***Issued 30th September 2022***



**XXX LEVEL 4/5 HOSPITAL**

**(COUNTY GOVERNMENT OF XX)**

QUARTERLY REPORT AND FINANCIAL STATEMENTS

**FOR THE PERIOD ENDED**

**SEPTEMBER/DECEMBER /MARCH/JUNE XX, 20XX**

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

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# Key Entity Information and Management

1. **Background information**

XXX Hospital is a level (4/5) hospital established under gazette notice number xxx and is domiciled in xxx County under the xx Department. The hospital is governed by a Board of Management.

1. **Principal Activities**

The principal activity/mission/ mandate of the hospital is to …

(Under this section you may also include the entity’s vision, mission and core objectives)

1. **Key Management**

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

* County department of health
* Board of Management
* Accounting Officer/ Medical Superintendent
* Management
* Others (*specify)*

1. **Fiduciary Management**

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

| **No.** | **Designation** | **Name** |
| --- | --- | --- |
| 1. | Medical Superintendent | **-** |
| 2. | Head of finance | **-** |
| 3. | Head of supply chain | **-** |
| 4. | xxx | **-** |
| 5. | xxx |  |

*(Include all positions regarded as top management in your organisation).*

1. **Fiduciary Oversight Arrangements**

*[Here, provide a high-level description of the key fiduciary oversight arrangements covering (say)*

* Clinical Research and Standards Committee.
* Audit committee
* Risk Committee
* County Assembly
* Parliamentary committees
* Other oversight committees

1. **Entity Headquarters**

P.O. Box XXXXX

XXX Building/House/Plaza

XXX Avenue/Road/Highway

XXXXXXX, KENYA

1. **Entity Contacts**

Telephone: (+254) XXXXXXXX

E-mail: XXXXXXX.go.ke

Website: www.go.ke

1. **Entity Bankers**

Commercial Banks *(include all your bankers)*

1. **Independent Auditors**

Auditor General

Office of Auditor General

Anniversary Towers, Institute Way

P.O. Box 30084

GPO 00100

Nairobi, Kenya

1. **Principal Legal Adviser**

The Attorney General

State Law Office

Harambee Avenue

P.O. Box 40112

City Square 00200

Nairobi, Kenya

1. **County Attorney**

P.O. Box. Xxx

xxx, Kenya

# The Board of Directors

|  |  |
| --- | --- |
| **Directors** | **Details** |
| Director 1  (*Insert each Director’s passport-size photo and name, and key profession/academic qualifications*) | Provide a concise description of each Director’s age, key qualifications, and work experience. Indicate whether the director is independent or an executive director and which committee of the Board the director chairs where applicable. Indicate whether the director is independent and or whether alternate. |
| Director 2 |  |
| Director 3 |  |
| Director 4/Alternate |  |
| MEDSUPP |  |
| Entity Secretary | Indicate whether the secretary is a member of ICS as required under the Mwongozo code in addition to their other details. |

# Management Team

|  |  |
| --- | --- |
| **Management** | **Details** |
| Manager 1  *(Insert each key manager’s passport-size photo and name, and key profession/academic qualifications*) | Indicate the main area of responsibility – without details |
| Manager 2 |  |
| Manager 3 |  |
| Manager 4 |  |
| Etc. |  |
| ***(Note:*** *The Med sup and the Entity Secretary will feature both under the ‘Board’ and ‘Management’.)* | |

# Management Discussion And Analysis

**Section A**

***The entity’s operational and financial performance***

*(Per period the entity should provide an overview of performance as per its mandate in tandem with the National Government strategic objectives and policies. These include key performance indicators, observations with respect to the financial statements, profits, earnings, cash flows and whether or not past performance may be indicative of future results) (In addition, under this section the entity should capture information pertaining to growth & strategy touching on industry trends, financial flexibility, sources of revenue in summary differentiating between any funds from the government and from the patients and donors if any; challenges and opportunities – touching on key events, demands on the entity’s principal activities etc).*

**Section B**

**Entity’s compliance with statutory requirements**

*(An entity should clearly indicate the extent of compliance and whether there are any major non-compliance that may expose the entity to potential contingent liabilities. Ongoing or potential court cases and defaults should be summarized here clearly indicating the total exposure).*

**Section C**

**Key projects and investment decisions the entity is planning/implementing.**

*(The entity should include here in the viability of such projects and how they are facilitating the entity in delivery of its mandate in line with the National Government’s strategic objectives and policies). (The entity should also indicate how the projects and investments decisions are being financed ie are they being financed by equity/debt internally generated revenue, grants from Government and Development partners, borrowings. A statement on sustainability of the same should be included).*

**Section D**

**Major risks facing the entity**

*(The entity should include under this section the key risks facing the entity ranging from Operational Risks, Market Risks, Capital Risk, Credit risks, Liquidity risks etc). This should be emanating from the entity’s risk management framework.*

**Section E**

**Material arrears in statutory/financial obligations**

*(This should include but not limited to items such as loan default, pending bills, tax default, outstanding staff & pension obligations/actuarial deficit on pension schemes, non- payment of dividends & loan redemption to the National Exchequer etc).*

**Section F**

The entity’s financial probity and serious governance issues

# Statement of The Board of Directors’ Responsibilities

Section 166 of the Public Finance Management Act, 2012 require the Directors to prepare quarterly 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 period and the operating results of the *entity* for that period. The Directors are also required to ensure that the *entity* keeps proper accounting records which disclose with reasonable accuracy the financial position of the *entity*. The Directors are also responsible for safeguarding the assets of the *entity*.

The Board of Directors 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 period ended on XXX/20XX. 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 Directors 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, 2xxx, 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.

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

**Approval of the financial statements**

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

|  |  |
| --- | --- |
| **……………………………………………** | **………………………………………….** |
| **Name:** | **Name:** |
| **Chairperson** | **Accounting Officer** |
| **Board of Directors** |  |
|  |  |

# Statement of Financial Performance For The Period Ended Sep/Dec/Mar/June xx, 20xx

| **Description** | **Notes** | **Period ended**  **Sep\*/Dec\*/**  **Mar\*/June\*** | **Comparative Period prior year** |
| --- | --- | --- | --- |
|  |  | **Kshs** | **Kshs** |
| **Revenue** **from** **non-exchange** **transactions** |  |  |  |
| Transfers from the County Government | 5 | xxx | xxx |
| In- kind contributions from the County Government | 6 | xxx | xxx |
| Grants from donors and development partners | 7 | xxx | xxx |
| Transfers from other Government entities | 8 | xxx | xxx |
| Public contributions and donations | 9 | xxx | xxx |
|  |  | **xxx** | **xxx** |
| **Revenue** **from** **exchange** **transactions** |  |  |  |
| Rendering of services- Medical Service Income | 10 | xxx | xxx |
| Revenue from rent of facilities | 11 | xxx | xxx |
| Finance /Interest Income | 12 | xxx | xxx |
| Other income (*specify*) | 13 | xxx | xxx |
| **Revenue** **from** **exchange** **transactions** |  | **xxx** | **xxx** |
| **Total** **revenue** |  | **xxx** | **xxx** |
|  |  |  |  |
| **Expenses** |  |  |  |
| Medical/Clinical costs | 14 | xxx | xxx |
| Employee costs | 15 | xxx | xxx |
| Board of Management Expenses | 16 | xxx | xxx |
| Depreciation and amortization expense | 17 | xxx | xxx |
| Repairs and maintenance | 18 | xxx | xxx |
| Grants and subsidies | 19 | xxx | xxx |
| General expenses | 20 | xxx | xxx |
| Finance costs | 21 | xxx | xxx |
| **Total** **expenses** |  | **xxx** | **xxx** |
| **Other** **gains/(losses)** |  |  |  |
| Gain on disposal of non-Current assets | 22 | xxx | xxx |
| Unrealized gain on fair value of investments | 23 | xxx | xxx |
| Medical services contracts Gains/Losses | 24 | xxx | xxx |
| Impairment loss | 25 | (xxx) | xxx |
| Gain on foreign exchange transactions |  | xxx | xxx |
| **Total other** **gains/(losses)** |  | **xxx** | **xxx** |
| **Net Surplus for the year** |  | **xxx** | **xxx** |
| Attributable to: |  |  |  |
| Surplus/(*deficit*) attributable to minority interest |  | xxx | (xxx) |
| Surplus attributable to owners of the controlling entity |  | xxx | xxx |
|  |  | **xxx** | **xxx** |

The notes set out on pages xxx to xxx form an integral part of these Financial Statements.

*Sep\* -This relates to transactions undertaken from 1st July to 30th September.*

*Dec\* - This relates to transactions undertaken from 1st July to 31st December.*

*March\*- This relates to transactions undertaken from 1st July to 31st March.*

*June\* - This relates to transactions undertaken from 1st July to 30th June.*

*\*Comparative period relates to prior year same period*

# Statement Of Financial Position As At xx, 20xx

| **Description** | **Notes** | **Period ended Sep/Dec/Mar/Jun** | **Audited**  **Prior year** |
| --- | --- | --- | --- |
|  |  | **Kshs** | **Kshs** |
| **Assets** |  |  |  |
| **Current** **assets** |  |  |  |
| Cash and cash equivalents | 26 | xxx | xxx |
| Receivables from exchange transactions | 27 | xxx | xxx |
| Receivables from non-exchange transactions | 28 | xxx | xxx |
| Inventories | 29 | xxx | xxx |
| **Total Current Assets** |  | **xxx** | **xxx** |
| **Non-current** **assets** |  |  |  |
| Property, plant, and equipment | 30 | xxx | xxx |
| Intangible assets | 31 | xxx | xxx |
| Investment property | 32 | xxx | xxx |
| **Total Non-current Assets** |  | **xxx** | **xxx** |
| **Total** **assets** |  | **xxx** | **xxx** |
|  |  |  |  |
| **Liabilities** |  |  |  |
| **Current** **liabilities** |  |  |  |
| Trade and other payables | 33 | xxx | xxx |
| Refundable deposits from customers/Patients | 34 | xxx | xxx |
| Provisions | 35 | xxx | xxx |
| Finance lease obligation | 36 | xxx | xxx |
| Current portion of deferred income | 37 | xxx | xxx |
| Current portion of borrowings | 38 | xxx | xxx |
| **Total Current Liabilities** |  | **xxx** | **xxx** |
| **Non-current** **liabilities** |  |  |  |
| Provisions | 39 | xxx | xxx |
| Non-Current Finance lease obligation | 36 | xxx | xxx |
| Non-Current portion of deferred income | 37 | xxx | xxx |
| Non - Current portion of borrowings | 38 | xxx | xxx |
| Service concession liability | 39 | **xxx** | **xxx** |
|  |  |  |  |
| **Total** **Non-current** **liabilities** |  | **xxx** | **xxx** |
| **Total Liabilities** |  | **xxx** | **xxx** |
|  |  |  |  |
| **Net** **assets** |  |  |  |
| Revaluation reserve |  | xxx | xxx |
| Accumulated surplus/Deficit |  | xxx | xxx |
| Capital Fund |  | xxx | xxx |
|  |  | **xxx** | **xxx** |
| **Total** N**et** A**ssets** **and** L**iabilities** |  | **xxx** | **xxx** |

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

|  |  |  |
| --- | --- | --- |
| **………………………………** | **……………………………….** | **……………………………….** |
| **Chairman** | **Head of Finance** | **Medical Superintendent** |
| **Board of Directors** | **ICPAK No:** |  |

# Statement Of Cash Flows for The Period Ended xx, 20xx

| **Description** |  | **Period ended Sep/Dec/Mar/Jun** | **Comparative**  **Period prior year** |
| --- | --- | --- | --- |
|  | **Note** | **Kshs** | **Kshs** |
| **Cash** **flows** **from** **operating** **activities** |  |  |  |
| **Receipts** |  |  |  |
| Transfers from the County Government |  | xxx | xxx |
| Grants from donors and development partners |  | xxx | xxx |
| Transfers from other Government entities |  | xxx | xxx |
| Public contributions and donations |  | xxx | xxx |
| Rendering of services- Medical Service Income |  | xxx | xxx |
| Revenue from rent of facilities |  | xxx | xxx |
| Finance / interest income |  | xxx | xxx |
| Other receipts(*specify)* |  | xxx | xxx |
| **Total Receipts** |  | **xxx** | **xxx** |
|  |  |  |  |
| **Payments** |  |  |  |
| Medical/Clinical costs |  | xxx | xxx |
| Employee costs |  | xxx | xxx |
| Board of Management Expenses |  | xxx | xxx |
| Repairs and maintenance |  | xxx | xxx |
| Grants and subsidies |  | xxx | xxx |
| General expenses |  | xxx | xxx |
| Finance costs |  | xxx | xxx |
| Refunds paid out |  | xxx | xxx |
| **Total Payments** |  | **xxx** | **xxx** |
| **Net** **cash** **flows** **from/(used in)** **operating** **activities** | 40 | **xxx** | **xxx** |
| **Cash flows from investing activities** |  |  |  |
| Purchase of property, plant, equipment, & intangible assets |  | (xxx) | (xxx) |
| Proceeds from the sale of property, plant, and equipment |  | xxx | xxx |
| Acquisition of investments |  | (xxx) | (xxx) |
| **Net cash flows from /(used in) investing activities** |  | **(xxx)** | **(xxx)** |
| **Cash** **flows** **from** **financing** **activities** |  |  |  |
| Proceeds from borrowings |  | xxx | xxx |
| Repayment of borrowings |  | (xxx) | (xxx) |
| Capital grants received |  | xxx | xxx |
| **Net cash flows from /(used in) financing activities** |  | **(xxx)** | **(xxx)** |
| **Net** **increase/(decrease)** **in** **cash** **and** **cash equivalents** |  | **xxx** | **xxx** |
| Cash and cash equivalents at 1 July | 26 | xxx | xxx |
| **Cash** **and** **cash** **equivalents** **at** **Sep/Dec/Mar/Jun xx** | 26 | **xxx** | **xxx** |

(IPSAS 2 allows an entity to present the cash flow statement using the direct or indirect method but encourages the direct method. PSASB also recommends the use of direct method of cash flow preparation)

|  |  |  |
| --- | --- | --- |
| **………………………………** | **……………………………….** | **……………………………….** |
| **Chairman** | **Head of Finance** | **Medical Superintendent** |
| **Board of Directors** | **ICPAK No:** |  |

# Statement Of Comparison Of Budget And Actual Amounts For The Period Ended xx, 20xx

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Original** **budget** | **Adjustments** | **Final** **budget** | **Actual**  **Cumulative to date** | **% of utilization** |
|  | **a** | **b** | **c=(a+b)** | **d** | **e=d/c %** |
|  | **Kshs** | **Kshs** | **Kshs** | **Kshs** | **Kshs** |
| **Revenue** |  |  |  |  |  |
| Transfers from the County Government | xxx | xxx | xxx | xxx | (xxx) |
| Grants from donors and development partners | xxx | xxx | xxx | xxx | (xxx) |
| Transfers from other Government entities | xxx | xxx | xxx | xxx | (xxx) |
| Public contributions and donations | xxx | xxx | xxx | xxx | (xxx) |
| Rendering of services- Medical Service Income | xxx | xxx | xxx | xxx | (xxx) |
| Revenue from rent of facilities | xxx | xxx | xxx | xxx | (xxx) |
| Finance / interest income | xxx | xxx | xxx | xxx | xxx |
| Other receipts (specify) | xxx | xxx | xxx | xxx | xxx |
| **Total** **income** | **xxx** | xxx | **xxx** | **xxx** | **(xxx)** |
|  |  |  |  |  |  |
| **Expenses** |  |  |  |  |  |
| Medical/Clinical costs | xxx | xxx | xxx | xxx | (xxx) |
| Employee costs | xxx | xxx | xxx | xxx | (xxx) |
| Remuneration of directors | xxx | xxx | xxx | xxx | - |
| Repairs and maintenance | xxx | xxx | xxx | xxx | (xxx) |
| Grants and subsidies | xxx | xxx | xxx | xxx | - |
| General expenses | xxx | xxx | xxx | xxx | (xxx) |
| Finance costs | xxx | xxx | xxx | xxx | (xxx) |
| Refunds | **xxx** | **xxx** | **xxx** | **xxx** | (xxx) |
| **Total** **expenditure** | **xxx** | **(xxx)** | **xxx** | **xxx** | **(xxx)** |
|  |  |  |  |  |  |
| **Surplus** **for** **the** **period** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |

|  |  |  |
| --- | --- | --- |
| **……………………………………………** | **……………………………………………** | **…………………………………………………..** |
| **Chairman** | **Head of Finance** | **Medical Superintendent** |
| **Board of Directors** | **ICPAK No:** |  |

***Budget notes***

*1. Provide an explanation of differences between actual and budgeted amounts (10% over/ under) IPSAS 24.14*

*2. Provide an explanation of changes between the original and final budget indicating whether the difference is due to reallocations or other causes. (IPSAS 24.29)*

*3. Where the total of actual on a comparable basis does not tie to the statement of financial performance totals due to differences in accounting basis (budget is cash basis, statement of financial performance is accrual) provide a reconciliation.*

# Notes To the Financial Statements

1. **General Information**

xxx entity is established by and derives its authority and accountability from xxx Act. The entity is wholly owned by the Government of Kenya and is domiciled in Kenya. The entity’s principal activity is xxx.

1. **Statement Of Compliance And Basis Of Preparation**

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

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

1. **Summary Of Significant Accounting Policies**
2. **Revenue recognition**
3. **Revenue from non-exchange transactions**

**Transfers from other Government entities**

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

***Notes to the Financial Statements (Continued)***

**Revenue from exchange transactions**

**Rendering of services**

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

**Sale of goods**

Revenue from the sale of goods is recognized when the significant risks and rewards of ownership have been transferred to the buyer, usually on delivery

of the goods and when the amount of revenue can be measured reliably, and it is probable that the economic benefits or service potential associated with the transaction will flow to the entity.

**Interest income**

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

**Dividends**

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

**Rental income**

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

***Notes to the Financial Statements (Continued)***

1. **Budget information**

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

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

1. **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)***

1. **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.

1. **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)***

1. **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.

1. **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)***

1. **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.

1. **Financial instruments**

**Financial assets**

**Initial recognition and measurement**

Financial assets within the scope of IPSAS 29 Financial Instruments: Recognition and Measurement are classified as financial assets at fair value through surplus or deficit, loans and receivables, held-to-maturity investments or available-for-sale financial assets, as appropriate. The Entity determines the classification of its financial assets at initial recognition.

**Loans and receivables**

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

***Notes to the Financial Statements (Continued)***

**Held-to-maturity**

Non-derivative financial assets with fixed or determinable payments and fixed maturities are classified as held to maturity when the Entity has the positive

intention and ability to hold it to maturity. After initial measurement, held-to-maturity investments are measured at amortized cost using the effective interest method, less impairment. Amortized cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the effective interest rate. The losses arising from impairment are recognized in surplus or deficit.

**Impairment of financial assets**

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

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

**Financial liabilities**

**Initial recognition and measurement**

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

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

***Notes to the Financial Statements (Continued)***

**Loans and borrowing**

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

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

1. **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.

1. **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)***

**Contingent liabilities**

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

**Contingent assets**

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

**l) Nature and purpose of reserves**

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

1. **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.

1. **Employee benefits**

**Retirement benefit plans**

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

***Notes to the Financial Statements (Continued)***

1. **Foreign currency transactions**

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

1. **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.

1. **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.

1. **Service concession arrangements**

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

***Notes to the Financial Statements (Continued)***

1. **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.

1. **Comparative figures**

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

1. **Subsequent events**

There have been no events subsequent to the financial period end with a significant impact on the financial statements for the period ended xx, 20XX.

1. **Significant Judgments and Sources of Estimation Uncertainty**

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

**Estimates and assumptions**

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

***Notes to the Financial Statements (Continued)***

**Useful lives and residual values**

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

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

**Provisions**

Provisions were raised and management determined an estimate based on the information available. Additional disclosure of these estimates of provisions is included in Note 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 the Financial Statements (Continued)***

1. **Transfers From The County Government**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June**  **20xx** | **Comparative Period prior period** |
|  | **Kshs** | **Kshs** |
| **Unconditional** **Grants** |  |  |
| Operational Grant | xxx | xxx |
| Level 5 Grants | xxx | xxx |
| Other Grants | xxx | xxx |
|  | **xxx** | **xxx** |
| **Conditional** **Grants** |  |  |
| User Fee Forgone | xxx | xxx |
| Transforming Health Services For Universal Care Project (THUCP) | xxx | xxx |
| DANIDA | xxx | xxx |
| Wards Development Grant | xxx | xxx |
| Paediatric Block Grant | xxx | xxx |
| Administration Block Grant | xxx | xxx |
| Laboratory Grant | xxx | xxx |
| **Total** **Government** **Grants** **And** **Subsidies** | **xxx** | **xxx** |

**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 period** | **Comparative period prior year** |
|  |  |  |
| **Kshs** | **Kshs** | **Kshs** |
| xx County Government | xxx | xxx | xxx | xxx | xxx |
| **Total** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |

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

***Notes to the Financial Statements (Continued)***

1. **In Kind Contributions from The County Government**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/Mar/Jun**  **20xx** | **Comparative**  **Period prior year** |
|  | **Kshs** | **Kshs** |
| Salaries and wages | xxx | xxx |
| Pharmaceutical and Non-Pharmaceutical Supplies | xxx | xxx |
| Medical supplies-Drawings Rights (KEMSA) | xxx | xxx |
| Utility bills | xxx | xxx |
| **Total grants in kind** | **xxx** | **xxx** |

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

1. **Grants From Donors and Development Partners**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative**  **Period prior year** |
|  | **Kshs** | **Kshs** |
| Cancer Centre grant- DANIDA | xxx | xxx |
| World Bank grants | xxx | xxx |
| Paediatric ward grant- JICA | xxx | xxx |
| Research grants | xxx | xxx |
| Other grants (*specify)* | xxx | xxx |
| **Total grants from development partners** | **xxx** | **xxx** |

*(Provide brief explanation for this revenue)*

**7 (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 period** | **Comparative period prior year** |
| **Kshs** | **Kshs** | **Kshs** | **Kshs** | **Kshs** |
| Donor e.g., DANIDA | xxx | xxx | xxx | xxx | xxx |
| JICA | xxx | xxx | xxx | xxx | xxx |
| World Bank | xxx | xxx | xxx | xxx | xxx |
| **Total** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |

1. **Transfers From Other Government Entities**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| Transfer from National Government (Ministry of Health) | xxx | xxx |
| Transfer from xxx National Hospital | xxx | xxx |
| Transfer from xxx Institute | xxx | xxx |
| **Total Transfers** | **xxx** | **xxx** |

1. **Public Contributions and Donations**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| Public donations | xxx | xxx |
| Donations from local leadership | xxx | xxx |
| Donations from religious institutions | xxx | xxx |
| Donations from other international organisations and individuals | xxx | xxx |
| Other donations(*specify)* | xxx | xxx |
| Donations in kind-amortised | xxx | xxx |
| **Total donations and sponsorships** | **xxx** | **xxx** |

(*Provide brief explanation for this revenue*)

**9(b)Reconciliations of amortised grants**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| **Balance unspent at beginning of year** | **xxx** | **xxx** |
| Current year receipts | xxx | xxx |
| Amortised and transferred to revenue | xxx | xxx |
| **Conditions to be met – remain liabilities** | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Rendering of Services-Medical Service Income**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| Pharmaceuticals | xxx | xxx |
| Non-Pharmaceuticals | xxx | xxx |
| Laboratory | xxx | xxx |
| Radiology | xxx | xxx |
| Orthopedic and Trauma Technology | xxx | xxx |
| Theatre | xxx | xxx |
| Accident and Emergency Service | xxx | xxx |
| Anesthesia Service | xxx | xxx |
| Ear Nose and Throat service | xxx | xxx |
| Nutrition service | xxx | xxx |
| Cancer centre service | xxx | xxx |
| Dental services | xxx | xxx |
| Reproductive health | xxx | xxx |
| Paediatrics services | xxx | xxx |
| Farewell home services | xxx | xxx |
| Other medical services income | xxx | xxx |
| **Total** **revenue** **from** **the** **rendering** **of** **services** | **xxx** | **xxx** |

***(****other medical services fee relates to other charges not listed above)*

***Notes to the Financial Statements (Continued)***

1. **Revenue From Rent of Facilities**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| Residential property | xxx | xxx |
| Commercial property | xxx | xxx |
| **Total** Revenue from rent of facilities | **xxx** | **xxx** |

(*Provide brief explanation for this revenue)*

1. **Finance /Interest Income**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| Cash investments and fixed deposits | xxx | xxx |
| Interest income from short- term/ current deposits | xxx | xxx |
| Interest income from Treasury Bills | xxx | xxx |
| Interest income from Treasury Bonds | xxx | xxx |
| Interest from outstanding debtors | xxx | xxx |
| **Total** **finance** **income** | **xxx** | **xxx** |

*(Provide brief explanation for this revenue)*

1. **Other Income**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| Insurance recoveries | xxx | xxx |
| Income from sale of tender | xxx | xxx |
| Services concession income | xxx | xxx |
| Sale of goods (water, publications,  containers etc) | xxx | xxx |
| **Total** **other** **income** | **xxx** | **xxx** |

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

***Notes to the Financial Statements (Continued)***

1. **Medical/ Clinical Costs**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Dental costs/ materials | xxx | xxx |
| Laboratory chemicals and reagents | xxx | xxx |
| Public health activities | xxx | xxx |
| Food and Ration | xxx | xxx |
| Uniform, clothing, and linen | xxx | xxx |
| Dressing and Non-Pharmaceuticals | xxx | xxx |
| Pharmaceutical supplies | xxx | xxx |
| Health information stationery | xxx | xxx |
| Reproductive health materials | xxx | xxx |
| Sanitary and cleansing Materials | xxx | xxx |
| Purchase of Medical gases | xxx | xxx |
| X-Ray/Radiology supplies | xxx | xxx |
| Other medical related clinical costs (*specify*) | xxx | xxx |
| **Total medical/ clinical costs** | **xxx** | **xxx** |

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

1. **Employee Costs**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| Salaries, wages, and allowances | xxx | xxx |
| Contributions to pension schemes | xxx | xxx |
| Service gratuity | xxx | xx |
| Performance and other bonuses | xxx | xxx |
| Staff medical expenses and Insurance cover | xxx | xxx |
| Group personal accident insurance and WIBA | xxx | xxx |
| Social contribution | xxx | xxx |
| Other employee costs *(specify*) | xxx | xxx |
| **Employee** **costs** | **xxx** | **xxx** |

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

***Notes to the Financial Statements (Continued)***

1. **Board of Management Expenses**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period prior year** |
|  | **Kshs** | **Kshs** |
| Chairman's Honoraria | xxx | xxx |
| Sitting allowance | xxx | xxx |
| Mileage | xxx | xxx |
| Insurance expenses | xxx | xxx |
| Induction and training | xxx | xxx |
| Travel and accommodation allowance | xxx | xxx |
| Airtime allowances | xxx | xxx |
| **Total** | **xxx** | **xxx** |

1. **Depreciation And Amortization Expense**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Property, plant and equipment | xxx | xxx |
| Intangible assets | xxx | xxx |
| Investment property carried at cost | xxx | xxx |
| **Total** **depreciation** **and** **amortization** | **xxx** | **xxx** |

1. **Repairs And Maintenance**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Property- Buildings | xxx | xxx |
| Medical equipment | xxx | xxx |
| Office equipment | xxx | xxx |
| Furniture and fittings | xxx | xxx |
| Computers and accessories | xxx | xxx |
| Motor vehicle expenses | xxx | xxx |
| Maintenance of civil works | xxx | xxx |
| **Total** **repairs** **and** **maintenance** | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Grants And Subsidies**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Community development and social work | xxx | xxx |
| Education initiatives and programs | xxx | xxx |
| Free/ subsidised medical camp | xxx | xxx |
| Disability programs | xxx | xxx |
| Free cancer screening | xxx | xxx |
| Other grants and subsidies(*specify*) | xxx | xxx |
| **Total** **grants** **and** **subsidies** | **xxx** | **xxx** |

1. **General Expenses**

| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
| --- | --- | --- |
|  | **Kshs** | **Kshs** |
| Advertising and publicity expenses | xxx | xxx |
| Catering expenses | xxx | xxx |
| Waste management expenses | xxx | xxx |
| Insecticides and rodenticides | xxx | xxx |
| Audit fees | xxx | xxx |
| Bank charges | xxx | xxx |
| Conferences and delegations | xxx | xxx |
| Consultancy fees | xxx | xxx |
| Contracted services | xxx | xxx |
| Electricity expenses | xxx | xxx |
| Insurance | xxx | xxx |
| Research and development expenses | xxx | xxx |
| Travel and accommodation allowance | xxx | xxx |
| Legal expenses | xxx | xxx |
| Licenses and permits | xxx | xxx |
| Courier and postal services | xxx | xxx |
| Printing and stationery | xxx | xxx |
| Hire charges | xxx | xxx |
| Rent expenses | xxx | xxx |
| Water and sewerage costs | xxx | xxx |
| Skills development levies | xxx | xxx |
| Telephone and mobile phone services | xxx | xxx |
| Internet expenses | xxx | xxx |
| Staff training and development | xxx | xxx |
| Subscriptions to professional bodies | xxx | xxx |
| Subscriptions to newspapers periodical,  magazines, and gazette notices | xxx | xxx |
| Library books/Materials | xxx | xxx |
| Parking charges | xxx | xxx |
| **Total** G**eneral** E**xpenses** | **xxx** | **xxx** |

1. **Finance Costs**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Borrowings (amortized cost) \* | xxx | xxx |
| Finance leases (amortized cost) | xxx | xxx |
| Interest on Bank overdrafts/Guarantees | xxx | xxx |
| Interest on loans from commercial banks | xxx | xxx |
| **Total** **finance** **costs** | **xxx** | **xxx** |

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

1. **Gain/Loss On Disposal Of Non-Current Assets**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Property, plant, and equipment | xxx | xxx |
| Intangible assets | xxx | xxx |
| Other assets not capitalised (*specify*) | xxx | xxx |
| **Total** **gain** **on** **sale** **of** **assets** | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Unrealized Gain On Fair Value Investments**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Investments at fair value | xxx | xxx |
| **Total** **gain** | **xxx** | **xxx** |

1. **Medical Services Contracts Gains /Losses**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Comprehensive care contracts with NHIF | xxx | xxx |
| Non- Comprehensive contracts care with NHIF | xxx | xxx |
| Linda Mama Program | xxx | xxx |
| Waivers and Exemptions | xxx | xxx |
| **Total** G**ain/Loss** | **xxx** | **xxx** |

1. **Impairment Loss**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative Period**  **prior year** |
|  | **Kshs** | **Kshs** |
| Property, plant, and equipment | xxx | xxx |
| Intangible assets | xxx | xxx |
| **Total** **impairment** **loss** | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Cash And Cash Equivalents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Comparative prior period** | **Prior Year**  **audited** |
|  | **Kshs** | **Kshs** | **Kshs** |
| Current accounts | xxx | xxx | xxx |
| On - call deposits | xxx | xxx | xxx |
| Fixed deposits accounts | xxx | xxx | xxx |
| Cash in hand | xxx | xxx | xxx |
| Others(*specify*)- Mobile money | xxx | xxx | xxx |
| **Total** **cash** **and** **cash** **equivalents** | **xxx** | **xxx** | **xxx** |

*(The amounts both year- end and comparative should agree with the closing and opening balances as included in the statement of cash flows)*

**26(a). Detailed Analysis of Cash and Cash Equivalents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** |  | **Period ended Sep/Dec/March/June 20xx** | **Prior Year audited** |
| **Financial institution** | **Account number** | **Kshs** | **Kshs** |
| 1. **Current account** |  |  |  |
| Kenya Commercial bank |  | xxx | xxx |
| Equity Bank, etc |  | xxx | xxx |
|  |  |  |  |
| **Sub- total** |  | **xxx** | **xxx** |
| 1. **On - call deposits** |  |  |  |
| Kenya Commercial bank |  | xxx | xxx |
|  |  |  |  |
| Equity Bank – etc |  | xxx | xxx |
| **Sub- total** |  | **xxx** | **xxx** |
| 1. **Fixed deposits account** |  |  |  |
| Bank Name |  | xxx | xxx |
|  |  |  |  |
| **Sub- total** |  | **xxx** | **xxx** |
| 1. **Others(*specify)*** |  | xxx | xxx |
| cash in hand |  | xxx | xxx |
| Mobile money- Mpesa, Airtel money |  | xxx | xxx |
|  |  |  |  |
| **Sub- total** |  | **xxx** | **xxx** |
| **Grand total** |  | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Receivables From Exchange Transactions**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Prior year audited** |
|  | **Kshs** | **Kshs** |
| Medical services receivables | xxx | xxx |
| Rent receivables | xxx | xxx |
| Other exchange debtors | xxx | xxx |
| Less: impairment allowance | (xxx) | (xxx) |
| **Total** **receivables** | **xxx** | **xxx** |

1. **Receivables From Non-Exchange Transactions**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Prior year audited** |
|  | **Kshs** | **Kshs** |
| Transfers from the County Government | xxx | xxx |
| Undisbursed donor funds | xxx | xxx |
| Other debtors (*non-exchange transactions*) | xxx | xxx |
| Less: impairment allowance | (xxx) | (xxx) |
| **Total** | **xxx** | **xxx** |

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

1. **Inventories**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Prior year audited** |
|  | **Kshs** | **Kshs** |
| Pharmaceutical supplies | xxx | xxx |
| Maintenance supplies | xxx | xxx |
| Food supplies | xxx | xxx |
| Linen and clothing supplies | xxx | xxx |
| Cleaning materials supplies | xxx | xxx |
| General supplies | xxx | xxx |
| Less: provision for impairment of stocks | (xxx) | (xxx) |
| **Total** | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Property, Plant and Equipment**

| **Description** | **Land** | **Buildings and Civil works** | **Motor vehicles** | **Furniture and Fittings** | **ICT Equipment** | **Plant and medical**  **equipment** | **Capital**  **Work in progress** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Kshs** | **Kshs** | **Kshs** | **Kshs** | **Kshs** | **Kshs** | **Kshs** | **Kshs** |
| **Cost** |  |  |  |  |  |  |  |  |
| **As at dd mm 20xx (*beginning of the year)*** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
| Additions during the year | xxx | xxx | xxx | xxx | **-** | **-** | **xxx** | **xxx** |
| Disposals during the year | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) |
| Transfers/adjustments during the year | xxx | xxx | (xxx) | **xxx** |  |  | **xxx** | **(xxx)** |
| **As at dd mm 20xx *(close of the year)*** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
|  |  |  |  |  |  |  |  |  |
| **As at dd mm 20xx (*beginning of the year*** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
| Additions during the period | xxx | xxx | xxx | xxx | xxx | xxx | xxx | **xxx** |
| Disposals during the period | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | **(xxx)** |
| Transfer/adjustments during the period |  | xxx |  | xxx |  |  | (xxx) | **-** |
| **As at dd mm 20xx (close *of the current period)*** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
|  |  |  |  |  |  |  |  |  |
| **Depreciation and impairment** |  |  |  |  |  |  |  |  |
| As at dd mm 20xx (*beginning of the year* | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |  | **xxx** |
| Depreciation for the year | xxx | xxx | xxx | xxx | xxx | xxx |  | **xxx** |
| Disposals | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) |  | (xxx) |
| Impairment | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) |  | **(xxx)** |
| **As at dd mm 20xx *(close of the year)*** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |  | **xxx** |
| As at dd mm 20xx (*beginning of the year* | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |  | **xxx** |
| Depreciation for the period | xxx | xxx | xxx | xxx | xxx | xxx |  | **xxx** |
| Disposals for the period | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) |  | (xxx) |
| Impairment for the period | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) | (xxx) |  | **(xxx)** |
| Transfer/adjustment during the period |  | **xxx** | - | **xxx** | - | **-** | (xxx) | **(xxx)** |
| **As at dd mm 20xx (close *of the current period)*** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
|  |  |  |  |  |  |  |  |  |
| **Net book values** |  |  |  |  |  |  |  |  |
| **As at dd mm 20xx end of prior year audited** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
| **As at dd mm 20xx (close *of the current period)*** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Intangible Assets**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| **Cost** |  |  |
| **At beginning of the year** | xxx | xxx |
| Additions | xxx | xxx |
| Additions–Internal development | xxx | xxx |
| Disposal | (xxx) | (xxx) |
| **At end of the period** | **xxx** | **xxx** |
|  |  |  |
| **Amortization and impairment** |  |  |
| **At beginning of the year** | xxx | xxx |
| Amortization for the period | xxx | xxx |
| Impairment loss | xxx | xxx |
| **At end of the period** | xxx | xxx |
| **NBV** | **xxx** | **xxx** |

1. **Investment Property**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| **At beginning of the year** | **xxx** | **xxx** |
| Additions | xxx | xxx |
| Fair value gain | xxx | xxx |
| Depreciation (*where investment property is*  *at cost*) | (xxx) | (xxx) |
| **At end of the period** | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Trade And Other Payables**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| Trade payables | xxx | xxx |
| Employee dues | xxx | xxx |
| Third-party payments (*unremitted payroll deductions*) | xxx | xxx |
| Audit fee |  |  |
| Doctors’ fee | xxx | xxx |
| **Total** **trade** **and** **other** **payables** | **xxx** | **xxx** |

1. **Refundable Deposits from Customers/Patients**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June**  **20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| Medical fees paid in advance | xxx | xxx |
| Credit facility deposit | xxx | xxx |
| Rent deposits | xxx | xxx |
| Others (*specify*) | xxx | xxx |
| **Total** **deposits** | **xxx** | **xxx** |

1. **Provisions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Leave provision** | **Bonus provision** | **Other provision** | **Total** |
|  | **Kshs** | **Kshs** | **Kshs** | **Kshs** |
| **Balance at the beginning of the year** | **xxx** | **xxx** | **xxx** | **xxx** |
| Additional Provisions for the period | xxx | xxx | xxx | xxx |
| Provision utilised during the period | (xxx) | (xxx) | (xxx) | (xxx) |
| Change due to discount & time value for money | (xxx) | (xxx) | (xxx) | (xxx) |
| **Total provisions at the end of the period** | **xxx** | **xxx** | **xxx** | **xxx** |
|  |  |  |  |  |
| Current Provisions | xxx | xxx | xxx | xxx |
| Non-Current Provisions | xxx | xxx | xxx | xxx |
| **Total Provisions** | **xxx** | **xxx** | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Finance Lease Obligation**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/Mar/Jun 20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| Current Lease obligation | xxx | xxx |
| Long term lease obligation | xxx | xxx |
| **Total** | **xxx** | **xxx** |

1. **Deferred Income**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/Mar/Jun 20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| Current Portion | xxx | xxx |
| Non-Current Portion | xxx | xxx |
| **Total** | **xxx** | **xxx** |

**37 (a) The deferred income movement is as follows:**

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

***Notes to the Financial Statements (Continued)***

1. **Borrowings**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/Mar/Jun 20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| **Balance at beginning of the year** | **xxx** | **xxx** |
| External borrowings during the period | xxx | xxx |
| Domestic borrowings during the period | xxx | xxx |
| Repayments of external borrowings during the period | (xxx) | (xxx) |
| Repayments of domestic borrowings during the period | (xxx) | (xxx) |
| **Balance at end of the period** | **xxx** | **xxx** |

**38 (a**) **Breakdown of Long- And Short-Term Borrowings**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/Mar/Jun 20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| Current Obligation | xxx | xxx |
| Non-Current Obligation | xxx | xxx |
| **Total** | **xxx** | **xxx** |

*(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).*

1. **Service Concession Arrangements**

|  |  |  |
| --- | --- | --- |
| **Description** | **Period ended Sep/Dec/March/June 20xx** | **Prior year**  **audited** |
|  | **Kshs** | **Kshs** |
| Fair value of service concession assets  recognized under PPE | xxx | xxx |
| Accumulated depreciation to date | (xxx) | xxx |
| Net carrying amount | **xxx** | **xxx** |
| Service concession liability at beginning  of the year | xxx | xxx |
| Service concession revenue recognized during  the period | (xxx) | (xxx) |
| Service concession liability at end of the period | **xxx** | **xxx** |

***Notes to the Financial Statements (Continued)***

1. **Cash Generated from Operations**

|  |  |  |
| --- | --- | --- |
|  | **Period ended Sep/Dec/Mar/Jun 20xx** | **Prior year audited** |
| **Surplus for the year before tax** | **Kshs** | **Kshs** |
| **Adjusted for:** |  |  |
| Depreciation | xxx | xxx |
| Non-cash grants received | (xxx) | (xxx) |
| Impairment | xxx | xxx |
| Gains and losses on disposal of assets | (xxx) | (xxx) |
| Contribution to provisions | xxx | xxx |
| Contribution to impairment allowance | xxx | xxx |
| **Working Capital adjustments** |  |  |
| Increase in inventory | (xxx) | (xxx) |
| Increase in receivables | (xxx) | (xxx) |
| Increase in deferred income | xxx | xxx |
| Increase in payables | xxx | xxx |
| Increase in payments received in advance | xxx | xxx |
| **Net cash flow from/used in operating activities** | **xxx** | **xxx** |

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

1. **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)*

***Notes to the Financial Statements (Continued)***

1. **Deferred Tax Liability**

Deferred tax is calculated on all temporary differences under the liability method using the enacted tax rate, currently 30%. The net deferred tax liability at period end is attributable to the following items:

|  |  |  |
| --- | --- | --- |
|  | **Period ended Sep/Dec/Mar/Jun 20xx** | **Prior year audited** |
|  | **Kshs** | **Kshs** |
| Accelerated capital allowances | xxx | xxx |
| Unrealised exchange gains/(losses) | xxx | xxx |
| Revaluation surplus | xxx | xxx |
| Tax losses carried forward | (xxx) | (xxx) |
| Provisions for liabilities and charges | (xxx) | (xxx) |
| **Net deferred tax liability/(asset)** | xxx | xxx |
| The movement on the deferred tax account is as follows: |  |  |
| Balance at beginning of the period | xxx | xxx |
| Credit to revaluation reserve | (xxx) | (xxx) |
| Under provision in prior period | xxx | xxx |
| Income statement charge/(credit) | xxx | xxx |
| Balance at end of the period | xxx | xxx |

1. **Events After The Reporting Period**

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

1. **Ultimate And Holding Entity**

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

1. **Currency**

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



# APPENDICES

**APPENDIX I: STATEMENT OF FINANCIAL PERFORMANCE PER QUARTER**

| **Description** | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** | **Cumulative to date for the period ended xxx** | **Prior year total** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Kshs** | **Kshs** | **Kshs** | **Kshs** | **Kshs** | **Kshs** |
| **Revenue** **from** **non-exchange** **transactions** |  |  |  |  |  |  |
| Transfers from the County Government | xxx | xxx | xxx | xxx | xxx | xxx |
| In- kind contributions from the County Government | xxx | xxx | xxx | xxx | xxx | xxx |
| Grants from donors and development partners | xxx | xxx | xxx | xxx | xxx | xxx |
| Transfers from other Government entities | xxx | xxx | xxx | xxx | xxx | xxx |
| Public contributions and donations | xxx | xxx | xxx | xxx | xxx | xxx |
|  | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
| **Revenue** **from** **exchange** **transactions** |  |  |  |  |  |  |
| Rendering of services- Medical Service Income | xxx | xxx | xxx | xxx | xxx | xxx |
| Revenue from rent of facilities | xxx | xxx | xxx | xxx | xxx | xxx |
| Finance /Interest Income | xxx | xxx | xxx | xxx | xxx | xxx |
| Other income (*specify*) | xxx | xxx | xxx | xxx | xxx | xxx |
| **Revenue** **from** **exchange** **transactions** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
| **Total** **revenue** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
|  |  |  |  |  |  |  |
| **Expenses** |  |  |  |  |  |  |
| Medical/Clinical costs | xxx | xxx | xxx | xxx | xxx | xxx |
| Employee costs | xxx | xxx | xxx | xxx | xxx | xxx |
| Board of Management Expenses | xxx | xxx | xxx | xxx | xxx | xxx |
| Depreciation and amortization expense | xxx | xxx | xxx | xxx | xxx | xxx |
| Repairs and maintenance | xxx | xxx | xxx | xxx | xxx | xxx |
| Grants and subsidies | xxx | xxx | xxx | xxx | xxx | xxx |
| General expenses | xxx | xxx | xxx | xxx | xxx | xxx |
| Finance costs | xxx | xxx | xxx | xxx | xxx | xxx |
| **Total** **expenses** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
| **Other** **gains/(losses)** |  |  |  |  |  |  |
| Gain on disposal of non-Current assets | xxx | xxx | xxx | xxx | xxx | xxx |
| Unrealized gain on fair value of investments | xxx | xxx | xxx | xxx | xxx | xxx |
| Medical services contracts Gains/Losses | xxx | xxx | xxx | xxx | xxx | xxx |
| Impairment loss | (xxx) | xxx | xxx | (xxx) | xxx | xxx |
| Gain on foreign exchange transactions | xxx | xxx | xxx | xxx | xxx | xxx |
| **Total other** **gains/(losses)** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
| **Net Surplus for the year** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |
| Attributable to: |  |  |  |  |  |  |
| Surplus/(*deficit*) attributable to minority interest | xxx | (xxx) | xxx | xxx | (xxx) | (xxx) |
| Surplus attributable to owners of the controlling entity | xxx | xxx | xxx | xxx | xxx | xxx |
|  | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** | **xxx** |

**APPENDIX II: Projects Implemented by The Entity**

Projects implemented by the Hospital Funded by development partners

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

**Status of Projects completion**

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

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

**APPENDIX III: Recording Of Transfers From Other Government Entities**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the MDA/Donor Transferring the funds** | **Date received** |  |  | **Where Recorded/recognized** | | | | |  |
| **as per bank statement** | **Nature: Recurrent/**  **Development/Others** | **Total Amount - KES** | **Statement of Financial Performance** | **Capital Fund** | **Deferred Income** | **Receivables** | **Others - must be specific** | **Total Transfers during the Period** |
| Ministry of Education | xxx | Recurrent | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| Ministry of Education | xxx | Development | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| USAID | xxx | Donor Fund | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| Ministry of Education | xxx | Direct Payment | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
|  |  |  | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| **Total** |  |  | xxx | xxx | xxx | xxx | xxx | xxx | xxx |

**APPENDIX IV: Reporting of Climate Relevant Expenditures for the period ended xx 20xx**

Name of the Organization

Telephone Number

Email Address

Name of CEO/MD/Head

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** | **Project Description** | **Project Objectives** | **Project Activities** |  | | | | **Source Of Funds** | **Implementing Partners** |
|  |  |  |  | **Q1** | **Q2** | **Q3** | **Q4** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**APPENDIX V: Disaster Expenditure Reporting Template for the period ended xx 20xx**

|  |
| --- |
| Date: |
| Entity |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Period to which this report refers (FY) | Period | | | Quarter | | | | Name of Reporting Officer |  | | | | | | | Contact details of the reporting officer: | Email | | | Telephone | | | | Column I | Column II | Column III | Column IV | Column V | Column VI | Column VII | | Programme | Sub-programme | Disaster Type | Category of disaster related Activity that require expenditure reporting (response/recovery/mitigation/preparedness) | Expenditure item | Amount (Kshs.) | Comments | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |