkana County for FY 2021/2022 was approved by the County Assembly. Subsequent revisions or additional appropriations were made to the approved budget in accordance with specific approvals from the appropriate authorities. The Entity's budget is prepared on a different basis to the actual income and expenditure disclosed in the financial statements. The financial statements are prepared on accrual basis using a classification based on the nature of expenses in the statement of financial performance, whereas the budget is prepared on a cash basis. The amounts in the financial statements were recast from the accrual basis to the cash basis and reclassified by presentation to be on the same basis as the approved budget.

A comparison of budget and actual amounts, prepared on a comparable basis to the approved budget, is then presented in the statement of comparison of budget and actual amounts. In addition to the Basis difference, adjustments to amounts in the financial statements are also made for differences in the formats and classification schemes adopted for the presentation of the financial statements and the approved budget. A statement to reconcile the actual amounts on a comparable basis included in the statement of comparison of budget and actual amounts and the actuals as per the statement of financial performance has been presented on page *1* under section *14* of these financial statements

Notes to the Financial Statements (Continued)

c) Taxes

Sales tax/ Value Added Tax

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

- When the sales tax incurred on a purchase of assets or services is not recoverable from the taxation authority, in which case, the sales tax is recognized as part of the cost of acquisition of the asset or as part of the expense item, as applicable.
- When receivables and payables are stated with the amount of sales tax included. The net amount of sales tax recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the statement of financial position.

d) Investment property

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

Investment property acquired through a non-exchange transaction is measured at its fair value at the date of acquisition. Subsequent to initial recognition, investment properties are measured using the cost model and are depreciated over a period of *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

Financial assets

Initial recognition and measurement

Financial assets within the scope of IPSAS 29 Financial Instruments: Recognition and Measurement are classified as financial assets at fair value through surplus or deficit, loans and receivables, held-to-maturity investments

or available-for-sale financial assets, as appropriate. The Entity determines the classification of its financial assets at initial recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial measurement, such financial assets are subsequently measured at amortized cost using the effective interest method, less impairment. Amortized cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the effective interest rate. Losses arising from impairment are recognized in the surplus or deficit.

Notes to the Financial Statements (Continued)

Held-to-maturity

Non-derivative financial assets with fixed or determinable payments and fixed maturities are classified as held to maturity when the Entity has the positive intention and ability to hold it to maturity. After initial measurement, held-to-maturity investments are measured at amortized cost using the effective interest method, less impairment. Amortized cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the effective interest rate. The losses arising from impairment are recognized in surplus or deficit.

Impairment of financial assets

The Entity assesses at each reporting date whether there is objective evidence that a financial asset or an entity of financial assets is impaired. A financial asset or an entity of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events that have occurred after the initial recognition of the asset (an incurred 'loss event') and that loss event has an impact on the estimated future cash flows of the financial asset or the entity of financial assets that can be reliably estimated. Evidence of impairment may include the following indicators:

- The debtors or an entity of debtors are experiencing significant financial difficulty
- Default or delinquency in interest or principal payments
- The probability that debtors will enter bankruptcy or other financial reorganization
- Observable data indicates a measurable decrease in estimated future cash flows (e.g. changes in arrears or economic conditions that correlate with defaults)

Financial liabilities

Initial recognition and measurement

Financial liabilities within the scope of IPSAS 29 are classified as financial liabilities at fair value through surplus or deficit or loans and borrowings, as appropriate. The Entity determines the classification of its financial liabilities at initial recognition.

All financial liabilities are recognized initially at fair value and, in the case of loans and borrowings, plus directly attributable transaction costs.

Notes to the Financial Statements (Continued)

Loans and borrowing

After initial recognition, interest-bearing loans and borrowings are subsequently measured at amortized cost using the effective interest method. Gains and losses are recognized in surplus or deficit when the liabilities are derecognized as well as through the effective interest method amortization process.

Amortized cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the effective interest rate.

i) 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.

j) 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.

Notes to the Financial Statements (Continued)

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

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.

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.

k) Nature and purpose of reserves

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

l) 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.

m) 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.

Notes to the Financial Statements (Continued)

n) 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.

o) 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.

p) 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.

q) 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.

Notes to the Financial Statements (Continued)

r) 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.

s) Comparative figures

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

t) 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, 2022.

4. 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)

Notes to the Financial Statements (Continued)

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 36

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.

5. Transfers From The County Government

Description	2021/22 KShs
Unconditional grants	
Operational grant	-
Level 5 grants	-
Other grants	-
	-
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	-

Notes to the Financial Statements (Continued)

6 Transfers from The County Government

Name of the Entity sending the grant	Amount recognized to Statement of financial performance KShs	Amount deferred under deferred income KShs	Amount recognised in capital fund.	Total grant income during the year	Total 2020/21
			KShs	KShs	KShs
Turkana County Government	-	-	-	-	-
Total	-	-	-	-	-

7. In Kind Contributions from The County Government

Description	FY 2022-2023
	KShs
Salaries and wages	461,452,776
Medical supplies-Drawings Rights (KEMSA)	-
Pharmaceuticals and Non-Pharmaceutical Supplies (other suppliers)	13,018,643
Food and Ration	10,771,380
Utility bills	19,586,811
Office Supplies	1,645,335
Total grants in kind	506,474,944

8. Grants From Donors and Development Partners

Description	2021/22
	KShs
Cancer Centre grant- DANIDA	-
World Bank grants	-
Paediatric ward grant- JICA	-
Research grants	-
Other grants (<i>specify</i>)	-
Total grants from development partners	-

Notes to the Financial Statements (Continued)

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	Total 2020/21
	KShs	KShs	KShs	KShs	KShs
Donor e.g., DANIDA	-	-	-	-	0
JICA	-	-	-	-	0
World Bank	-	-	-	-	0
Total	-	-	-	-	-

9. Transfers From Other Government Entities

Description	2021/22
	KShs
Transfer from National Government (Ministry of Health)	-
Transfer from National Hospital Insurance Fund	4,885,770
Transfer from xxx Institute	-
Total Transfers	4,885,770

10. Public Contributions and Donations

Description	2021/22
	KShs
Public donations	-
Donations from local leadership	-
Donations from religious institutions	-
Donations from other international organisations and individuals	-
Other donations	-
Donations in kind-amortised	-
Total donations and sponsorships	-

Notes to the Financial Statements (Continued)

10 (a) Reconciliations of amortised grants

Description	2021/22
	KShs
Balance unspent at beginning of year	-
Current year receipts	-
Amortised and transferred to revenue	-
Conditions to be met – remain liabilities	-

11. Rendering of Services-Medical Service Income

Description	2021/22
	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	-
Other medical services income	-
Total revenue from the rendering of services	-

Notes to the Financial Statements (Continued)

12. Revenue From Rent of Facilities

Description	2021/22
	KShs
Residential property	-
Commercial property	-
Total Revenue from rent of facilities	-

13. Finance /Interest Income

Description	2021/22
	KShs
Cash investments and fixed deposits	-
Interest income from short- term/ current deposits	-
Interest income from Treasury Bills	-
Interest income from Treasury Bonds	-
Interest from outstanding debtors	-
Total finance income	-

14. Other Income

Description	2021/22
	KShs
Insurance recoveries	-
Income from sale of tender	-
Services concession income	-
Sale of goods (water, publications, containers etc)	-
Total other income	-

Notes to the Financial Statements (Continued)

15. Medical/ Clinical Costs

Description	2021/22
	KShs
Dental costs/ materials	-
Laboratory chemicals and reagents	-
Public health activities	-
Food and Ration	10,771,380
Uniform, clothing, and linen	
Dressing and Non-Pharmaceuticals	13,018,643
Pharmaceutical supplies	
Health information stationery	
Reproductive health materials	
Sanitary and cleansing Materials	3,998,414
Purchase of Medical gases	
X-Ray/Radiology supplies	
Other medical related clinical costs	-
Total medical/ clinical costs	27,788,437

16. Employee Costs

Description	2021/22
	KShs
Salaries, wages, and allowances	425,619,625
Contributions to pension schemes	35,833,151
Service gratuity	-
Performance and other bonuses	-
Staff medical expenses and Insurance cover	-
Group personal accident insurance and WIBA	-
Social contribution	-
Other employee costs	-
Employee costs	461,452,776

Notes to the Financial Statements (Continued)

17. Board of Management Expenses

Description	2021/22
	KShs
Chairman's Honoraria	-
Sitting allowance	-
Mileage	-
Insurance expenses	-
Induction and training	-
Travel and accommodation allowance	-
Airtime allowances	-
Total	-

18. Depreciation And Amortization Expense

Description	2021/22
	KShs
Property, plant and equipment	-
Intangible assets	-
Investment property carried at cost	-
Total depreciation and amortization	-

19. Repairs And Maintenance

Description	2021/22
	KShs
Property- Buildings	-
Medical equipment	-
Office equipment	-
Furniture and fittings	-
Computers and accessories	-
Motor vehicle expenses	-
Maintenance of civil works	-
Total repairs and maintenance	-

Notes to the Financial Statements (Continued)

20. Grants And Subsidies

Description	2021/22
	KShs
Community development and social work	-
Education initiatives and programs	-
Free/ subsidised medical camp	-
Disability programs	-
Free cancer screening	-
Other grants and subsidies	-
Total grants and subsidies	-

21. General Expenses

	FY 2021-2022
	Kshs
Advertising and publicity expenses	-
Catering expenses	-
Waste management expenses	-
Insecticides and rodenticides	-
Audit fees	-
Bank charges	4,609
Conferences and delegations	-
Consultancy fees	-
Contracted services	4,185,373
Electricity expenses	11,403,025
Fuel and Lubricants	-
Insurance	-
Taxes	-
Travel and accommodation allowance	-
Legal expenses	-
Licenses and permits	-
Courier and postal services	-
Printing and stationery	1,645,335
Hire charges-Tents and Chairs	-
Rent expenses	-
Water and sewerage costs	-
Food and Rations	-
Telephone and mobile phone services	-

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Internet expenses	-
Staff training and development	-
Subscriptions to professional bodies	-
Subscriptions to newspapers periodical, magazines, and gazette notices	-
Library books/Materials	-
Household and Institutional appliances	-
Referral	-
Office Equipment	-
Transfer to CRF	4,734,451
Total General Expenses	21,972,792

22. Finance Costs

Description	2021/22
	KShs
Borrowings (amortized cost) *	-
Finance leases (amortized cost)	-
Interest on Bank overdrafts/Guarantees	-
Interest on loans from commercial banks	-
Total finance costs	-

23. Gain/Loss On Disposal Of Non-Current Assets

Description	2021/22
	KShs
Property, plant, and equipment	-
Intangible assets	-
Other assets not capitalised	-
Total gain on sale of assets	-

24. Unrealized Gain On Fair Value Investments

Description	2021/22
	KShs
Investments at fair value	-
Total gain	-

Notes to the Financial Statements (Continued)

25. Medical Services Contracts Gains /Losses

Description	2021/22
	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	2021/22
	KShs
Property, plant, and equipment	-
Intangible assets	-
Total impairment loss	-

27. Cash And Cash Equivalentents

Description	2021/22
	KShs
Current accounts	146,710
On - call deposits	-
Fixed deposits accounts	-
Cash in hand	-
Others(<i>specify</i>)- Mobile money	-
Total cash and cash equivalentents	146,710

Notes to the Financial Statements (Continued)

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

Description		2021/22
Financial institution	Account number	KShs
a) Current account		
National Bank of Kenya	01071244205100	146,710
Equity Bank, etc		-
Sub- total		146,710
b) On - call deposits		
Kenya Commercial bank		-
Equity Bank – etc		-
Sub- total		-
c) Fixed deposits account		
Bank Name		-
Sub- total		-
d) Others(specify)		
cash in hand		-
Mobile money- Mpesa, Airtel money		-
		-
Sub- total		146,710
Grand total		146,710

28. Receivables From Exchange Transactions

Description	2021/22
	KShs
Medical services receivables	-
Rent receivables	-
Other exchange debtors	-
Less: impairment allowance	(-)
Total receivables	-

Notes to the Financial Statements (Continued)

29. Receivables From Non-Exchange Transactions

Description	2021/22
	KShs
Transfers from the County Government	-
Undisbursed donor funds	-
Other debtors (<i>non-exchange transactions</i>)	-
Less: impairment allowance	(-)
Total	-

30. Inventories

Description	2021/22
	KShs
Pharmaceutical supplies	-
Maintenance supplies	-
Food supplies	-
Linen and clothing supplies	-
Cleaning materials supplies	-
General supplies	-
Less: provision for impairment of stocks	(-)
Total	-

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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
	Shs		Shs	Shs	Shs	Shs	Shs	Shs
Cost								
At 1 July 2020	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-
Disposals	(-)	(-)	(-)	(-)	(-)	(-)	(-)	(-)
Transfers/adjustments	-	-	(-)	-	-	-	-	(-)
At 30th June 2021	-	-	-	-	-	-	-	-
At 1 st July 2021	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-
Disposals	(-)	(-)	(-)	(-)	(-)	(-)	(-)	(-)
Transfer/adjustments		-		-			(-)	-
At 30th June 2022	-	-	-	-	-	-	-	-
Depreciation and impairment								
At 1 July 2020	-	-	-	-	-	-	-	-
Depreciation for the year	-	-	-	-	-	-	-	-
Disposals	(-)	(-)	(-)	(-)	(-)	(-)	(-)	(-)
Impairment	(-)	(-)	(-)	(-)	(-)	(-)	(-)	(-)

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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
At 30 June 2021	-	-	-	-	-	-		-
At July 2021	-	-	-	-	-	-		-
Depreciation	-	-	-	-	-	-		-
Disposals	(-)	(-)	(-)	(-)	(-)	(-)		(-)
Impairment	(-)	(-)	(-)	(-)	(-)	(-)		(-)
Transfer/adjustment		-	-	-	-	-	(-)	(-)
At 30th June 2022	-	-	-	-	-	-	-	-
Net book values								
At 30 th June 2021	-	-	-	-	-	-	-	-
At 30 th June 2022	-	-	-	-	-	-	-	-

Notes to the Financial Statements (Continued)

32. Intangible Assets-Software

Description	FY 2021-2022
	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	2021/22
	KShs
At beginning of the year	-
Additions	-
Fair value gain	-
Depreciation (<i>where investment property is at cost</i>)	(-)
At end of the year	-

34. Trade And Other Payables

Description	2021/22
	KShs
Trade payables	-
Employee dues	-
Third-party payments (<i>unremitted payroll deductions</i>)	-
Audit fee	-
Doctors' fee	-
Total trade and other payables	-

Notes to the Financial Statements (Continued)

35. Refundable Deposits from Customers/Patients

Description	2021/22
	KShs
Medical fees paid in advance	-
Credit facility deposit	-
Rent deposits	-
Others	-
Total deposits	-

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	2021/22
	Kshs
Current Lease obligation	-
Long term lease obligation	-
Total	-

Notes to the Financial Statements (Continued)

38. Deferred Income

Description	2021/22
	KShs
Current Portion	-
Non-Current Portion	-
Total	-

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	(-)	(-)	(-)	(-)
Balance C/F	-	-	-	-

39. Borrowings

Description	2021/22
	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	-

Notes to the Financial Statements (Continued)

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

Description	2021/22
	KShs
Current Obligation	-
Non-Current Obligation	-
Total	-

40. Service Concession Arrangements

Description	2021/22
	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. Cash Generated from Operations

Description	FY 2021-2022
	KShs
Surplus for the year before tax	146,710
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	146,710

Notes to the Financial Statements (Continued)

42. 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 company'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 company 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 company'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:

Notes to the Financial Statements (Continued)

Description	Total amount	Fully performing	Past due	Impaired
	Kshs	Kshs	Kshs	Kshs
At 30 June 2021				
Receivables from exchange transactions	-	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	-	-	-	-
Total	-	-	-	-
At 30 June 2022				
Receivables from exchange transactions	-	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	146,710	146,710	-	-
Total	146,710	146,710	-	-

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 company 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 nil.

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

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	Less than 1 month	Between 1-3 months	Over 5 months	Total
	Kshs	Kshs	Kshs	Kshs
At 30 June 2021				
Trade payables	-	-	-	-
Current portion of borrowings	-	-	-	-
Provisions	-	-	-	-
Deferred income	-	-	-	-
Employee benefit obligation	-	-	-	-
Total	-	-	-	-
At 30 June 2022				
Trade payables	-	-	-	-
Current portion of borrowings	-	-	-	-
Provisions	-	-	-	-
Deferred income	-	-	-	-
Employee benefit obligation	-	-	-	-
Total	-	-	-	-

(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.

Notes to the Financial Statements (Continued)

The company'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:

	KShs	Other currencies	Total
	Kshs	Kshs	Kshs
At 30 June 2022			
Financial assets (investments, cash, debtors)	146,710	-	146,710
Liabilities			
Trade and other payables	-	-	-
Borrowings	-	-	-
Net foreign currency asset/(liability)	146,710	-	146,710

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.

	KShs	Other currencies	Total
	Kshs	Kshs	Kshs
At 30 June 2021			
Financial assets (investments, cash, debtors)	-	-	-
Liabilities			
Trade and other payables	-	-	-
Borrowings	-	-	-
Net foreign currency asset/(liability)	-	-	-

Notes to the Financial Statements (Continued)

Foreign currency sensitivity analysis

The following table demonstrates the effect on the company'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.

	Change in currency rate	Effect on Profit before tax	Effect on equity
	Kshs	Kshs	Kshs
2021			
Euro	10%	-	-
USD	10%	-	-
20xx			
Euro	10%	-	-
USD	10%	-	-

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 company's interest rate risk arises from bank deposits. This exposes the company to cash flow interest rate risk. The interest rate risk exposure arises mainly from interest rate movements on the company'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.

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.

Notes to the Financial Statements (Continued)

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 0 (2021: KShs 0). A rate increase/decrease of 5% would result in a decrease/increase in surplus of KShs 0 (2022 – KShs 0).

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:

	2021/22
	Kshs
Revaluation reserve	-
Retained earnings	146,710
Capital reserve	-
Total funds	146,710
Total borrowings	-
Less: cash and bank balances	(146,710)
Net debt/ (<i>excess cash and cash equivalents</i>)	-
Gearing	0%

43. 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.

Government of Kenya

The Government of Kenya is the principal shareholder of the *entity*, holding 100% of the *entity*’s equity interest. The Government of Kenya has provided full guarantees to all long-term lenders of the entity, both domestic and external. Other related parties include:

Notes to the Financial Statements (Continued)

- i) The National Government;
- ii) The Parent Ministry
- iii) Key management;
- iv) Board of directors;

Description	2021/22	2020/21
	Kshs	Kshs
Transactions with related parties		
a) Services offered to related parties		
Services to (none)	-	-
Sales of services to (none)	-	-
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 (none) employees	-	-
Payments for goods and services for (none)	-	-
Total	-	-
d) Key management compensation		
Directors' emoluments	-	-
Compensation to the medical Sup	-	-
Compensation to key management	-	-
Total	-	-

Notes to the Financial Statements (Continued)

44. 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)

45. Contingent Liabilities

Contingent liabilities	2021/22	2020/21
	Kshs	Kshs
Court case (none) against the company	-	-
Bank guarantees in favour of subsidiary	-	-
Total	-	-

46. Capital Commitments

Capital Commitments	2021/22	2020/21
	Kshs	Kshs
Authorised For	-	-
Authorised And Contracted For	-	-
Total	-	-

47. Events After The Reporting Period

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

48. Ultimate And Holding Entity

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

49. Currency

The financial statements are presented in Kenya Shillings (Kshs).

XIX. 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)
None	None	None	None	None

Guidance Notes:

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

.....
Accounting Officer

APPENDIX II: Projects Implemented by The Entity

Projects

Projects implemented by the Hospital Funded by development partners

Project title	Project Number	Donor	Period/ duration	Donor commitment	Separate donor reporting required as per the donor agreement (Yes/No)	Consolidated in these financial statements (Yes/No)
1	None	None	None	None	None	None
2						

Status of Projects completion

	Project	Total project Cost	Total expended to date	Completion % to date	Budget	Actual	Sources of funds
1	None	None	None	None	None	None	None
2							
3							

APPENDIX IV: Inter-Entity Confirmation Letter
[Insert your Letterhead]


[Insert name of beneficiary entity]
 [Insert Address]

The [insert SC/SAGA/Fund name here] wishes to confirm the amounts disbursed to you as at 30th June 2022 as indicated in the table below. Please compare the amounts disbursed to you with the amounts you received and populate the column E in the table below Please sign and stamp this request in the space provided and return it to us.

Confirmation of amounts received by [Insert name of beneficiary entity] as at 30 th June 2022							
Reference Number	Date Disbursed	Amounts Disbursed by [SC/SAGA/Fund] (KShs) as at 30th June 2022				Amount Received by [beneficiary entity] (KShs) as at 30 th June 2021 (E)	Differences (KShs) (F)=(D-E)
		Recurrent (A)	Development (B)	Inter-Ministerial (C)	Total (D)=(A+B+C)		
None	None	None	None	None	None	None	None
Total							

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

Head of Accountants department of beneficiary entity:

Name Michael Ate Logilap Sign  Date 29/4/24

APPENDIX V Reporting of Climate Relevant Expenditures

Name of the Organization

Telephone Number

Email Address

Name of Medical Supp/MD/Head

Name and contact details of contact person (in case of any clarifications)

Project Name	Project Description	Project Objectives	Project Activities					Source Of Funds	Implementing Partners
				Q1	Q2	Q3	Q4		
None	None	None	None	None	None	None	None	None	None

APPENDIX VI Disaster Expenditure Reporting Template

Date:						
Entity						
Period to which this report refers (FY)	Year			Quarter		
Name of Reporting Officer						
Contact details of the reporting officer:	Email			Telephone		
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
None	None	None	None	None	None	None