

REPUBLIC OF KENYA



303

PARLIAMENT
OF KENYA
LIBRARY

REPORT

OF

THE AUDITOR-GENERAL

ON

PAPERS LAID	
DATE	25/02/2022
TABLED BY	SNL
COMMITTEE	
CLERK AT THE TABLE	C. CHEROP

ANGURAI SUB COUNTY HOSPITAL

FOR THE YEAR ENDED
30 JUNE, 2025

COUNTY GOVERNMENT OF BUSIA

4

1

200

Appendix 1



ANGURAI SUB COUNTY HOSPITAL (County Government of Busia)

ANNUAL REPORT AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 2025

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

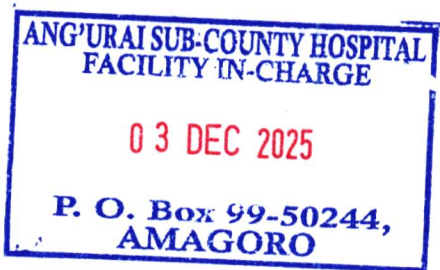


Table of Contents

1. Acronyms & Glossary of Terms.....	ii
2. Key Entity Information and Management.....	iii
3. The Board of Management.....	vii
4. Key Management Team	x
5. Chairman’s Statement	xiii
6. Report of The Medical Superintendent	xv
7. Statement of Performance Against Predetermined Objectives	xviii
8. Corporate Governance Statement.....	xx
9. Management Discussion and Analysis.....	xxiv
10. Environmental And Sustainability Reporting.....	xxviii
11. Report of The Board of Management	xxxiv
12. Statement of Board of Management’s Responsibilities.....	xxxv
13. Report of the Independent Auditor (<i>OAG</i>)	xxxvi
14. Statement of Financial Performance for The Year Ended 30 June 2025.....	1
15. Statement of Financial Position As At 30 th June 2025	3
16. Statement of Changes in Net Assets for The Year Ended 30 June 2025	5
17. Statement of Cash Flows for The Year Ended 30 June 2025	6
18. Statement of Comparison of Budget and Actual Amounts for Year Ended 30 Jun 2025	8
19. Notes to the Financial Statements.....	10
20. Appendices.....	59

1. Acronyms & Glossary of Terms

CSR	Corporate Social Responsibility
OSHA	Occupational Health & Safety Act
PFMA	Public Financial Management Act
MED SUP	Medical Superintendent
Fiduciary Management	Key management personnel who have financial responsibility in the entity.
HMT	Hospital Management Team
FIF Act	Facility Improvement Financing Act
SRC	Salary and Remuneration Commission
CHMT	County Health Management Team
SOPs	Standard Operating Procedures
SHA	Social Health Authority
KISM	Kenya Institute of Supply Management
CHVs	Community Health Volunteers
IPC	infection prevention and control
PWD	Person Living with Disability
SDG	Sustainable Development goals
NGO	Non-Governmental Organisation
CIDP	County Integrated Development Plans

2. Key Entity Information and Management

(a) Background information

Angurai Sub County Hospital is a level 4 hospital established under gazette notice volume 98, dated 5 July 2024 and is domiciled in Busia County under the health Department. The hospital is governed by a Board of Management.

(b) Principal Activities

The principal activity and mandate of Angurai Sub-County Hospital is to deliver accessible, affordable, and quality healthcare services to the population of Angurai and its surrounding areas. The hospital serves as a primary referral centre for lower-level health facilities within Teso North Sub-County, offering preventive, promotive, curative, and rehabilitative health services in line with national health goals and policies.

Vision

To be a leading model Sub-County Hospital in delivering integrated, people-centered healthcare services that improve the health and wellbeing of the community.

Mission

To provide accessible, affordable, and quality healthcare services to the community through preventive, promotive, curative, and rehabilitative interventions, while upholding professionalism, equity, and community partnership.

Core Objectives

- To strengthen preventive and promotive healthcare in order to reduce disease burden in the community.
- To provide efficient and effective curative and rehabilitative services to all patients.

- To enhance maternal, neonatal, and child health services for improved survival and wellbeing.
- To build and maintain strong partnerships with stakeholders and the community in promoting public health.
- To uphold accountability, professionalism, and equity in all aspects of healthcare delivery.
- To continuously improve service delivery through innovation, staff capacity building, and resource mobilization.

(c) Key Management

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

County department of health

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

Board of Management

Guided by the FIF Act, the key responsibilities for the board are: -

- Set and oversee the overall strategy and approve significant policies of the Hospital.
- Ensure that the strategy of the hospital is aligned to the long term goals on sustainability so as not to compromise the ability of the future generations to meet their own needs.
- Approve annual budgets for the hospital
- Monitor the hospital performance and ensure sustainability
- Enhance the corporate image of the hospital
- Protect the assets of the hospital
- Ensure effective communication with stakeholders

Accounting Officer/ Medical Superintendent

- Provide visionary and transformational leadership
- Overseeing implementation of the board resolution
- Receive Authority to incur expenditure from Chief Officer of Health
- Ensuring effective communication with the hospital

(d) Fiduciary Management

The key management personnel who held office during the financial year ended 30th June 2025 and who had direct fiduciary responsibility were:

No.	Designation	Name
1.	Facility In charge	Neccim Okumu
2.	Head of finance	Michael Roche
3.	Head of supply chain	Florence Akumu
4.	Hospital Administrator	Desterious Okedi
5.	Head Of Nursing	Pamela Wamoyi
6	Head Of Pharmacy	Jackton Ndubi
7	Head Of Laboratory	Elizabeth Atyang
9	Head Of Nutrition	Gorety Akisa
10	Head Of Records	Christine Wesonga
12	Head Of Public health	Ezra Okabose
13	Head of reporting Unit	CPA Ruth Ipuwa

(e) Fiduciary Oversight Arrangements

- Clinical Research and Standards Committee.

A primary responsibility of clinical research and standards committee is ensuring that high-quality, safe, and effective care and research practices are provided. This involves: Standards Development, Producing and updating specific standards to guide clinical governance across all services.

Ensuring compliance with established guidelines, regulations, and ethical standards and validating the quality and reliability of data generated during clinical trials to ensure that results are credible and can inform future clinical care.

- Audit committee

The purpose of an Audit Committee is to provide a structured, systematic oversight of the entity's governance, risk management and internal control practices.

They monitor Internal Controls and Risk Management and ensure Compliance with regulatory Controls. They also oversee the accuracy of financial reports for compliance.

- Risk Committee

A risk committee ensures all types of risks—financial, operational, and strategic—are managed and mitigated.

- County Assembly

he county assembly in the health sector exercises its fiduciary oversight role through approving budgets and expenditures, monitoring the use of funds, and ensuring fiscal prudence in the County Executive's health department.

- Other oversight committees

They provide oversight for budgets, financial statements, and the administration of funds, oversee the implementation and adherence to critical policies, such as conflict of interest, document retention, some committees may also be responsible for engaging with external auditors, regulatory bodies, and other stakeholders to ensure transparency.

(f) Entity Headquarters

Angurai Sub County Hospital
P.O. Box 99 - 50244
Malaba, KENYA

(g) Entity Contacts

Telephone: (+254) 700290412
E-mail: anguraisubcountyhospital@gmail.com
Website: www.go.ke

(h) Entity Bankers

Kenya Commercial Banks
Malaba Branch
P.O Box
Busia, Kenya

(i) Independent Auditors

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

(j) Principal Legal Adviser


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




(k) County Attorney

P.O. Box. Private
Busia, Kenya

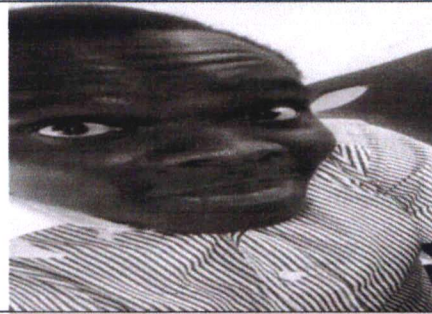
3. The Board of Management

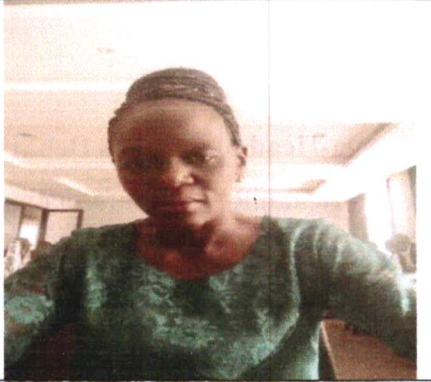



Ref	Directors	Details
1.		<p>Bishop Osangir David- Board Chairman Bishop Osangir David, aged 55, holds a Degree in Theology and psychology and a Diploma in Psychology. Currently presiding over World Harvest Ministry Churches. He serves as the board chairperson Angurai sub county hospital.</p>
2.		<p>Celestine Ekirapa-Board Member Mr. Celestine Ekirapa, aged 65, of I.D no2068777 is a retired primary Teacher with over 30 years' teaching experience having taught in more than 5 primary schools before his retirement in kakurikit Primary school in Teso North Sub County. He is an independent member of the board in Angurai Sub County Hospital.</p>
3.		<p>Joan Asirom- Board Member Ms. Joan Asirom, aged 55, of I.D no 2069564 holds a Diploma in Theology and serves as Reverend in the Anglican Church Of Kenya Katakwa Diocese. She is an independent member of the board in Angurai Sub County Hospital.</p>

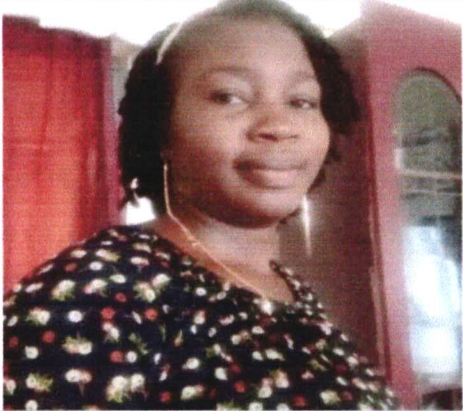


4.		<p>Joan Anyaa- Board Member Ms. Joan Anyaaa aged 45, of I.D No 26851709 holds a Kenya Certificate Secondary Education, and currently runs a small scale business in Angurai Centre. She is an independent member of the board in Angurai Sub County Hospital.</p>
5.		<p>Nelson Ochoko-Board Member Mr. Nelson Ochoko, aged 69, of ID no 2245635 is a retired Clinical Officer who holds a Diploma in Clinical Medicine, Surgery and Community Health. He previously worked in Garisa County upto his retirement and is currently in healthcare Businesses. He serves as an independent board member in Angurai sub county hospital</p>
6.		<p>John Omusugu- Board Member Mr John Omusugu, aged 37, of I.D no 23079418, is a holder of Kenya Certificate of Secondary Education and currently representing the youths in the board as an independent board member.</p>

7.		<p>Neccim Okumu-Board Secretary Mr. Neccim Okumu, of I.D n 26851709, is currently the facility in charge Angurai Sub county Hospital. He holds a Higher Diploma in Clinical Medicine, Surgery and Community Health with 12 years working experience in the health sector. He is the secretary to the board and an executive director.</p>
8.		<p>Khadija Mojale- Board Member Ms. Khadija Mojale, aged 54, I.D 24685082, is a holder of Kenya Certificate of Secondary Education. She serves as an independent board member in Angurai sub county hospital</p>
9.		<p>John Ikuluot-Board Member Mr. John Ikuluot, aged 52, I.D no 8617421, currently serves as the Angurai North Ward administrator. He holds a Degree in administration with over 20 years' experience in administration. He is an executive member of the board representing the Administration and office of the MCA.</p>

4. Key Management Team

Ref	Management	Details
1.		<p>Neccim Okumu -Facility In Charge He holds a Diploma in Clinical Medicine, Surgery and Community Health with a 12 year working Experience. He is the chairperson of HMT.</p>
2.		<p>Dancun Opili -Head of Clinical Department He holds a Diploma in Clinical Medicine, Surgery and Community Health with 5 years working experience</p>
3.		<p>Florence Akumu – Head of Supply Chain Officer Head She holds a Degree in Procurement and Supply Chain with a working experience of 2 years.</p>
4.		<p>Desterious Okedi -Hospital Admin He holds a Bachelor’s Degree in Development Studies majoring in Leadership and Governance. He holds over 10 years in public service and management.</p>

5.		<p>Pamela Wamoyi – Head of Nursing She holds a Diploma in Kenya Registered Community Health Nurse with over 12 years’ working experience.</p>
6.		<p>Jackton Ndubi –Head of Pharmacy He holds a Diploma in Pharmaceutical technology with a working experience of 10 years.</p>
7.		<p>Elizabeth Etyang-Head of Laboratory She holds a Diploma in Medical laboratory technology with working experience of 15 years.</p>
8.		<p>Gorety Akisa-Head of Nutrition She holds a Diploma in Nutrition and Dietetics with working experience of 6 years.</p>

9.		<p>Christine Wesonga-Head of Records Department Hold a Diploma in Health Records information with a working experience of 6 years.</p>
10.		<p>Ezra Okabose –Head of public Health He holds a Diploma in Public Health with a working experience of 5 years.</p>
11.		<p>Ruth Ipuwa-Head of Reporting. She is a Certified Public Accountant and a registered member of the Institute Of Certified Public Accountants of Kenya. She holds a Bachelors of Commerce Degree in Accounting from Kenyatta university with over 6 years of working experience in the finance sector.</p>

5. Chairman's Statement

It is with great honor and humility that I present this Chairman's Statement for the Annual Report and Financial Statements of Angurai Sub-County Hospital for the year ended 30th June 2025.

Angurai Sub-County Hospital is one of our community's greatest treasures. Since its establishment in the early 1980s, this facility has been at the heart of our people's wellbeing—serving us when we were children, and today continuing to serve our children and grandchildren. Its enduring existence is a true testament to the commitment of government, partners, and the community in ensuring access to quality healthcare.

As Board Chair, I am personally thrilled to serve in this noble institution. During my tenure, we have witnessed tremendous improvements, guided by our core mandate of being the vital link between the hospital and the community. Our role as a Board is twofold: to articulate the hospital's expectations to the community so that patients may be served better, and to communicate the community's expectations to the hospital staff, ensuring accountability and mutual trust in service delivery.

In the financial year 2024/2025, the Board convened four ordinary meetings and one special session, where we deliberated on key matters that strengthen the hospital's governance and smooth operations. These included reviewing and approving budgets, resource mobilization initiatives, and monitoring the prudent use of resources. I am pleased to note that Board members achieved 100% attendance, demonstrating commitment to their stewardship responsibilities.

One of our greatest achievements in the past year has been the successful renovation and completion of the maternity building, which now stands ready to serve mothers and infants with dignity and safety. Additionally, we oversaw the groundbreaking and site handover for the construction of the general ward in March 2025. While the project has not yet commenced, the Board remains committed to pushing for its timely implementation, recognizing the pressing need for expanded inpatient capacity.

As we look to the future, I want to assure the community that by the end of our tenure, we will have facilitated more improvements to the facility, enhancing its infrastructure, service delivery,

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

and sustainability. This will be achieved through continued collaboration with the County Government, development partners, and our dedicated hospital management team.

On behalf of the Board of Management, I extend my sincere gratitude to the County Department of Health, our committed medical and administrative staff, partners, and the entire Angurai community for their unwavering support. Together, we will ensure that Angurai Sub-County Hospital continues to grow as a center of hope, healing, and service for generations to come.



.....

Name Bishop David Osangir
Chairman to the Board

6. Report of The Medical Superintendent

It is my privilege to present this report for the year ended 30th June 2025 on behalf of the management and staff of Angurai Sub-County Hospital.

Background and Overview

Angurai Sub-County Hospital, located in Busia County, Teso North Sub-County, Angurai North Ward, was elevated from a Level 3B to a Level 4 facility through a gazette notice in 2020. With a catchment population of approximately 12,500 people, the hospital has six Community Units (CUs) attached to it and benefits from the services of over 20 Community Health Promoters (CHPs).

The facility's service area extends beyond Angurai North Ward to Angurai South and Angurai East Wards, and further to Bungoma County through Malakisi and even across the border into Uganda via the porous Adumai and Katotoi border points. This extended coverage has significantly increased the workload of the facility, far beyond the originally estimated catchment population, particularly after its elevation to Level 4 status.

Angurai Sub-County Hospital also serves as the largest Comprehensive Care Clinic (CCC) and TB treatment center in Angurai North, South, and East Wards, making it a critical hub for chronic disease management and infectious disease control in the region.

Human Resource Composition

The staff composition as at the close of the financial year was as follows:

- 3 Clinical Officers (1 County staff, 1 under UHC, and 1 supported by Dumisha Afya Program)
- 6 Nurses (2 under UHC support)
- 1 Laboratory Technologist
- 1 Health Records and Information Officer (HRIO)
- 1 Pharmaceutical Technologist
- 1 Nutritionist

- 1 Social Worker
- 1 Community Health Assistant (CHA)
- 1 Supply Officer
- 10 Casual Workers

While this team has worked tirelessly to meet the needs of our patients, the staffing levels remain inadequate for the demands of a Level 4 facility.

Financial and Operational Performance

Our main sources of revenue during the financial year 2024/2025 were user fees and Social Health Authority (SHA) reimbursements. In line with the Facility Improvement Financing (FIF) Act, these funds were prudently utilized to support hospital operations, including:

- Procurement of pharmaceuticals and non-pharmaceuticals
- Purchase of foodstuffs for inpatients
- Maintenance and minor renovations of hospital buildings
- Hiring of locum staff to cover critical service gaps
- General operational support to ensure smooth service delivery

A major achievement during the year was the complete renovation of the maternity unit, which now offers improved infrastructure and a conducive environment for safe maternal and newborn care.

Key Challenges

Despite these milestones, the hospital continues to face significant challenges that constrain its ability to fully deliver on its mandate as a Level 4 facility:

- Inadequate infrastructure commensurate with Level 4 status, particularly the lack of wards and incomplete theatre services.
- Lack of reliable water supply, as the hospital currently relies solely on rainwater harvesting and purchased water from vendors.

- Inadequate referral transport, with only one functional ambulance serving the entire Teso region, making timely emergency referrals extremely difficult.
- Understaffing in critical departments, especially specialized cadres required for theatre, emergency, and specialized care.
- Drug and supply shortages due to delayed deliveries from County and national suppliers.

Way Forward

Going forward, Angurai Sub-County Hospital is committed to:

- Advocating for the construction of inpatient wards and the operationalization of the general ward project whose groundbreaking was done in March 2025.
- Lobbying for a sustainable water supply system, including piped water or borehole solutions.
- Engaging the County and partners to improve referral transport capacity, either by securing an additional ambulance or community-based transport arrangements.
- Strengthening partnerships with development partners and local leaders to mobilize additional resources for infrastructure and staffing.
- Continuing to invest in staff capacity building and community health services to reduce preventable disease burden.

Conclusion

The year under review has been marked by important milestones, including the renovation of the maternity unit and improvements in service delivery, despite the challenges of limited infrastructure, staffing gaps, and resource constraints. With the support of the Board of Management, the County Government, partners, and the community, I am confident that Angurai Sub-County Hospital will continue to grow in strength and fulfill its mandate of delivering quality healthcare to the people of Teso North and beyond.

.....

.....

Name Mr. Neccim Okumu

Secretary to the Board

7. Statement of Performance Against Predetermined Objectives

Angurai sub county hospital has 3 strategic pillars/ themes/issues and objectives within the current Strategic Plan for the FY 2024- FY 2025. These strategic pillars/ themes/ issues are as follows:

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

Angurai sub county hospital develops its annual work plans based on the above 3 pillars/Themes/Issues. Assessment of the Board’s performance against its annual work plan is done on a quarterly basis. Angurai sub county hospital achieved its performance targets set for the FY 2024/2025 period for its 3 strategic pillars, as indicated in the diagram below:

Strategic Pillar/Theme/Issues	Objective	Key Performance Indicators	Activities	Achievements
Curative Health Services	Deliver comprehensive and timely clinical services	Total revenue from services - Number of patients served - Range of services offered	- Provision of outpatient, inpatient, maternity, laboratory, and dental services - Diagnostic support services - Drug and non-drug supply	- Kshs 3,407,019.1 generated from medical services - Provided maternity care worth Kshs 31,500. - Conducted 110,000 worth of laboratory tests - Issued pharmaceuticals valued at Kshs 314,000 and non-pharmaceuticals at Kshs 137,000
Preventive and Promotive Health Services	Promote community health and prevent disease	- Number of community health interventions - Health	- Public health inspections - Disease surveillance and investigation	- Reproductive and sanitary items distributed - Regular environmental

	outbreaks	education reach - Sanitation and surveillance activities	- Distribution of reproductive and sanitary materials - Provision of health information and preventive kits	and public health campaigns conducted under the Public Health Department
Universal Health Coverage (UHC)	Enhance access, affordability, and equity in healthcare services	- Utilization of SHA program - Free/subsidized service beneficiaries - SHA uptake and community awareness	- Coordination of SHA services - Engagement of special interest groups - Health education and SHA promotion - Financial subsidies to indigents	- Revenue of Kshs 3,137,529.1 earned from SHA (government-subsidized healthcare) - Kshs 302,000 spent on grants and subsidies including education, social welfare, and support to indigent groups - Enhanced uptake of SHA in community through outreach and sensitization campaigns

Link to Performance Contracts

The performance indicators in each strategic pillar were integrated into departmental work plans and tracked through internal reporting systems. The CEO signed annual performance contracts tied with the chief officer to measurable targets such as revenue generation, patient satisfaction, clinical efficiency, and outreach coverage.

Management held quarterly performance review meetings to track progress, identify bottlenecks, and adapt plans as necessary. Reports were presented to the Hospital Board, ensuring accountability and continuous improvement in service delivery.

Key Challenges and Mitigation

Challenge	Mitigation Measures
Inadequate infrastructure for expanded services	Submitted funding proposals for facility upgrades
Limited in-kind contributions from the County	Maximized internally generated revenue (IGR) through efficient service delivery
Human resource gaps in technical cadres	Collaboration with the County Department of Health for staffing support

8. Corporate Governance Statement

Angurai Sub County Hospital is committed to promoting effective, accountable, and transparent leadership guided by the principles of good corporate governance as enshrined in the Constitution of Kenya, the Public Finance Management (PFM) Act, 2012, and the Mwongozo Code of Governance for State Corporations. The governance framework of the hospital provides for the efficient oversight of institutional strategy, risk management, ethics, and stakeholder engagement, while upholding public sector values and accountability.

i. Appointment and Composition of the Board

The Board of Management of Angurai Sub County Hospital is constituted in accordance with Section 9 of the Public Health Act Cap 242 and operationalized through gazettelement by the County Executive Committee (CEC) for Health. Board members are appointed based on professional expertise, gender equity, regional representation, and inclusion of special interest groups. As at 30th June 2025, the Board comprised:

7 Independent Board Members, including representatives of women, youth, and PWDs

1 Ex-Officio Member (Medical Superintendent/Secretary to the Board)

The Board Charter adopted at the start of the financial year defines the responsibilities, powers, and code of conduct of members. Board members serve a three-year renewable term, and removal is conducted in accordance with relevant county policies and governance laws.

ii. Roles and Functions of the Board

The Board is responsible for:

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

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

iii. Induction, Training, and Development

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

iv. Board and Members' Performance

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

v. Board Meetings and Attendance

In the 2024/2025 financial year, the Board convened four ordinary meetings and one special session. Members achieved a 100% attendance rate. All meetings were minuted, and decisions followed structured procedures in compliance with the Board Charter and Standing Orders.

vi. Succession Planning

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

vii. Conflict of Interest Policy

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

viii. Board Remuneration

Board remuneration is governed by the Salaries and Remuneration Commission (SRC) guidelines and comprises sitting allowances. In FY 2024/2025, Kshs 79,500 was paid in sitting allowances. No honoraria or other benefits were paid during the year.

ix. Ethics and Conduct

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

x. Governance Audit

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

xi. Communication Policy

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

xii. Terms of Reference of Committees

The hospital has established the following governance committees:

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

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

xiii. Related Party Transactions Policy

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

9. Management Discussion and Analysis

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

- **Clinical and Operational Performance Overview**

The following key performance indicators highlight the hospital's service delivery for the financial year 2024/2025:

Bed Capacity: The hospital currently operates with a bed capacity of 18, which is below the recommended standard for a Level 4 facility, contributing to congestion and high bed occupancy.

Patient Attendance:

Outpatient: The hospital registered a total of 8,424 outpatient visits, demonstrating its role as a primary access point for healthcare in the community.

Inpatient: A total of 509 patients were admitted for inpatient care during the year.

Accident and Emergency Attendance: Angurai sub county hospital has no Accident and Emergency unit, underscoring the need for enhanced emergency response capabilities.

Specialized Clinic Attendance: Attendance at specialized clinics remained strong, with key performances as follows:

Comprehensive Care Clinic (CCC): 4,170 patients.

Antenatal Care (ANC): 1,320 mothers.

Maternal and Child Health (MCH) Clinic: 1,750 children.

Average Length of Stay: The average length of stay for inpatients was 72 hours, reflecting efforts towards efficient patient management and turnover.

Bed Occupancy Rate: The hospital maintained an average bed occupancy rate of 80%, frequently exceeding 100% during peak periods, indicating significant pressure on available inpatient resources.

Mortality Rate: The institutional mortality rate stood at 1% mostly neonatal still births.

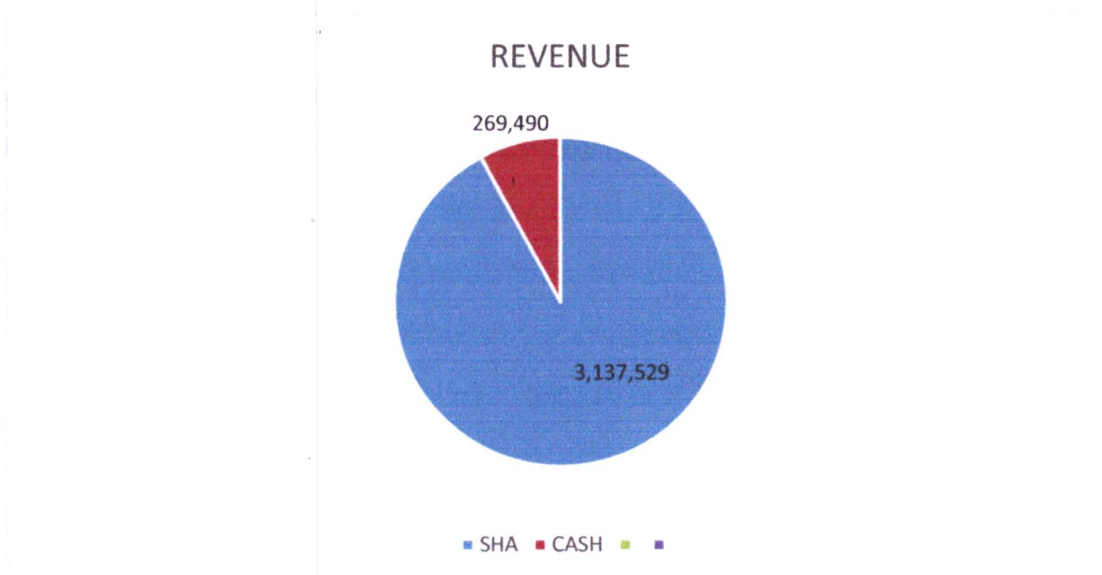
Surgical Theatre Utilization: The hospital lacks a surgical theatre is currently under development

Sponsorships and Partnerships: The hospital benefited from collaborations with various partners. Key partnerships included the Dumisha Afya Program (supporting clinical staff), engagement with Community Health Volunteers (CHVs) for outreach, and ongoing dialogue with the County Government and the Social Health Authority (SHA) for sustainable financing. We continue to seek partnerships to address infrastructure and medical supply gaps.

- **Financial Performance**

a) Revenue Sources

In FY 2024/25, the hospital generated **Kshs 3,407,019** in total revenue, primarily from:



b) Fund Utilization

Total expenditure for FY 2024/25 was **Kshs 1,850,474.05**, used in:

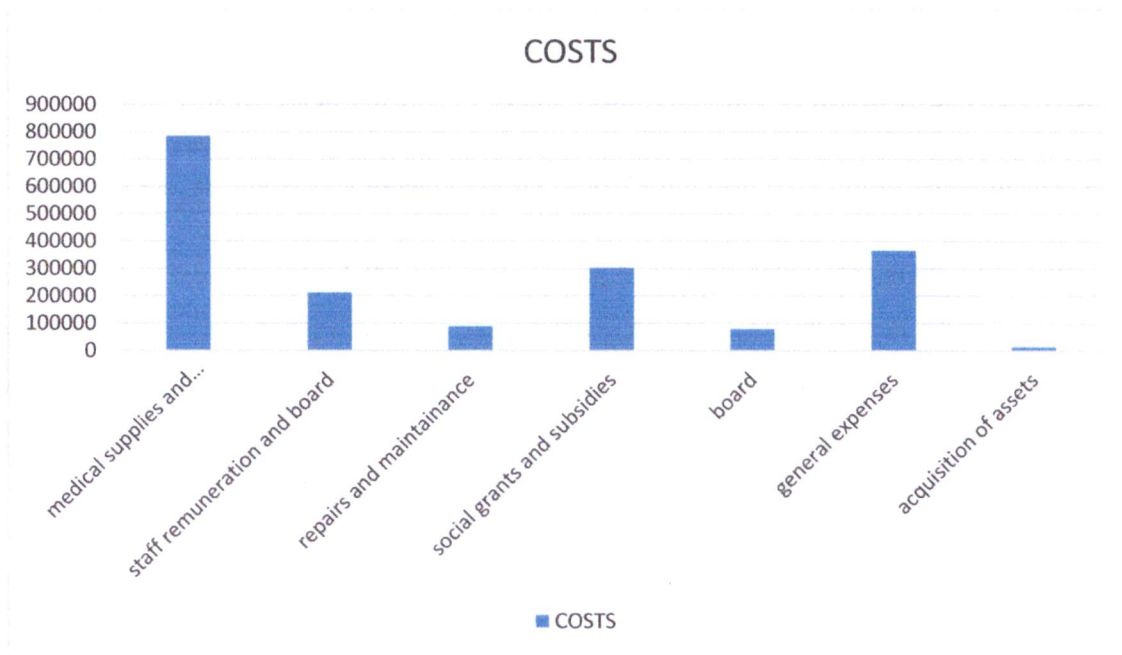


Figure: Revenue vs Expenditure Trend (FY 2024/2025)

Ongoing and Key Investments

Angurai Sub County Hospital has attracted both county government and development partner support to address critical infrastructure and service gaps. There were no key investments for the FY 2024/2025.

Statutory Compliance

Angurai Sub County Hospital complied with:

- Public Finance Management Act, 2012
- Public Procurement and Asset Disposal Act, 2015
- Occupational Safety and Health Act, 2007

- Leadership and Integrity Act, 2012

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

Risks and Mitigation

Risk	Description	Mitigation Strategy
Inadequate Drug Supply	Delay in County deliveries	Direct procurement under FIF and emergency stockpiling
Underutilization of New Facilities	Incomplete infrastructure or staffing gaps	Liaise with County Dept. for staff secondment and commissioning
High Patient Load	Overburdening available resources	Implement appointment systems and strengthen CHV outreach
Security Concerns	Open facility perimeter exposing hospital assets	Construction of perimeter wall (in progress)

Statutory Arrears and Financial Obligations

As of 30th June 2025:

- Trade and other payables: Kshs 0
- No material arrears in statutory deductions or obligations

Conclusion and Outlook

The hospital has recorded strong operational growth, sustained revenue performance, and infrastructure development despite funding and staffing challenges.

(Handwritten signature)
 HECAD COUNTY
 FACILITY INCHARGE

10. Environmental And Sustainability Reporting

i) Sustainability strategy and profile

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

Key Achievements:

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

Challenges & Mitigation:

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

ii) Environmental performance

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

Waste Management

- **Medical Waste:** Partnered with certified disposal with Alupe Sub County Hospital for safe incineration of hazardous waste.

Climate Action Initiatives

- Tree planting: 20 indigenous trees planted across hospital grounds to offset carbon emissions.

iii) Employee welfare

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

Hiring Policies and Inclusion

The hospital has implemented structured recruitment procedures that ensure transparency and fairness. These procedures are aligned with county government guidelines and affirmative action provisions. In the financial year 2024/2025, deliberate efforts were made to maintain gender equity and enhance youth and PWD representation in the workforce and hospital board.

Stakeholder Engagement and Policy Review

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

Career Development and Staff Motivation

While the financial statement reflects limited allocations to salaries and benefits (Kshs 213,000 for the FY 2024/2025), the hospital has continued to invest in non-financial staff support. Staff participated in several training sessions and knowledge-sharing forums during the year. Though formal appraisal and structured reward systems are still developing, the management has

prioritized opportunities for professional growth, especially for heads of departments and clinical personnel.

Workplace Safety and OSHA Compliance

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

Efforts to Minimize Risk

To further promote staff safety, the hospital has invested in essential protective equipment such as uniforms, gloves, and clinical safety materials. A total of Kshs 50,000 was spent on uniforms, clothing, and linen during the year, which directly contributes to personal safety, hygiene, and professionalism. In the upcoming financial year, the hospital plans to enhance its welfare program by expanding training opportunities, formalizing appraisal systems, and improving occupational health monitoring.

iv) Market place practices-

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

a) Responsible competition practice.

The hospital promotes responsible competition through strict adherence to public procurement laws and policies, including the Public Procurement and Asset Disposal Act. All procurement activities are conducted through open tendering, with calls for bids and quotations published transparently and competitively. The procurement officer, registered

with the Kenya Institute of Supply Management (KISM), ensures all processes meet compliance and integrity thresholds.

Although no specific allocation was made to advertising in the current year, the hospital has adopted outreach and communication tools such as community barazas and bulletin boards to inform the public of available services. Measures have been instituted to prevent corruption, including segregation of duties, use of standardized procurement procedures, and oversight by audit and risk management committees.

Service delivery is governed by a public service charter displayed within hospital premises, outlining patient rights, responsibilities, and expected turnaround times.

b) Responsible Supply Chain and Supplier Relations

Angurai Sub County Hospital is committed to ethical and sustainable procurement practices that align with the Public Procurement and Asset Disposal Act, 2015. Our approach to supply chain management emphasizes:

- **Local Economic Empowerment:** In line with the Access to Government Procurement Opportunities (AGPO) program, the hospital actively allocates a portion of its procurement to enterprises owned by youth, women, and Persons with Disabilities (PWDs). In the financial year 2024/2025, **30%** of our supply contracts by value were awarded to these designated groups, fostering inclusive local economic development.
- **Ethical Sourcing and Standards:** All suppliers are vetted for compliance with statutory requirements, including business licensing, tax compliance, and adherence to quality standards (e.g., Kenya Bureau of Standards - KEBS for medical supplies). The hospital prioritizes suppliers who demonstrate a commitment to ethical labor practices and environmental responsibility.
- **Transparent and Fair Processes:** Procurement is conducted through open, competitive tendering or request for quotation processes as per the law. Bid documents are made publicly available, and evaluations are conducted by a duly constituted committee to ensure integrity, fairness, and value for money.

- **Supplier Relationship Management:** The hospital maintains a registered list of pre-qualified suppliers. We strive to build long-term, collaborative relationships with reliable suppliers to ensure a consistent flow of quality goods and services. Prompt payment to suppliers is a key priority, as evidenced by the nil trade payables as of 30th June 2025, supporting the financial health of our partner businesses.
- **Environmental Consideration:** Where possible, the hospital gives preference to suppliers who offer eco-friendly products, such as energy-efficient equipment or biodegradable cleaning materials, to minimize our environmental footprint.

c) Responsible competition practice.

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

d) Responsible marketing and advertisement or Responsible engagement with citizens

Although traditional advertising expenditures are not reflected in the 2024/2025 budget, the hospital remains active in community outreach through public health campaigns, stakeholder meetings, and information sessions during mobile clinics and medical camps.

The hospital avoids unethical promotion by providing factual, verifiable health service information through its staff, public health officers, and community health volunteers. All communication emphasizes inclusivity, respect for cultural and gender diversity, and discouragement of misinformation or exaggerated promises. Patients and citizens are informed of service eligibility criteria, SHA coverage, and referral processes during health talks and community barazas.

e) Product stewardship or Awareness Creation

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

- Health and safety: Implementation of infection prevention protocols and provision of clean, safe hospital environments.
- Product information: Patients receive clear explanations of procedures, prescriptions, and treatment plans.
- Complaint and redress mechanisms: A suggestion box and front-desk feedback systems allow patients to report grievances, which are reviewed by the Hospital Management Team (HMT) for resolution.
- Citizen awareness: Community outreach teams educate citizens on rights to health, insurance options (SHA), immunization schedules, and access to specialized care such as maternity and pediatrics services. The Kshs 302,000 spent on grants and subsidies includes support for social benefit schemes, reflecting the hospital's attention to public health justice.

v) Corporate Social Responsibility / Community Engagements

During the financial year 2024/2025, Matayos Sub County Hospital actively engaged in a variety of Corporate Social Responsibility (CSR) initiatives aimed at enhancing community health and well-being, in alignment with its core mandate of delivering comprehensive primary healthcare services. These activities were focused on addressing pressing community health challenges, promoting inclusivity, and strengthening partnerships for sustainable development in Teso North Sub-County.

Health Education and Public Sensitization: Through coordinated efforts with community health volunteers (CHVs) and the public health department, the hospital held regular sensitization campaigns on hygiene, family planning, immunization, nutrition, cancer screening, and HIV/AIDS awareness. Civic education sessions also covered SHA registration, healthcare rights, and service charter awareness.

- Enhanced Awareness: Health education sessions reached approximately 2,000 community members.
- Community Trust: Strengthened partnerships with local organizations, fostering long-term collaboration.

11. Report of The Board of Management

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

Principal activities

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

Results

The results of the entity for the year ended June 30 2025 are set out on pages 1 to 58

Board of Management

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

Auditors

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

OR

By Order of the Board



.....
Bishop Osangir David

Secretary to the Board

12. Statement of Board of Management's Responsibilities

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

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

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

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

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

Approval of the financial statements

The Hospital's financial statements were approved by the Board on 28/06/2025 and signed on its behalf by:

.....
Bishop Osangir David
Chairperson
Board of Management

.....
Neccim Okumu
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 ANGURAI SUB COUNTY HOSPITAL FOR THE YEAR ENDED 30 JUNE, 2025 – COUNTY GOVERNMENT OF BUSIA

PREAMBLE

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

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

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

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

REPORT ON THE FINANCIAL STATEMENTS

Qualified Opinion

I have audited the accompanying financial statements of Angurai Sub County Hospital – County Government of Busia set out on pages 1 to 59, which comprise of the

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

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

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

Basis for Qualified Opinion

Non-Disclosure of Property, Plant and Equipment

The statement of financial position reflects a balance of Kshs.13,125 in respect of property, plant and equipment, as disclosed in Note 32 to the financial statements, representing assets acquired during the year under review (additions). However, review of the Hospital records and physical inspection revealed that the Hospital occupied a substantial parcel of land measuring approximately 1.3 hectares and eight (8) buildings, owned assorted furniture and fittings and various specialized medical equipment that were not valued for inclusion in the statement of financial position. Further, the land on which the Hospital is built, and the developments therein did not have ownership documents. In addition, the Hospital did not have an asset register.

In the circumstances, the accuracy and completeness of the property, plant and equipment balance of Kshs.13,125 could not be confirmed.

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

Emphasis of Matter

Budgetary Control and Performance

The statement of comparison of budget and actual amounts reflects final receipts budget and actual on comparable basis of Kshs.4,558,693 and Kshs.2,279,919 respectively, resulting to under-funding of Kshs.2,278,774 or 50% of the budget. Similarly, the Hospital

spent a total of Kshs.1,850,474 against a budget of Kshs.2,056,083 resulting to an under-expenditure of KShs.205,609 or 10% of the budget.

In the circumstances, the under-funding and under-expenditure affected the planned activities and may have impacted negatively on service delivery to the public.

My opinion is not modified in respect of this matter.

Key Audit Matters

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

Other Information

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

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

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

REPORT ON LAWFULNESS AND EFFECTIVENESS IN THE USE OF PUBLIC RESOURCES

Conclusion

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

Basis for Conclusion

1. Failure to Prepare Quarterly Financial Reports

Review of the financial records revealed that the Hospital did not prepare and submit quarterly financial reports contrary to Regulation 207(1) of the Public Finance Management (County Governments) Regulations, 2015, which states that an Accounting Officer of a County Corporation shall prepare and submit quarterly financial and non-financial statements in the format gazetted by the Cabinet Secretary.

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

2. Non-compliance with Imprest Register Maintenance

Review of financial records revealed that Management did not maintain an imprest register to record and monitor the issuance, utilization, and surrender of imprests issued to staff for official activities. Therefore, details of imprests advanced, outstanding balances and their subsequent surrender could not be verified contrary to Regulation 93(4) of the Public Finance Management (County Governments) Regulations, 2015, which states that, an Accounting Officer shall ensure that imprests are properly managed, recorded and accounted for in a register.

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

3. Failure to Conduct Occupational Safety and Health Audit

Review of records revealed that the Hospital did not conduct the mandatory Occupational Safety and Health (OSH) audit as required by law. No evidence of approved safety and health audit report by a registered safety and health advisor was provided for the period under review contrary to Section 11(1) of the Occupational Safety and Health Act, 2007, which states that the occupier of a workplace shall cause a thorough safety and health audit of his workplace to be carried out at least once in every period of twelve (12) months by a safety and health advisor.

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

4. Misclassification of Health Facility Level

Review of the operations records revealed that the Facility was operating as a Level 4 Hospital despite not meeting the minimum requirements prescribed by the Ministry of Health for such a category. The Facility lacked essential infrastructure, specialist personnel and service capacity expected of a Level 4 Hospital. The Gazette Notice dated 17 December, 2021 issued by the County Executive Committee (CEC) Member for Health, classified the Facility as a Level 4, whereas the Operating License dated 17 October, 2025 issued by the regulatory authority indicated the facility as Level 3A.

In the circumstances, the Hospital's eligibility for certain Government funding, staffing norms, and service level responsibilities associated with Level 4 status could not be confirmed.

5. Failure to Meet Level 4 Hospital Requirements

Records maintained by the Facility and analysis of healthcare staffing and physical verification of medical equipment available at the Hospital revealed the following shortfalls against what was required in the Kenya Quality Model for Health Policy Guidelines of a Level 4 Facility;

Medical Specialists

Item	Level 4 Standard	Number in Hospital	Variance	Percentage (%)
Medical officers	16	0	16	100
Anesthesiologists	2	0	2	100
Radiologist	2	0	2	100
Total	20	0	20	100%

In addition, the Hospital lacked equipment and machines recommended in the Health Policy Guidelines as shown below;

Equipment

Services	Level 4 Hospital Standard	Actuals in the Hospital	Variance	Percentage (%)
Resuscitaire in Labour Ward	2	0	2	100
New Born Unit incubators	5	0	5	100
New Born Unit Cots	5	0	5	100
Functional ICU Beds	6	0	6	100
High Dependency Units (HDU) Beds	6	0	0	100
Renal Units with at Least 5 Dialysis Machines	5	0	5	100

in addition, the following deficiencies in essential medical infrastructure and equipment were observed:

- i. The Hospital lacked an operational ambulance, which may hinder timely emergency response.
- ii. The Facility lacked a holding bay and a mortuary.
- iii. There were no X-ray machines to support diagnostic services.
- iv. The Facility did not have a functioning general ward, apart from the maternity ward.

- v. There were no laundry and drying equipment for cleaning hospital linen.
- vi. The Facility lacked an incinerator for medical waste disposal.

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

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

6. Failure to Open Facility Improvement Financing Bank Account

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

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

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

REPORT ON EFFECTIVENESS OF INTERNAL CONTROLS, RISK MANAGEMENT AND GOVERNANCE

Conclusion

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

Basis for Conclusion

1. Weaknesses in Information Technology (ICT) Controls

Review of the general environment and ICT function at the Hospital revealed that the Hospital lacked operational software systems and most of its activities were carried out manually, including patient registration, record-keeping and financial reporting. Further,

the Hospital did not have an ICT officer to oversee ICT operations and system maintenance. In Addition, it had one (1) desktop computer, which was used exclusively for Social Health Authority (SHA) claims and reimbursements.

In the circumstances, the effectiveness of controls over ICT systems and data processed, stored and maintained through the systems could not be confirmed.

2. Failure to Maintain Risk Management Policy and Risk Register

Review of internal controls and documentation revealed that Hospital did not maintain a Risk Policy and Register. In the absence of an active risk register and updated risk management framework, the Hospital's operations are carried out without structured risk identification, assessment or mitigation strategies. This indicates a lack of risk awareness and preparedness within the facility.

In the circumstances, the Hospital is exposed to poor risk management and preparedness due to the absence of risk-informed processes.

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

Responsibilities of the Management and the Board of Management

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

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

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

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

The Board 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

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

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

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

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


FCPA Nancy Gathungu, CBS
AUDITOR-GENERAL

Nairobi

16 December, 2025

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

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

Description	Note	Insert Current FY 2024/2025	Insert Comparative FY 2023/2024
		Kshs	Kshs
Revenue from non-exchange transactions			
Transfers from the County Government	6	-	-
In- kind contributions from the County Government	7	-	-
Grants from donors and development partners	8	-	-
Transfers from other Government entities	9	-	-
Public contributions and donations	10	-	-
		-	-
Revenue from exchange transactions			
Rendering of services- Medical Service Income	11	3,407,019.1	-
Revenue from rent of facilities	12	-	-
Finance /Interest Income	13	-	-
Miscellaneous Income	14	-	-
Revenue from exchange transactions		3,407,019.1	-
Total revenue		3,407,019.1	-
Expenses			
Medical/Clinical costs	15	530,108	-
Employee costs	16	-	-
Board of Management Expenses	17	79,500	-
Depreciation and amortization expense	18	1,875	-
Repairs and maintenance	19	89,000	-
Grants and subsidies	20	302,000	-
General expenses	21	578,974.05	-
Finance costs	22	-	-
Total expenses		1,581,457.05	-
Other gains/(losses)			
Gain/Loss on disposal of non-Current assets	23	-	-

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


Description	Note	Insert Current FY 2024/2025	Insert Comparative FY 2023/2024
		Kshs	Kshs
Unrealized gain on fair value of investments	24	-	-
Medical services contracts Gains/Losses	25	33,260	-
Impairment loss	26	-	-
Gain on foreign exchange transactions		-	-
Total other gains/(losses)		33,260	-
Net Surplus / (Deficit) for the year		1,792,302.05	-

(The notes set out on pages 10 to 58 form an integral part of the Annual Financial Statements.)

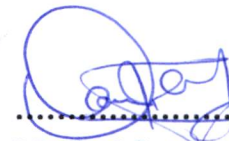
The Hospital's financial statements were approved by the Board on 28/08/2025 and signed on its behalf by:



Chairman
Bishop Osangir David
Board of Management



Head of Finance
CPA Ruth Ipuwa
ICPAK No: 33853



Medical Superintendent
Neccim Okumu

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

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

Description	Note	FY 2024/2025	FY 2023/2024
		Kshs	Kshs
Assets			
Current assets			
Cash and cash equivalents	27	584,108.3	-
Prepayments	28		
Receivables from exchange transactions	29	1,093,840	-
Receivables from non-exchange transactions	30	-	-
Inventories	31	255,892	-
Total Current Assets		1,933,840.3	-
Non-current assets			
Property, plant, and equipment	32	13,125	-
Intangible assets	33	-	-
Investment property	34	-	-
Biological Assets	35		
Total Non-current Assets		13,125	-
Total assets (A)		1,946,965.3	-
Liabilities			
Current liabilities			
Trade and other payables	36	-	-
Refundable deposits from Patients/Prepayments	37	-	-
Provisions	38	-	-
Finance lease obligation	39	-	-
Current portion of deferred income	40	-	-
Current portion of borrowings	41	-	-
Total Current Liabilities		-	-
Non-current liabilities			
Provisions	38	-	-
Non-Current Finance lease obligation	39	-	-
Non-Current portion of deferred income	40	-	-
Non - Current portion of borrowings	41	-	-

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


Description	Note	FY 2024/2025	FY 2023/2024
		Kshs	Kshs
Service concession Arrangements	42	-	-
Total non-current liabilities		-	-
Total Liabilities (B)		-	-
Net assets (A-B)		1,946,965.3	-
Represented by:			
Revaluation reserve		-	-
Accumulated surplus/Deficit		1,792,302.05	-
Capital Fund		154,663.25	-
Net Assets		1,946,965.3	-

(The notes on pages 10 to 58 form an integral part of the Annual Financial Statements.)


The Hospital's financial statements were approved by the Board on 28/08/2025 and signed on its behalf by:



Chairman
Bishop Osangir David
Board of Management



Head of Finance
CPA Ruth Ipuwa
ICPAK No: 33863



Medical Superintendent
Neccim Okumu

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

Description	Revaluation reserve	Accumulated surplus/Deficit	Capital Fund	Total
As at July 1, 2024 (previous year)	-	-	-	-
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	-	-	-
Capital/Development grants	-	-	-	-
As at June 30, 2024 (previous year)	-	-	-	-
At July 1, 2024 (current year)	-	-	-	-
Revaluation gain	-	-	-	-
Surplus/(deficit) for the year	-	1,792,302.05	-	1,792,302.05
Capital/Development grants	-	-	154,663.25	154,663.25
At June 30, 2025 (current year)	-	1,792,302.05	154,663.25	1,946,965.3

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

Description	Note	FY 2024/2025	FY 2023/2024
		Kshs	Kshs
Cash flows from operating activities			
Receipts			
Transfers from the County Government		-	-
Grants from donors and development partners		-	-
Transfers from other Government entities		-	-
Public contributions and donations		-	-
Rendering of services- Medical Service Income		2,279,919.1	-
Revenue from rent of facilities		-	-
Finance / interest income		-	-
Miscellaneous receipts(<i>specify</i>)		-	-
Total Receipts		2,279,919.1	-
Payments			
Medical/Clinical costs	44	786,000	-
Employee costs		-	-
Board of Management Expenses	17	79,500	-
Repairs and maintenance	19	89,000	-
Grants and subsidies	20	302,000	-
General expenses	21	578,974.05	-
Finance costs		-	-
		-	-
Total Payments		1,835,474.05	-
Net cash flows from operating activities	43	444,445.05	-
Cash flows from investing activities			
Purchase of property, plant, equipment	32	(15,000)	-
Purchase of intangible assets		-	-
Proceeds from the sale of PPE		-	-
Acquisition of investments		-	-
Net cash flows used in investing activities		(15,000)	-
Cash flows from financing activities			
Proceeds from borrowings		-	-
Repayment of borrowings		-	-
Capital grants received		-	-

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

Net cash flows used in financing activities		0	-
Net increase/(decrease) in cash and cash equivalents		429,445.05	-
Cash and cash equivalents as at 1 July	27	154,663.25	-
Cash and cash equivalents as at 30 June	27	584,108.3	-

Rendering of medical services – Medical service income of Ksh 2,279,919.10 excludes Kshs 1,093,840 comprising of receivables which do not represent the actual cash receipts.

The medical cost of kshs 786,000 in the statement of cash flow includes Ksh 255,892 which represents closing inventory measured at fair value at the closing of financial year.

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

Description	Original budget	Adjustments	Final budget	Actual on comparable basis	Performance difference	% of utilisation
	a	B	c=(a+b)	D	e=(c-d)	f=d/c%
	Kshs	Kshs	Kshs	Kshs	Kshs	
Budget carryovers from the previous year	-	-	-	-	-	-
Receipts						
Transfers from the County Government	-	-	-	-	-	-
Grants from donors and development partners	-	-	-	-	-	-
Transfers from other Government entities	-	-	-	-	-	-
Public contributions and donations	-	-	-	-	-	-
Rendering of services- Medical Service Income	4,390,423	168,270	4,558,693	2,279,919.1	2,278,773.9	50%
Revenue from rent of facilities	-	-	-	-	-	-
Finance / interest income	-	-	-	-	-	-
Miscellaneous receipts (<i>specify</i>)	-	-	-	-	-	-
Total receipts	4,390,423	168,270	4,558,693	2,279,919.1	2,278,773.9	50%
Payments						
Medical/Clinical costs	705,063	168,270	873,333	786,000	87,333	90%
Employee costs	236,667	-	236,667	-	23,667	90%
Remuneration of directors	88,333	-	88,333	79,500	8,833	90%
Repairs and maintenance	98,889	-	98,889	89,000	9889	90%
Grants and subsidies	335,556	-	335,556	302,000	33,556	90%
General expenses	406,638	-	406,638	578,974.05	40,663.95	90%
Finance costs	-	-	-	-	-	-
Refunds	-	-	-	-	-	-
Total Operational Expenditure paid	1,871,146	168,270	2,039,416	1,835,474.05	203,941.95	90%
Capital Expenditure paid	16,667	-	16,667	15,000	1,667	90%
Surplus	2,502,610	-	2,502,610	429,445.05	2,073,164.95	17%

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

:
Budget Reconciliation

	Description of Particulars	Amount in Kshs
	Actual Surplus Amounts as per the statement of Budget	429,445.05
1	Lower than projected medical service revenue due to reduced patient volumes in some months and delays in SHA reimbursements.	2,278,773.9
2	Unutilized operational budget from efficiency savings in medical supplies procurement and general expenses.	203,941.95
3	Capital expenditure savings from delayed acquisition of equipment now scheduled for next financial year.	16,667
4	Miscellaneous budget adjustments due to changes in planned outreach activities and public health campaigns.	939,658
	Closing Cash and Cash Equivalent as per the statement of Cash flows	584,108.3

19. Notes to the Financial Statements

1. General Information

Angurai sub county hospital is established by and derives its authority and accountability from PFM Act. The entity is wholly owned by the Busia County Government and is domiciled in Busia County in Kenya. The entity's principal activity is offering comprehensive primary care including inpatient, outpatient, maternity, minor surgery, emergency and public health outreach serving people in Teso.

2. Statement of Compliance and Basis of Preparation

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

3. Adoption of New and Revised Standards

(When an IPSAS becomes effective on 1st January 2025, it is applicable in Kenya from 1st July 2025)

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

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

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

Standard	Effective date and impact:
IPSAS 43	<p><i>Applicable 1st January 2025</i></p> <p>The standard sets out the principles for the recognition, measurement, presentation, and disclosure of leases. The objective is to ensure that lessees and lessors provide relevant information in a manner that faithfully represents those transactions. This information gives a basis for users of financial statements to assess the effect that leases have on the financial position, financial performance and cash flows of an Entity.</p> <p>The new standard requires entities to recognise, measure and present information on right of use assets and lease liabilities.</p>
IPSAS 44: Non- Current Assets Held for Sale and Discontinued Operations	<p><i>Applicable 1st January 2025</i></p> <p>The Standard requires,</p> <p>Assets that meet the criteria to be classified as held for sale to be measured at the lower of carrying amount and fair value less costs to sell and the depreciation of such assets to cease and:</p> <p>Assets that meet the criteria to be classified as held for sale to be presented separately in the statement of financial position and the results of discontinued operations to be presented separately in the statement of financial performance.</p>
IPSAS 45- Property Plant and	<p><i>Applicable 1st January 2025</i></p> <p>The standard supersedes IPSAS 17 on Property, Plant and Equipment. IPSAS 45 has additional guidance/ new guidance for heritage assets,</p>

Standard	Effective date and impact:
Equipment	<p>infrastructure assets and measurement. Heritage assets were previously excluded from the scope of IPSAS 17 in IPSAS 45, heritage assets that satisfy the definition of PPE shall be recognised as assets if they meet the criteria in the standard. IPSAS 45 has an additional application guidance for infrastructure assets, implementation guidance and illustrative examples. The standard has clarified existing principles e.g valuation of land over or under the infrastructure assets, under- maintenance of assets and distinguishing significant parts of infrastructure assets.</p>
<p>IPSAS 46 Measurement</p>	<p><i>Applicable 1st January 2025</i></p> <p>The objective of this standard was to improve measurement guidance across IPSAS by:</p> <ul style="list-style-type: none"> i. Providing further detailed guidance on the implementation of commonly used measurement bases and the circumstances under which they should be used. ii. Clarifying transaction costs guidance to enhance consistency across IPSAS; iii. Amending where appropriate guidance across IPSAS related to measurement at recognition, subsequent measurement and measurement related disclosures. <p>The standard also introduces a public sector specific measurement bases called the current operational value.</p>
<p>IPSAS 47- Revenue</p>	<p><i>Applicable 1st January 2026</i></p> <p>This standard supersedes IPSAS 9- Revenue from exchange transactions, IPSAS 11 Construction contracts and IPSAS 23 Revenue from non-exchange transactions. This standard brings all the guidance of accounting for revenue under one standard. The objective of the standard is to establish the principles that an entity shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of revenue and cash flow arising from revenue transactions.</p>
<p>IPSAS 48- Transfer Expenses</p>	<p><i>Applicable 1st January 2026</i></p> <p>The objective of the standard is to establish the principles that a transfer provider shall apply to report useful information to users of financial</p>

Standard	Effective date and impact:
	statements about the nature, amount, timing and uncertainty of expenses and cash flow arising from transfer expense transactions. This is a new standard for public sector entities geared to provide guidance to entities that provide transfers on accounting for such transfers.
IPSAS 49- Retirement Benefit Plans	<i>Applicable 1st January 2026</i> The objective is to prescribe the accounting and reporting requirements for the public sector retirement benefit plans which provide retirement to public sector employees and other eligible participants. The standard sets the financial statements that should be presented by a retirement benefit plan.
IPSAS 50: Exploration For & Evaluation of Mineral Resources	<i>Applicable 1st January 2027</i> The objective of this Standard is to specify the financial reporting for the exploration for and evaluation of mineral resources. The Standard requires: <ul style="list-style-type: none"> <li data-bbox="443 920 1394 1010">i. Limited improvements to existing accounting practices for exploration and evaluation expenditures. <li data-bbox="443 1025 1394 1167">ii. Entities that recognize exploration and evaluation assets to assess such assets for impairment in accordance with this Standard and measure any impairment in accordance with IPSAS 26. <li data-bbox="443 1182 1394 1444">iii. Disclosures that identify and explain the amounts in the entity's financial statements arising from the exploration for and evaluation of mineral resources and help users of those financial statements understand the amount, timing and certainty of future cash flows from any exploration and evaluation assets recognized.

iii) Early adoption of standards

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

4. Summary of Significant Accounting Policies

a. Revenue recognition

i) Revenue from non-exchange transactions

Transfers from other Government entities

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

ii) Revenue from exchange transactions

Rendering of services

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

Sale of goods

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

Interest income

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

Rental income

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

Notes to the Financial Statements (Continued)

b. Budget information

The original budget for FY 2024/2025 was approved by Board on 11th November 2024. Subsequent revisions or additional appropriations were made to the approved budget in accordance with specific approvals from the appropriate authorities. The additional appropriations are added to the original budget by the entity upon receiving the respective approvals in order to conclude the final budget. Accordingly, the *entity* recorded additional appropriations of 1,544,753 on the FY 2024/2025 budget following the Board's approval. The *entity's* budget is prepared on a different basis to the actual income and expenditure disclosed in the financial statements. The financial statements are prepared on accrual basis using a classification based on the nature of expenses in the statement of financial performance, whereas the budget is prepared on a cash basis. The amounts in the financial statements were recast from the accrual basis to the cash basis and reclassified by presentation to be on the same basis as the approved budget.

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

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

c. Taxes

Sales tax/ Value Added Tax

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

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

taxation authority is included as part of receivables or payables in the statement of financial position.

Notes to the Financial Statements (Continued)

d. Investment property

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

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

e. Property, plant and equipment

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

Notes to the Financial Statements (Continued)

f. Leases

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

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

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

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

g. Intangible assets

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

Notes to the Financial Statements (Continued)

h. Biological Assets

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

i. Research and development costs

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

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

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

j. Financial instruments

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

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

Financial assets

Classification of financial assets

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

Subsequent measurement

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

Amortized cost

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

Fair value through net assets/ equity

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

Fair value through surplus or deficit

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

Trade and other receivables

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

Impairment

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

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

Financial liabilities

Classification

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

k. Inventories

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

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

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

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

l. Provisions

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

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

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

Notes to the Financial Statements (Continued)

m. Social Benefits

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

n. Contingent liabilities

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

o. Contingent assets

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

p. Nature and purpose of reserves

The entity creates and maintains reserves in terms of specific requirements. This financial year there were no reserves maintained.

q. Changes in accounting policies and estimates

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

Notes to the Financial Statements (Continued)

r. Employee benefits

Retirement benefit plans

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

s. Foreign currency transactions

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

t. Borrowing costs

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

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

u. Related parties

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

v. Service concession arrangements

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

w. Cash and cash equivalents

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

x. Comparative figures

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

y. Subsequent events

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

5. Significant Judgments and Sources of Estimation Uncertainty

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

Estimates and assumptions.

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

Useful lives and residual values

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

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

Provisions

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

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

Notes to Financial Statements Continued

6. Transfers from the County Government

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

6 b Transfers from The County Government

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

Notes to Financial Statements Continued

7. In Kind Contributions from The County Government

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

8. Grants From Donors and Development Partners

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

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

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

Notes to Financial Statements Continued

9. Transfers From Other Government Entities

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

10. Public Contributions and Donations

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

10 (a) Reconciliations of amortised grants

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

Notes to Financial Statements Continued

11. Rendering of Services-Medical Service Income

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Pharmaceuticals	61,325	-
Outpatient	60,260	-
Laboratory	-	-
Radiology	105,875	-
Orthopedic and Trauma Technology	-	-
Theatre	-	-
Accident and Emergency Service	-	-
Anesthesia Service		-
Ear Nose and Throat service		-
Nutrition service		-
Cancer centre service		-
Dental services		-
Maternity	31,500	-
Inpatient	10,530	-
Farewell home services		-
Physiotherapy services		
Eye Department		
Ambulance services		-
Other medical services income (SHA)	3,137,529.1	-
Total revenue from the rendering of services	3,407,019.1	-

Notes to the Financial Statements (Continued)

12. Revenue From Rent of Facilities

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

13. Finance /Interest Income

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

14. Miscellaneous Income

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

Notes to the Financial Statements (Continued)

15. Medical/ Clinical Costs

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Dental costs/ materials		-
Laboratory chemicals and reagents	110,000	-
Public health activities		-
Food and Ration	110,000	-
Uniform, clothing, and linen	50,000	-
Dressing and Non-Pharmaceuticals	137,000	-
Pharmaceutical supplies	314,000	-
Health information stationery		-
Reproductive health materials		-
Sanitary and cleansing Materials	35,000	-
Purchase of Medical records	30,000	-
X-Ray/Radiology supplies		-
Less closing inventory	(255,892)	-
Net medical/ clinical costs	530,108	-

(Other medical/clinical related costs refers to all other costs involved in management of the patients directly not analysed above.). The amount of Kshs 786,000 represents medical and clinical expenses incurred during the financial year ended 30th June 2025, on an accrual basis of accounting. The amount of 786,000 includes a stock of 255,892 from medical costs which were excluded in the statement of financial performance.

This includes costs of drugs, medical supplies, laboratory reagents, and other consumables used in service delivery, whether paid during the year or recorded as payables at year-end. Accordingly, the amount disclosed does not represent the actual cash paid out but rather the total value of goods and services consumed in the period, in compliance with IPSAS accrual principles.

16. Employee Costs

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

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

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

The amount of Kshs 213,000 represents employee-related costs incurred during the financial year ended 30th June 2025 on an accrual basis of accounting. These costs include salaries, wages, and related staff benefits that were payable to hospital employees during the year, whether or not they were actually settled in cash by 30th June 2025. Accordingly, the amount reported does not reflect actual cash payments made but rather the total obligations recognized in line with IPSAS accrual principles.

Notes to the Financial Statements (Continued)

17. Board of Management Expenses

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Chairman's Honoraria	-	-
Sitting allowance	79,500	-
Mileage	-	-
Insurance expenses	-	-
Induction and training	-	-
Travel and accommodation allowance	-	-
Airtime allowances	-	-
Total	79,500	-

The amount of Kshs 79,500 represents expenses relating to the Board of Management incurred during the financial year ended 30th June 2025 on an accrual basis of accounting. These costs include sitting allowances and other reimbursements due to Board members for services rendered within the year, regardless of whether the payments were actually made by 30th June 2025.

18. Depreciation and Amortization Expense

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Property, plant and equipment	1,875	-
Intangible assets	-	-
Investment property carried at cost	-	-
Total depreciation and amortization	1,875	-

The amount of Kshs 1,875 represents depreciation and amortization expense incurred during the financial year ended 30th June 2025, recognized on an accrual basis of accounting in line with IPSAS requirements. This charge reflects the systematic allocation of the cost of property, plant, and equipment over their useful lives. It does not represent an actual cash outflow during the year but rather the accounting recognition of the consumption of economic benefits of the hospital's assets.

19. Repairs And Maintenance

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Property- Buildings	89,000	-
Medical equipment	-	-
Office equipment	-	-
Furniture and fittings	-	-
Computers and accessories	-	-
Motor vehicle expenses	-	-
Maintenance of civil works	-	-
Total repairs and maintenance	89,000	-

Notes to the Financial Statements (Continued)

20. Grants And Subsidies

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
RMNCAH	302,000	-
Community health services		-
Medical disability, eye services and jigger control		-
HIV/AIDS and malaria control		-
Disease surveillance & control, immunization and vaccination campaign		-
Nutrition services, school health programme		-
Non communicable diseases, TB and Leprosy		-
Total grants and subsidies	302,000	-

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

21. General Expenses

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Advertising and publicity expenses	20,000	-
Catering expenses	33,000	-
Waste management expenses		-
Insecticides and rodenticides		-
Audit fees		-
Bank charges	3,974.05	-
Conferences and delegations		-
Consultancy fees		-
Contracted services	213,000	-
Electricity expenses		-
Fuel and Lubricants	75,000	-
Daily substance allowance	40,000	-
Research and development expenses		-
Travel and accommodation allowance	60,000	-
Legal expenses		-
Licenses and permits		-
Courier and postal services		-
Printing and stationery	34,000	-
Hire charges		-
Rent expenses		-

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

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Water and sewerage costs	35,000	-
Skills development levies		-
Telephone and mobile phone services	15,000	-
Internet expenses		-
Staff training and development		-
Subscriptions to professional bodies		-
Advertising, awareness and campaign	50,000	-
Library books/Materials		-
Household		-
Total General Expenses	578,974.05	-

22. Finance Costs

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

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

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

24. Unrealized Gain On Fair Value Investments

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

Notes to the Financial Statements (Continued)

25. Medical Services Contracts Gains /Losses

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Comprehensive care contracts with NHIF/SHA	-	-
Non- Comprehensive contracts care with NHIF/SHA	-	-
Linda Mama Program	-	-
Waivers and Exemptions	33,260	-
Total Gain/Loss	33,260	-

26. Impairment Loss

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

27. Cash And Cash Equivalents

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Current accounts	584,108.3	-
On - call deposits	-	-
Fixed deposits accounts	-	-
Cash in hand	-	-
Others(<i>specify</i>)- Mobile money	-	-
Total cash and cash equivalents	584,108.3	-

Notes to the Financial Statements (Continued)

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

Description		FY 2024/2025	FY 2023/2024
Financial institution	Account number	KShs	KShs
a) Current account			
Kenya Commercial bank	1263936954	584,108.3	-
Equity Bank, etc		-	-
Sub- total		584,108.3	-
b) On - call deposits			
Kenya Commercial bank		-	-
Equity Bank – etc		-	-
Sub- total		-	-
c) Fixed deposits account			
Bank Name: KCB		-	-
Sub- total		-	-
d) Others(specify)			
cash in hand		-	-
Mobile money- Mpesa, Airtel money		-	-
Sub- total		-	-
Grand total		584,108.3	-

Provide disclosure on any restricted cash that the entity is holding.

28. Prepayments

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

29. Receivables From Exchange Transactions

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Medical services receivables	1,127,100	-
Rent receivables	-	-
Other exchange debtors	-	-
Less: impairment allowance i.e. waiver	(33,260)	-
Total receivables	1,093,840	-

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

Analysis of Receivables from Exchange Transactions

Description	FY 2024/2025		FY 2023/2024	
	Kshs		Kshs	
	Current FY	% of the total	Comparative FY	% of the total
Less than 1 year	1,093,840	%	-	%
Between 1- 2 years	-	%	-	%
Between 2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total (a+b)	-	%	-	%

30. Receivables From Non-Exchange Transactions

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

Analysis of Receivables From Non-Exchange Transactions

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

31. Inventories

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Pharmaceutical supplies	227,704	-
Maintenance supplies	-	-
Food supplies	28,188	-
Linen and clothing supplies	-	-
Cleaning materials supplies	-	-
Lab reagents	-	-
General supplies	-	-
Less: provision for impairment of stocks	(-)	-
Total	255,892	-

Detailed disclosure on inventories

	FY 2024/2025	FY 2023/2024
Opening balance	0	-
Additional Inventory in the year	786,000	-
Inventory expensed in the year	530,108	-
Write-downs in the year	-	-
Others specify	-	-
Closing balance	255,892	-

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

Notes to the Financial Statements (Continued)

32. Property, Plant and Equipment

Description	Land	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment	ICT Equipment	Plant and medical Equipment @ 2.5%	Other Assets (specify)	Capital Work in progress	Total
	Ksh	Ksh	Ksh	Ksh	Ksh	Ksh		Ksh	Ksh
Cost									
At 1 July 2024 (previous year)	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Disposals	(-)	(-)	(-)	(-)	(-)	(-)	-	-	(-)
Transfers/adjustments	-	-	-	-	-	-	-	-	-
Revaluation Adjustments	-	-	-	-	-	-	-	-	-
At 30th Jun 2024	-	-	-	-	-	-	-	-	-
At 1 July 2025 (current year)	-	-	-	-	-	-	-	-	-
Additions						15,000			15,000
Disposals	(-)	(-)	(-)	(-)	(-)	(-)	-	(-)	(-)
Transfer/adjustments								(-)	-
Revaluation Adjustments								-	-
At 30th Jun 2025	-	-	-	-	-	15,000	-	-	15,000
Depreciation and impairment									
At 1 July 2024 (previous year)	-	-	-	-	-	-	-	-	-
Depreciation for the year		-	-	-	-	-	-	-	-

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

Description	Land	Buildings and Civil works	Motor vehicles	Furniture, fittings, and office equipment	ICT Equipment	Plant and medical Equipment @ 2.5%	Other Assets (specify)	Capital Work in progress	Total
Disposals		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Impairment		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
At 30 June 2025		-	-	-	-	-	-	-	-
At July 2025 (current year)		-	-	-	-	-	-	-	-
Depreciation		-	-	-	-	1,875	-	-	1,875
Disposals		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Impairment		(-)	(-)	(-)	(-)	(-)	(-)	-	(-)
Transfer/adjustment		-	-	-	-	-	-	-	(-)
At 30th June 2025		-	-	-	-	1,875			1,875
Net book values									
At 30 th Jun 2024 (previous)	-	-	-	-	-	-	-	-	-
At 30 th Jun 2025 (current)	-	-	-	-	-	13,125			13,125

Notes to the Financial Statements (Continued)

33. Intangible Assets-Software

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

34. Investment Property

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

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

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

Notes to the Financial Statements (Continued)

35. Biological Assets

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

36. Trade and other Payables

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

37. Refundable Deposits from Customers/Patients

Description	FY 2024/2025		FY 2023/2024	
	KShs		KShs	
Medical fees paid in advance	-	-	-	-
Credit facility deposit	-	-	-	-
Rent deposits	-	-	-	-
Others (specify)	-	-	-	-
Total deposits	-	-	-	-
Ageing analysis:	FY 2024/2025	% of the Total	FY 2023/2024	% of the Total

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

Under one year	-	%	-	%
1-2 years	-	%	-	%
2-3 years	-	%	-	%
Over 3 years	-	%	-	%
Total	-	%	-	%

38. Provisions

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

39. Finance Lease Obligation

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

40. Deferred Income

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

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

Notes to the Financial Statements (Continued)

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

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

41. Borrowings

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

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

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

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

Notes to the Financial Statements (Continued)

42. Service Concession Arrangements

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

43. Cash Generated from Operations

Description	FY 2024/2025	FY 2023/2024
	KShs	KShs
Surplus for the year before tax	1,792,302.05	-
Adjusted for:		
Depreciation	1,875	-
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	(255,892)	-
Increase in receivables	(1,093,840)	-
Increase in deferred income	-	-
Increase in payables	-	-
Increase in payments received in advance	-	-
Net cash flow from operating activities	444,445.05	-

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

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

44. Medical/ Clinical Costs

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Dental costs/ materials		-
Laboratory chemicals and reagents	110,000	-
Public health activities		-
Food and Ration	110,000	-
Uniform, clothing, and linen	50,000	-
Dressing and Non-Pharmaceuticals	137,000	-
Pharmaceutical supplies	314,000	-
Health information stationery		-
Reproductive health materials		-
Sanitary and cleansing Materials	35,000	-
Purchase of Medical records	30,000	-
X-Ray/Radiology supplies		-
Total medical/ clinical costs	786,000	-

Notes to the Financial Statements (Continued)

45. Financial Risk Management

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

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

(i) Credit risk

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

Description	Total amount	Fully performing	Past due	Impaired
	Kshs	Kshs	Kshs	Kshs
At 30 June 2024 (previous year)		-	-	-
Receivables from exchange transactions	-	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	-	-	-	-
Total	-	-	-	-
At 30 June 2025 (current year)				
Receivables from exchange transactions	1,093,840	-	-	-
Receivables from –non-exchange transactions	-	-	-	-
Bank balances	584,108.3	-	-	-
Total	1,677,948.3	-	-	-

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

Notes to the Financial Statements (Continued)

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

(ii) Liquidity risk management

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

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

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

Notes to the Financial Statements (Continued)

(iii) Market risk

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

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

a) Foreign currency risk

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

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

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

Notes to the Financial Statements (Continued)

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

Foreign currency sensitivity analysis

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

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

b) Interest rate risk

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

Management of interest rate risk

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

Notes to the Financial Statements (Continued)

Sensitivity analysis

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

Using the end of the year figures, the sensitivity analysis indicates the impact on the statement of financial performance if current floating interest rates increase/decrease by one percentage point as a decrease/increase of KShs 0 (2024 KShs 0). A rate increase/decrease of 5% would result in a decrease/increase in surplus of KShs 0 (2025 – 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:

Description	FY 2024/2025	FY 2023/2024
	Kshs	Kshs
Revaluation reserve	-	-
Retained earnings	-	-
Capital reserve	-	-
Total funds	-	-
Total borrowings	-	-
Less: cash and bank balances	(584,108.3)	(-)
Net debt/ (<i>excess cash and cash equivalents</i>)	(584,108.3)	-
Gearing	0%	-%

Notes to the Financial Statements (Continued)

46. Related Party Balances

Nature of related party relationships

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

Busia County Government is the principal shareholder of the Sio Port Sub County Hospital, holding 100% of the *entity's* equity interest. The National Government of Kenya has provided full guarantees to all long-term lenders of the entity, both domestic and external. The related parties include:

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

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

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

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

47. 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)

48. Contingent Liabilities

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

(Give details)

49. Capital Commitments

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

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

50. Events after the Reporting Period

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

51. Ultimate and Holding Entity

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

52. Currency

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

20. Appendices

Appendix 1: Progress on Follow Up of Auditor Recommendations

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

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

Guidance Notes:

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



.....
Accounting Officer

Appendix II: Projects Implemented by the Entity

Projects

Projects implemented by the Hospital Funded by development partners

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

Status of Projects completion

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

SN	Project	Total project Cost	Total expended to date	Completion % to date	Budget	Actual	Sources of funds
1							
2							
3							
4							

Appendix III: Inter-Entity Confirmation Letter

Name of Transferring entity.....

Name of Beneficiary entity.....

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

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

Head of Accounts Department - Disbursing Entity:
 Name Sign Date

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

Appendix IV Reporting of Climate Relevant Expenditures

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

Appendix V: Disaster Expenditure Reporting Template

Programme	Sub-programme	Disaster Type	Category of disaster related Activity that require expenditure reporting (response/recovery/mitigation/preparedness)	Expenditure item	Amount (Ksh s.)	Comments

