CONCEPT NOTE FOR THE PROPOSED CONSTRUCTION OF BUSIA COUNTY REFERRAL HOSPITAL ANNEX SPECIALIZED HOSPITAL

COUNTY GOVERNMENT OF BUSIA

SECOND KENYA DEVOLUTION SUPPORT PROGRAM
(KDSP II)

OCTOBER, 2025

Contents

SECTION 1: PROJECT PROFILE

Project Name:	PROPOSED CONSTRUCTION BCRH ANNEX SPECIALIZED HOSPITAL
Project Reference Number:	BSA/CG/KDSP II/HEALTH/2025
Department:	HEALTH & SANITATION
Budget Vote (where applicable):	DEVELOPMENT(PSM)
Estimated Project Cost:	KSH. 1,352,122,276
Sector:	HEALTH
Accounting Officer:	CHIEF OFFICER DEVOLUTION
Official Contact Details (Provide email, telephone number, postal and physical address):	P.O BOX PRIVATE BAG-50400,BUSIA(K) busiacountydhealth@gmail.com, Tel. +254-727-814-591.
Project Threshold:	MEDIUM RISK
Project Geographic Location (Provide GPS coordinates here.):	0.46071 N; 34.10506E
County:	BUSIA COUNTY
Sub-County:	MATAYOS
Ward:	BURUMBA
Village:	48 ESTATE
Planned Start Date:	DECEMBER 2025
Planned End Date:	30TH, JUNE,2026
Date of Submission:	14th OCTOBER, 2025

SECTION 2: PROJECT BACKGROUND

2.1 Situation Analysis

Busia County has a projected population of 1,005,542 (KNBS, 2019) served by one County Referral Hospital and eight Sub-County hospitals. Increasing population growth, cross-border disease burden, and limited capacity of existing health facilities have overstretched available infrastructure and personnel. Currently, the county faces the following gaps in the health sector;

i. High Disease Burden: Busia County records high prevalence of infectious diseases (HIV, TB) and rising non-communicable diseases (diabetes, hypertension, Cancer).
ii. Limited Specialized Care: No Level V facility exists in the County, leading to over 40% of critical cases being referred outside (County Health Department, 2023).
iii. Poor Maternal and Child Health: Maternal mortality stands at 495 per 100,000 live births (KDHS 2022), above the national average of 342 per 100,000 live births
iv. Inadequate Infrastructure: Current facilities lack ICU units, cancer treatment, advanced surgical services, and specialized diagnostics.

As a border county and key gateway to East and central Africa, the county serves not only its residents but also cross-border populations seeking medical care. This also predisposes the county to various diseases such as Mpox, Covid 19, Ebola among others. This regional demand underscores Busia's strategic position as a transnational health hub. However, the public health sector is currently unable to meet this growing demand, creating a vacuum on specialized services such as ICU, HDU, and diagnostic imaging (CT scan) services.

Table 1: Busia Health Statistics

Vital Statistics

INDEX	PROPORTION	POPULATION
Total population		1,069,325
Male	48.62%	519,906
Female	51.38%	549,419
Under 1 year (Surviving Infants)	2.93%	31,318
0 – 5 Months	50% of < 1 Yr	15,659
6 - 11 Months	50% of < 1 Yr	15,659
12 - 59 Months	80% of < 5 Yrs	107,997
6 - 59 Months	90% of < 5 Yrs	121,497
Under 5s	12.62%	134,996
WCBA	24.3	259,863
Under 15 Yrs	42.06	449,774
Estimated No. of Pregnant Women	3.11%	33,256
Estimated no. of deliveries	3.02%	32,287
Estimated no. of Obstetric complications	2.68% of Pregnant Women	892
Estimated post abortion cases	0.30% of Pregnant Women	100
Total No. of Adolescence (15- 24yrs)	21.71%	232,104
Adults 25- 59	27.04%	289,104
Elderly	5.46%	58,365
Life expectancy		52.5
Annual deaths (per 1,000 persons) – Crude mortality		*12.6/1000 persons*
Neonatal Mortality Rate (per 1,000 births)		*8.2/1000 live births*
Maternal Mortality Rate (per 100,000 births)		*96/100,000 live births*
IMR		84/1000 live births

Currently, Busia County relies on a combination of lower-level healthcare facilities (8 sub-county hospitals, 22 Health Centers and 66 Dispensaries) and the Busia County Referral Hospital (BCRH), which is licensed as a Level 4 hospital. This hospital is often overwhelmed due to the growing demand for health services, which includes not only residents but also individuals from neighboring Uganda who seek medical care. The County Government of Busia, in collaboration with development partners, has made substantial investments towards upgrading BCRH to level 5 status. These includes the construction of a 60-bed ward, a modern ICU and Emergency Block, a fully equipped laboratory, Maternity new born unit, Radiology Block and renovation of the main

kitchen. Human resource strengthening has also been prioritized, with the county sponsoring the training of specialist cadres including psychiatrists, cardiothoracic surgeons, orthopedic surgeons, and ENT specialists. Despite these efforts, the available infrastructure and service capacity fall short of what is required for a fully functional Level 5 hospital. The proposed construction and upgrade project therefore represent the next critical step toward realizing that vision.

2.2 Problem statement

The current health infrastructure and service delivery capacity of Busia County Referral Hospital (BCRH) is insufficient to meet the county's complex and evolving healthcare demands. The hospital lacks specialized units such as a Burns Unit, Orthopedic Theatre, fully functional ICU, HDU, emergency surgery unit, obstetric care unit, trauma management center, and cancer screening unit; necessitating referrals to other counties that have appropriate infrastructure to manage the cases. These secondary referrals introduce a 3–6-hour delay, significantly increasing the risk of preventable deaths (KHIS data) and loss in revenue.

The Primary Care Networks (PCN) and the referral systems depend on the BCRH that is inadequately prepared to handle specialized services expected of a level V facility. The breakdown of this referral system leads to costly and delayed secondary referrals, undermining public confidence and increasing mortality from otherwise treatable conditions. This therefore necessitates the hospital's upgrade to level V through the proposed infrastructural development of BCRH Annex Specialized Hospital.

2.3 Relevance of the Project Idea

Upgrading Busia County Referral Hospital to a Level 5 facility is strategically aligned with both national and county health priorities. The proposed project is in line with the objectives of the Kenya National Health Policy (2014–2030) and the Universal Health Coverage (UHC) Agenda, which emphasize equitable access to specialized healthcare and the strengthening of referral systems. According to the Ministry of Health's Service Delivery Framework, Level 5 hospitals are the apex of county referral networks and serve as centers for specialized care, training, and research.

At the county level, the project is consistent with the Busia County Integrated Development Plan (CIDP 2023–2027) and the County Health Sector Strategic and Investment Plan (CHSSIP), both of which prioritize upgrading BCRH to Level 5 status to enhance quality, accessibility, and efficiency of health service delivery.

The proposed infrastructure will expand the hospital's capacity to handle trauma, maternal emergencies, and specialized care, reducing referrals and improving outcomes. Currently Busia faces annual mortality of 12.6/1000 persons, Neonatal Mortality at 8.2/1000 live births, Maternal Mortality rate at 96/100,000 live births, and Infant Mortality Rate at 84/1000 live births (KDHS

2022).

Beyond health outcomes, the project has strong economic and social justification. A fully functional Level 5 hospital will retain within-county expenditure on specialized healthcare, generate new revenue streams through insurance reimbursements and service fees, and attract medical tourism from neighboring regions, including Uganda. Moreover, the hospital will serve as a training hub for medical professionals, fostering local capacity building and reducing dependence on external expertise.

2.4 Needs Assessment

BCRH offers general curative services but falls short of comprehensive tertiary care. The absence of functional critical care, advanced diagnostics, and specialized sub-specialty units is the most glaring deficiency. See table 2 for service delivery gaps.

Table 2: service delivery gaps

Level 5 Mandatory Service/Clinic	BCRH Current Status	Identified Gap
Specialized Burn Care Unit	Absent. Severe burn patients are stabilized in A&E and referred out, incurring critical delays of 3-6 hours.	Provide for a burns unit with capacity for 60 (30 male, 30 female)
At least 3 Functional Theatres	Two functional theatres; below 3-theatre minimum.	Theaters – At least 7 (maternity, general, orthopedic, pediatric, ENT, Dental, ophthalmology
Pathology Services (incl. Histopathology)	Basic laboratory services are available; comprehensive pathology is absent.	Provide for an advanced pathology lab

Chemotherapy and Radiotherapy	Absent; forces all cancer patients requiring chemotherapy to travel to other counties.	Provide for oncology ward with capacity for 60 (30 male, 30 female)
Specialized Clinics (Cardiology, Oncology, etc.)	Core clinics are active but operate in makeshift spaces; significant absence of sub-specialty clinics.	Provide for 10 specialized clinics
Training Centre for Interns & Specialists	Hosts some training but lacks full KMPDC accreditation as a comprehensive internship site.	Provide for conference rooms
Wards	298	Inpatient bed capacity with at least a total of 500 beds [Medical (30 male, 30 female), Surgical (30 male, 30 female), Pediatric (30 under 5 years and 30 above 5-12 years), Orthopedic (30 male, 30 female), Obstetric (30 Antenatal, 30 post-natal), Gynecology (30 beds), New born unit (20 cots), Burns unit (30 male, 30 female, 30 pediatric), Isolation ward (30 male, 30 female)

Theatres		Theaters – At least 7 (maternity, general, orthopedic, pediatric, ENT, Dental, ophthalmology)

Summary of Infrastructural Needs

1. Burns unit with capacity for 60 bed ward (30 male, 30 female)
2. Amenity wards with capacity for 60 (30 male, 30 female)
3. Children wards; under 5 years (30 beds) and 5-12 years (30 beds)
4. Provide for an Ophalmic ward with a capacity for 40 beds (20 for female, 20 for male)
5. Eye-theatre
6. Oncology ward with capacity for 60 (30 male, 30 female)
7. Laboratory Unit
8. Orthopedic theater
9. SPU – Sterilized Production Unit
10. Conference rooms
11. Both in-patient and outpatient pharmacies
12. 2 Oro-Maxilofacial surgery rooms

SECTION 3: SCOPE OF THE PROJECT

The scope of the project shall consist of building a 193-bed capacity three story building, equipping the units there-in and staffing of the facility to functionality. The facility shall be disability and patient friendly via lift, ramp and stair cases.

The building is to consist of a temporary parking for emergency vehicles, a triage area or casualty, eye unit, dental unit, ENT unit, orthopaedic unit, a holding ward, a laboratory, a pharmacy, consultation rooms, registry and archives, body holding area, stores and sluice rooms, toilets, Biomedical engineering and security room at the ground floor. The building will also have a staff room, with a recreation area, oncology, cardiology, a conference room and consultation rooms.

The second floor shall have 7 theatres and a burns unit, with the sluice room, central sterilizing unit and store. The third floor shall host the specialized wards. The units within the building shall all be furnished to a functional level.

SECTION 4: LOGICAL FRAMEWORK

4.1 Goal

The project intends to achieve the Medium-Term Plan (CIDP) goal of enhancing equitable access to specialized and quality healthcare services within the county.

Indicator for Success:

The primary indicator to measure the success of this project is the percentage increase in the number of specialized medical services offered at BCRH that were previously unavailable or referred outside the county.

Data Collection Method:

Information for this indicator will be obtained through:

1. **Analysis of Hospital Service Records:** A comparative review of the BCRH service catalog and patient treatment records from before and after project implementation. This will definitively list which new specialized departments, procedures, or clinics (e.g., renal dialysis, specialized surgery, oncology services) have been established.
2. **Review of Referral Data:** Monitoring the internal referral logs to track the reduction in the number of patients referred to other facilities for services that the project now enables
3. BCRH to provide in-house. This data will be sourced from the hospital's Health

Management Information System (HMIS).

By tracking this specific, quantifiable change in service scope, the project can directly demonstrate its contribution to making BCRH a more comprehensive healthcare provider as outlined in the CIDP.

4.2 Project Objectives/Outcomes

Project Outcomes, Indicators, and Data Collection

Objective 1: To provide for highly specialized services at BCRH.

- **Outcome:** Reduced need for patient travel for specialized care, leading to earlier intervention and improved health outcomes for complex conditions.
- **Indicator:** Number of outward referrals for specialized services within 24 months of operationalization.
- **Data Collection:** Data will be extracted quarterly from the **centralized referral database** to track the number of patients referred externally for these specific conditions.

Objective 2: To provide for advanced diagnostic services.

- **Outcome:** Faster and more accurate diagnosis for patients, leading to quicker treatment initiation and reduced progression of disease.
- **Indicator:** Average turnaround time for advanced diagnostic results (e.g., MRI, CT scans, specialized biopsies).
- **Data Collection:** Data will be pulled from the **Laboratory Information System (LIS) and Radiology Information System (RIS)** by tracking the timestamp from test order to result verification.

Objective 3: To increase the capacity to handle inpatient and critical care.

- **Outcome:** Reduced patient waits times for admission and improved ability to manage medical crises and disease outbreaks effectively.
- **Indicator:** Critical care bed occupancy rate and emergency department wait-times for admission to the ward.
- **Data Collection:** Data will be gathered from the **Hospital Management System** for bed occupancy and from **Emergency Department patient logs** to calculate the time from admission decision to physical placement in a bed.

Objective 4: To establish the BCRH as a leader in advanced research and specialized education.

- **Outcome:** Enhanced medical knowledge, improved staff competency, and attraction of top-tier medical talent to the region.

- **Indicator:** Number of peer-reviewed research publications produced by BCRH staff and number of healthcare professionals from other facilities trained at BCRH annually.
- **Data Collection:** Training numbers will be recorded in the **Human Resource/Continuing Education database**.

Objective 5: Increase the revenue base at BCRH.

- **Outcome:** Improved financial sustainability of the hospital, allowing for reinvestment in equipment, maintenance, and further service expansion.
- **Indicator:** internally generated revenue from user fees for the new specialized and diagnostic services.

  Data Collection: Financial data will be compiled quarterly from the **Hospital's Revenue and Billing System**, with specific tracking codes assigned to income from the new services.

4.3 Proposed Project Outputs

S/No	Project Output	Indicator	Means of Verification
1	**Burns Unit (60 beds)**	Burns unit with 60 beds (30 male, 30 female), fully equipped with specialized burn care equipment.	Bed occupancy readiness report. Equipment delivery and installation certificates (e.g., for air-fluidized beds).

S/No	Project Output	Indicator	Means of Verification
2	**Children's Wards (60 beds)**	Two Number of Separate wards for under-5 (30 beds) and 5-12 years (30 beds) established and child-friendly.	Completion report specifying ward allocations. Inventory of child-specific beds and equipment.
3	**Ophthalmic Ward (40 beds)**	Ophthalmic ward with 40 beds (20 male, 20 female) established and linked to the eye theatre.	Ward commissioning report. Inventory of ophthalmic-specific ward equipment.

7	**Oncology Ward (60 beds)**	Oncology ward with 60 beds (30 male, 30 female) equipped for chemotherapy administration.	Commissioning report. National Cancer Institute Certification.
5	**Eye unit (theatre, wards, examination room)**	A dedicated ophthalmic surgery room equipped with an operating microscope and ophthalmic surgery equipment.	Equipment installation and calibration certificates. First surgery conducted report.
6	**Laboratory unit**	Laboratory equipped with analyzers (e.g., hematology, biochemistry) and accredited to operate.	Equipment functional compliance reports. Laboratory accreditation certificate.
7	**Orthopedic Theater**	An operating room equipped with a C-arm image intensifier, Orthopedic table and orthopedic surgical sets.	Equipment delivery notes and installation certificates. Inventory of orthopedic surgical instruments.

S/No	**Project Output**	**Indicator**	**Means of Verification**
8	**Sterilized Production Unit (SPU)**	A centralized sterile services department (CSSD) built and equipped with autoclaves and packaging stations.	Equipment commissioning reports.
9	**Conference Rooms**	At least one conference room constructed, furnished with seating for 100 people, and equipped with A/V systems.	Handover report. Inventory of furniture and A/V equipment.
10	**In-patient & Out-patient Pharmacies**	Two separate pharmacy units operational, with dispensing counters and secure drug storage.	Pharmacy operational license. Inventory management system report.

11	**Specialized Clinics**	Ten clinic rooms constructed and designated for specific specialties (MOPC, SOPC, etc.).	Clinic allocation and commissioning report. Weekly clinic schedules published.
12	**2 Oro-Maxillofacial Surgery Rooms**	Two operating rooms equipped for oral and maxillofacial surgery.	Equipment inventory list (e.g., for plating systems). Room readiness and first surgery reports.

4.4 Project Activities and Inputs

A. Project Activities

1. Preliminary Planning and Mobilization

- ✓ Formation of the feasibility study team (technical, financial, environmental and social experts).
- ✓ Review of existing BCRH health facility plans and county development strategies.
- ✓ Development of the study work plan and timeline.

2. Site Assessment and Data Collection

- ✓ Conduct site visits to Busia County Referral Hospital.
- ✓ Collect topographical, geotechnical, and infrastructural data.
- ✓ Assess existing buildings, utilities, land size, and accessibility.

3. Stakeholder Engagement

Hold consultations with key stakeholders including:

- ✓ County Health Department
- ✓ Local administrators and community leaders
- ✓ Hospital management and staff
- ✓ Beneficiary communities

4. Technical and Infrastructure Evaluation

- ✓ Assess current capacity (beds, wards, clinics, theatres).
- ✓ Review available utilities (electricity, water supply, waste disposal, drainage)
- ✓ Identify infrastructure gaps that must be addressed to meet Level 5 standards.

5. Environmental and Social Impact Assessment (ESIA)

- ✓ Evaluate environmental risks associated with construction and operation.
- ✓ Assess potential social impacts (land use, displacement, community benefits).
- ✓ Develop mitigation and management measures.

6. Financial and Economic Analysis

- ✓ Estimate total project costs (land, construction, equipment, staffing, operations).
- ✓ Analyze cost-benefit and value-for-money scenarios for both sites.
- ✓ Identify potential sources of funding (county, national, donor).

7. Legal and Policy Review

- ✓ Review compliance with PPDA Act, County Integrated Development Plan (CIDP), and MOH facility upgrade guidelines.
- ✓ Confirm land ownership and statutory approvals.

8. Risk Assessment

- ✓ Identify possible risks (technical, financial, social, political).
- ✓ Propose risk mitigation strategies and contingency plans.

9. Preparation of the Feasibility Study Report

- ✓ Compile findings into a comprehensive report.
- ✓ Include comparative analysis, cost estimates, sustainability assessment, and recommendations.

10. Validation and Dissemination

- ✓ Present draft report to stakeholders for validation.
- ✓ Incorporate feedback and finalize the report.
- ✓ Share findings with County Government and Ministry of Health for decision-making.

B. Project Inputs

Category	**Inputs Required**
Human Resources	Project manager, health planner, quantity surveyor, civil engineer, architect, environmental expert, financial analyst, data collector, GIS Specialist
Financial Resources	Budget for fieldwork, data collection, stakeholder workshops, report production, logistics
Technical Resources	Surveying equipment, GPS tools, GIS software, data analysis tools, laptops, internet access
Documentation	Existing hospital master plans, county health sector strategic plans, MOH guidelines, land ownership documents
Logistics and Operations	Transport for field visits, accommodation for field teams, meeting venues, stationery
Stakeholder Support	County Government facilitation, hospital management cooperation, Community

4.5 Project Logical Framework Matrix

Narrative	Indicators	Sources/Means of Verification	Assumptions
Goal (MTP/CIDP	Improved access to quality healthcare	Health Service delivery reports	County Government continue supporting health care infrastructure
Project purpose	Site identification	Approved Feasibility Study Report	Stakeholders agree on criteria and accept study findings
Project outcomes	Comprehensive feasibility study report.	Submission acknowledgement letter	Stakeholders actively participate in data collection and validation process
Key output	Fully functional health and wellness center of level 5 status	Completion certificate, project handover notes/minutes	The contractor completes the project within time
Key Activities	Conduct site assessments and data collection Carry out technical, financial and environmental analysis Compile and validate feasibility report	Field reports Financial and technical analysis documents	Uninterrupted access Availability of reliable data

SECTION 5: INSTITUTIONAL ARRANGEMENTS

5.1. Institutional Mandate

Appropriate modern buildings and equipment are required by Busia County Referral Hospital (BCRH) for it to be able to fulfill its mandate of providing quality medical, rehabilitative and preventive health services. The facility will also be able to participate in training and research by providing opportunities to the students who require apprenticeship, internship and attachment.

5.2. Management of the Project

The hospital has a Management Board that oversees its overall leadership. There also internal Hospital Management Team (HMT) that is led by a Medical Superintendent. The two bodies being the clients of the Project shall be able to track the implementation of the Project. The County Health Management Team and officers from the Department of Public Works shall also be involved. The Public Works team which inclusive of Clerk of Works, Quantity Surveyor, an Architect and engineers from all cadres shall be involved.

- The accounting officers to be the key persons responsible for the project
- Evaluation team to include technical officers from relevant departments

5.3 Monitoring and Evaluation Arrangements

A dedicated monitoring and evaluation team will be set for purposes of evaluating and documenting project progress. There will be baseline, mid-term, end-term and post-completion evaluations. The m and e tools include monthly progress templates, financial absorption reports, site supervision checklists, EHS compliance checklists, site meeting minutes, stakeholder engagement attendance registers, GRM complain forms, action tracking matrix, equipment acceptance forms, commissioning readiness checklists, among others. A comprehensive Monitoring and Evaluation Framework is attached in the annex.

5.4 Risk and Mitigation Measures

The risks which are likely to be encountered and whose mitigation measures should be instituted against are: inadequate capacity of the contractor, disease outbreak like Corona, inflation and delays in payment of the Contractor. This should be pre-empted by awarding the project to a Contractor with the appropriate capacity to deliver it within a period of time. The Contractor should

be paid promptly for the works satisfied to enable him complete the project within the agreed timeframe. In case of forces of nature or disease outbreak, the Contractor shall be added more time equivalent to the lost one for the completion of the project.

S/no	Risks	Likelihood/ Probability	Risk Impact	Mitigation Strategy
1	Delayed payment to contractors	Medium	High	Prompt release of funds
2	Cost overruns due to inflation or unforeseen price variations in construction/equipment.	High	High	Include a significant contingency line (e.g., 15-20%) in the budget. Conduct thorough market surveys before procurement. Use fixed-price contracts where possible and procure in phases to manage cash flow.
3	Bureaucracy in the procurement process	Medium	High	Establish and adhere to a procurement plan
4	Inadequate technical capacity or shortage of specialized staff to operate new units.	High	High	Integrate staff Recruitment and training plans with the infrastructure development timeline. Develop attractive retention packages for specialists.
				partnerships with teaching hospitals for skills transfer and temporary staffing.

5	Poor quality of works or supplies (e.g., substandard construction, defective medical equipment).	Medium	High	Engage independent consultants. clerks of works and project supervisors to constantly do monitoring. Enforce strict quality assurance/quality control protocols and equipment testing before acceptance. Apply contractual penalties for non-compliance.
6	Vandalism and theft of equipment and materials at the project site.	Medium	Medium	Secure the project site with fencing, guarded gates, and security patrols. Institute a robust asset inventory and management system. Insure high-value equipment and materials.
7	Community resistance or lack of ownership.	Low	Medium	Conduct continuous stakeholder engagement and community sensitization throughout the project cycle. Provide regular updates on progress and benefits. Involve community leaders in the project Implementation committee.

8	Recurrent cost implications (utilities, maintenance) straining hospital operations budget.	High	Medium	From the start, develop a comprehensive operational and maintenance (O&M) plan with clear budget lines. Train hospital engineers on maintenance. Design systems for energy and water efficiency to reduce running costs.

5.5 Project Stakeholders Management

The main stakeholders of the project are:

1. Hospital Management Board
2. Busia County Assembly
3. Client-represented by the Medical Superintendent and her team
4. Department of Health and Sanitation represented by the Chief Officer and County Director of Health
5. Department of Public Works
6. Department of Finance
7. Department of Water
8. Department of Environment
9. Kenya Power & Lighting Company

10. Kenya Medical Training College-Busia Campus
11. Alupe University
12. Busia Chamber of Commerce and Industry
13. Busia Association of Contractors
14. Centre for Empowerment and Community Development for CSOs
15. Ministry of interior
16. Department of disaster
17. Department of devolution
18. Department of PSM
19. Development partners
20. CSOs
21. The community
22. Academia and universities
23. LREB
24. Senators' office

	Stakeholder	**Level of Influence**	**Engagement Strategy**
1	**Hospital Management Board**	High	Regular, formal reporting (monthly/quarterly). Involve in key decision-making and strategic oversight through the Project Implementation Committee.
2	**Busia County Assembly**	High	Formal presentations during budget approval and at major project milestones. Provide periodic progress reports to ensure continued political and financial support.

3	**Hospital Management Team**	High	Daily collaboration and integration into the Project Management Committee. Weekly coordination meetings to ensure the project aligns with clinical needs and operational plans.
4	**Dept. of Health & Sanitation**	High	Regular strategic meetings to ensure alignment with county health policies and priorities.
5	**Department of Public Works**	High	Formal engagement through technical committees. They will review and approve architectural and structural designs, and monitor construction quality. Oversee the project implementation.

	Stakeholder	**Level of Influence**	**Engagement Strategy**
6	**Department of County Treasury**	High	Engage during budget planning and disbursement phases. Provide detailed financial reports and cash flow forecasts to facilitate timely release of funds. Procurement and Audit process
7	**Departments of Water and Environment/ Social Services**	Medium	Consult during the design phase for water and sewerage plans. Provide updates on implementation progress related to water connections and drainage. Consult for Environmental Impact Assessment (EIA) licensing and compliance. Provide necessary environmental management plans and reports. Consult on social safeguards and inclusion of VMGs
9	**Kenya Power & Lighting Company**	Medium	Formal coordination for power connectivity and infrastructure upgrades. Engage early in the project to plan for electrical load requirements.

10	**Kenya Medical Training College (KMTC)**	Medium	Establish a formal partnership for clinical placements and training. Involve in curriculum development for new specializations and hold periodic coordination meetings. Compliance to teaching and referral hospital needs.
11	**Alupe University**	Medium	Collaborate on research opportunities, specialist referrals, and potential staff exchange programs..
12	**Busia Chamber of Commerce & Industry**	Low	Use as a channel for communicating business opportunities (supplies, services) to the local private sector. Newsletter updates and annual stakeholder forums.

	Stakeholder	**Level of Influence**	**Engagement Strategy**
13	**Busia Association of Contractors**	Low	Hold pre-tender briefings to build local capacity and ensure transparent procurement processes. Communicate contract opportunities fairly.
14	**Centre for Empowerment & Community Development**	Low	Engage for community mobilization and sensitization. Provide project updates and gather community feedback through this CSO to ensure social accountability.
15	**Ministry of Health**	High	Formal engagement for policy alignment, potential national funding, and technical support. Submit mandatory periodic reports and involve in high-level launch events and milestone celebrations.

16	**NEMA (National Environment Mgmt. Authority)**	High	Proactive consultation for mandatory Environmental Impact Assessment (EIA) and licensing. Ensure full compliance with all environmental regulations to avoid stop orders. Provide all required monitoring reports.
17	**NCA (National Construction Authority)**	Medium	Formal notification and registration of the project as required. Engagement for quality assurance audits and ensuring compliance with national building standards and codes.
18	**Busia Municipality**	Medium	Coordinate for necessary county permits (e.g., land use, business permits), infrastructure access, and waste management services. Regular liaison with municipal engineers and planners.
19	**Department of Education**	Low	Explore and formalize partnerships for health education and promotion programs in schools.

	Stakeholder	**Level of Influence**	**Engagement Strategy**
			Provide informational updates about the new hospital services available to students and staff.
20	**Ministry of Interior**	Low	Notify and coordinate on matters of public order and security, especially during major construction phases or high-profile events. Engage local administration for community sensitization.
21	**Faith Based Organizations (FBOs)**	Low	Engage as key community influencers for health promotion and mobilizing community support. Include in stakeholder forums and disseminate information through their networks.

22	**Senator's Office**	High	Playing Oversight role and community engagements
23	**Department of Public Service and Administration**	High	Sensitization of the community and oversee the implementation of the project.

5.6. Project Readiness

Checklist	**YES/NO**	**Comment**
a) Have the project preliminary and detailed designs been prepared and approved?	YES	County Architect to handle
b) Has the land been acquired or is the site ready?	YES	The site is owned by the county government.
c) Have necessary regulatory approvals been obtained?	NO	To be done at the inception of the project
d) What government agencies and stakeholders will be involved in the preparation of the project and what roles will they play in project development and approval?	YES	NEMA, NCA

e) Have you undertaken consultations with other government agencies to improve synergy and avoid duplication of effort?	YES	There has been partial consultation with other government agencies. Consultation with government agencies remains part of the plan.

	Authorization Body	**Yes/No**
1	Lands	NO
2	Public Works	NO
3	Public Health	NO
4	Environment	NO
5	National Construction Authority	NO

f) Government Agencies and Roles

s/No	Government Agency	Role in Project Implementation
1	**Department of Lands**	To verify and formalize land ownership for the project site, process any land lease or title documents, and resolve any existing land disputes or encumbrances to ensure the project has a secure and legally sound foundation.
2	**Department of Public Works**	To provide technical oversight on all construction works. This includes reviewing and approving architectural and structural designs, monitoring construction quality and adherence to standards, and certifying the completion and safety of all built infrastructures.
3	**Dept. of Health - Public Health**	To ensure the project complies with all public health regulations. This includes approving sanitation plans, waste management systems (especially for clinical waste), and food safety facilities (e.g., the hospital kitchen), and issuing a health certificate for occupancy.
4	**Department of Environment**	To conduct the Environmental Impact Assessment (EIA) and issue an EIA license. They will monitor the project's compliance with environmental regulations concerning pollution control, waste disposal, and environmental management plans throughout the project cycle.
5	**National Construction Authority (NCA)**	To register the project and certify the contractors involved. The NCA ensures that all construction works adhere to the national building code and regulations, and it may conduct independent audits for quality assurance.
6	**Department of Water**	To approve the project's water abstraction and sewerage plans. They will ensure a sustainable and compliant water supply for the hospital's massive needs and oversee the design and implementation of the drainage and sewage treatment systems.

s/No	Government Agency	Role in Project Implementation
7	**Kenya Power & Lighting Company**	To design, approve, and implement the electrical power connection and infrastructure required for the hospital. This includes ensuring a reliable power supply, possibly with a dedicated feeder line, and approving the internal electrical designs for safety and capacity.
8	**Department of Housing**	Their role will be to ensure Hospital plans meets the planned standards and policies for habitation. Approve plans.

g) Consultation with government agencies for synergy and avoidance of duplication.

There has been partial consultation with other government agencies. Consultation with government agencies remains part of the plan.

The project will be phased out until it reaches its modernization status. This will be considered as phase one that shall be done to completion and operationalization status by equipping and staffing it.

SECTION 6 FINANCIAL INFORMATION

6.1 Capital Cost (KES) to Complete the Project

The project will require an estimated cost of ksh. 1,352,122,276. A detailed narration is as follows;

S/NO	EQUIP.DESCRIPTION/DEPARTMENT	UNIT	QTY	@/UNIT PRICE	TOTAL PRICE
A	**ONCOLOGY DEPARTMENT**	**NO**		**KSH.**	**KSH.**
1	ULTRASOUND	NO	1	10000000	10,000,000
2	CELPOSCOPY	NO	2	700000	1400000
3	ENDOSCOPY	NO	2	10400000	20800000
4	HYPERTHAMIA SYTEM	NO	2	695000	1390000
5	PHOTODYNAMIC THERAPY MACHINE	NO	2	80000	160000
6	INFUSION PUMPS	NO	3	145000	4350000

7	HYPOTHEMIA SYSTEM	NO	2	570000	1140000
8	PATOLOGY WORKSTATION	NO	2	400000	800000
9	EMBEDDING DEVICE	NO	3	3805000	3805000
10	SLIDE PREPARATION TOOLS	NO	4	7000	28000
12	FLOW CYTOMETERS	NO	1	6500000	6500000
13	BONE MARROW BIOPSY M/C	NO	3	70000	210000
14	CYROPRESERVATION FREEZERS	NO	1	520000	520000
15	STEM CELL HARVESTING MACHINE	NO	1	8385000	8385000
16	OB/GYN SURGICAL TOOLS	SET	3	260000	780000
17	MEDICAL ONCOLOGY KIT	NO	5	800000	4000000
18	TRIAD TREATMENT CHAIRS	NO	3	620000	1840000
19	PATIENT MONITORS	NO	2	520000	1040000
20	DEFIBRILATORS	NO	15	1444300	21664500
21	OTOSCOPE	NO	20	16000	320000
22	STETHESCOPE	NO	20	26000	520000
23	OPHTHALMOSCOPE	NO	10	78000	780000
24	ONCOMINE ASSAYS	NO	1	420250	420250
25	BIOSAFETY CABINET	NO	2	1677000	3354000
	SUB-TOTAL				**94,206,750**
B	**BURNS DEPARTMENT**				
1	ICU BEDS	NO	5	600000	3000000
2	VENTILLATORS	NO	5	2860000	14300000
3	MONITORS	NO	10	520000	5200000
4	SYRINGE PUMP	NO	5	1677000	8385000
5	INFUSION PUMP	NO	5	145000	725000
6	DRIP STAND	NO	10	12000	120000
7	FLUID WARMIG	NO	2	220000	440000
8	BLOOD GAS ANALYZER	NO	2	838500	1677000
9	PORTABLE X-RAY	NO	2	2600000	5200000
10	VIDEO BRONCHOSCOPE	NO	2	1341600	2683200
11	DEFIBRILATOR WUTH ECG	NO	3	1444300	4332900
12	CRASH CART	NO	5	120000	600000
13	DERMATOMES	NO	4	13000	52000
14	MESHER	NO	4	201240	804960
15	FIBREGLASS TUBS	NO	2	215500	431000
16	DEBRIDEMENT INSTRUMENT	SET	2	88000	176000
17	SHOULDER WHEELS	NO	4	67000	268000
18	OVERHEAD PULLEYS	NO	4	10000	40000
19	STATIC BICYCLE	NO	2	400000	800000
20	THERAPEUTIC ULTRASOUND	NO	1	838500	838500
21	CRADLE	NO	10	44200	442000
	SUB-TOTAL				**50,515,560**
	THEATRE DEPARTMENT				
1	HYDRAULIC SURGICAL TABLE	NO	6	400000	2400000
2	DOUBLE ARM SURGICAL LIGHTS	NO	6	600000	3600000
3	PATIENT MONITORS	N0	12	520000	6240000

4	ANAESTHETIC MACHINE	NO	8	2500000	20000000
5	SURGICAL DIATHERMY	NO	12	400000	4800000
6	SUCTION MACHINE	NO	12	150000	1800000
7	DEFIBRILATOR	NO	12	1444300	17331600
8	INSTRUMENT TROLLEY	NO	12	20000	240000
9	WARMING CABINET	NO	6	220000	1320000
10	C-ARM	NO	6	10400000	62400000
11	FLUOROSCPE MACHINE	NO	6	2600000	15600000
12	AIR CONDITIONER 24BTU	NO	24	180000	4320000
	SUB-TOTAL				**140,051,600**
	OPHTHALMOLOGY DEPARTMENT				
1	SLIT LAMP MICROSCOPE	NO	1	754650	754650
2	ADVANCED TONOMETER	NO	3	838500	2515500
3	OPHTHALMOSCOPE	NO	3	78000	234000
4	OPTICAL COHERENCE TOMOGRAPHY	NO	1	44505000	44505000
5	KRATOMETER	NO	2	503100	1006200
6	PHOROPTER	NO	1	2515500	2515500
7	PERIMETRY/VISUAL ANALYZER	NO	1	13416000	13416000
8	LENSOMETER	NO	2	670800	1341600
9	AUTOREFRACTOR/REFRACTOMETER	NO	1	845000	845000
10	UBM ULTRASOUND	NO	2	1950000	3900000
11	OPERATING MICROSCOPE	NO	1	2934750	2934750
12	PHACOEMULSIFICATION MACHINE	NO	1	1715700	1715700
13	VITRECTOMY MACHNE	NO	1	1677000	1677000
14	CRYOSURGICAL UNIT	NO	2	3380000	6760000
15	EXAMINATION CHAIR	NO	1	838500	835500
16	DIGITAL VISUAL ACUITY	NO	4	83850	335400
17	INTRAOCULAR LENSES	NO	5	60000	300000
18	SPECULUM	NO	2	50310	100620
	SUB-TOTAL				**85,692,420**
C	**WELNESS DEPARTMENT**				
1	TREADMILL	NO	2	400000	800000
2	ELLIPTICAL	NO	2	300000	600000
3	STATIC BIKE	NO	3	70000	210000
4	DUMB BELL	NO	3	35000	105000
5	RESISTANCE BANDS	NO	3	5000	15000
6	CABLE CROSSOVER	NO	3	500000	1500000
7	VARSATILE CABLE MACHINE	NO	3	750000	2250000
8	LEG PRESS	NO	4	350000	1400000
9	LAT PULL DOWN	NO	4	300000	1200000
10	BICEPS/TRICEPS MACHINE	NO	4	200000	800000
11	YOGA MATS	NO	10	14000	140000
12	BOSU/BALANCE BALL	NO	10	26000	260000
13	MEDICINE BALL	NO	10	10000	100000
14	FOAM ROLLERS	NO	5	7300	36500

15	MEDITATION CUSHIONS	NO	10	10000	100000
16	PRODUCT DISPLAY SHELVES	NO	5	50000	250000
17	CHEST PRESS	NO	4	451000	1804000
18	LOCKERS/SHWERS	NO	10	10000	100000
19	SOUND SYSTEM	NO	1	50000	50000
20	FIRST AID KIT	NO	3	20000	60000
21	DISPENSER	NO	1	20000	20000
22	CLEANING STATIONS	NO	1	20000	20000
	SUB-TOTAL				**11,820,500**
D	**TRAUMA AND ORTHOPAEDIC DEPARTMENT**				
1	LARYNGOSCOPES	SET	5	175000	875000
2	ENDOCTREAL TUBES	PIECES	10	28000	280000
3	BAG VALVE MASKS	NO	20	7000	140000
4	SUCTION MACHINE	NO	5	150000	750000
5	FIBREOPTIC BRONCHOSCOPE	NO	3	300000	900000
6	TRACHEOSTOMY	NO	10	28000	280000
7	MECHANICAL VENTILATOR	NO	2	3225000	6450000
8	CYLINDERS/FLOWMETERS	NO	10	140000	1400000
9	CHEST TUBES	PIECES	4	8385	33540
10	DEFIBRILATOR	NO	2	1444300	2888600
11	RAPID INFUSER	NO	5	100000	500000
12	BLOOD WARMER	NO	2	220000	440000
13	CHEST CLAMPS RONTE	NO	5	350000	1750000
14	PELVIC BINDERS	NO	15	4500	67500
15	TOURNIQUETS	NO	15	5000	75000
16	DIGITAL BP MACHINE	NO	10	20000	200000
17	ULTRASOUND Efast	NO	1	3354000	3354000
19	PORTABLE X-RAY	NO	1	2600000	2600000
20	PATIENT MONITORS	NO	4	520000	2080000
21	PULSE OXIMETER	NO	5	150000	750000
22	CRASH CART	NO	2	120000	240000
23	THORACTOMY TRAY	NO	4	10000	40000
24	SURGICAL INSTRUMENT	SET	5	160000	800000
25	SPECIALIZED RESUSCITATION KITS	NO	4	150000	600000
26	BLANKETS	NO	50	2000	100000
27	FLUID WARMER	NO	1	220000	220000
28	WHEEL CHAIRS	NO	10	20000	200000
29	PATIENT STRETCHERS	NO	4	250000	1000000
30	CRUTCHES	NO	20	6000	120000
31	BLOOD GAS ANALYZER	NO	2	838500	1677000
32	C-ARM	NO	1	10400000	10400000
33	ORTHOPAEDIC OPERATING TABLE	NO	1	400000	400000
34	DRILLS AND REAMERS	NO	2	70000	140000
35	ARTHROSCOPY	NO	1	258000	258800
36	OSTEOTOMES	SET	4	20000	80000

37	BONE CHISEL	NO	6	4000	24000
38	FILES	NO	10	2000	20000
39	GAUGES	NO	6	5500	33000
40	MALLETS	NO	4	3000	12000
41	FORCEPS/CLAMPS	NO	10	2000	20000
42	SURGICAL INSTRUMENTS	SET	2	160000	320000
43	TRAUMA SETS	SET	5	85000	425000
44	PLATES AND SCREWS	NO	10	200000	2000000
45	INTERMEDULLARY NAILS	NO	10	232200	2322000
46	TRACTION GEAR	NO	3	7000	21000
47	ORTHOTIC DEVICES	NO	10	50000	500000
48	CRUTCHES	NO	15	6000	90000
49	WHEELCHAIRS	NO	15	20000	300000
50	AMPUTATION	SET	2	33000	66000
51	SPINE SET	SET	2	80000	160000
	SUB-TOTAL				**48,402,440**
E	**LAUNDRY DEPARTMENT**				
1	WASHING MACHINE	NO	1	5000000	5000000
2	DRYERS	NO	1	2000000	2000000
3	STEAM IRONERS	NO	1	2000000	2000000
4	ROTARY IRONERS	NO	1	3000000	3000000
5	STEAM PRESSERS	NO	1	1500000	1500000
6	DRY CLEANING MACHINE	NO	1	2000000	2000000
7	LAUNDRY TROLLEYS	NO	20	40000	800000
8	LAUNDRY BUCKETS	NO	20	40000	80000
9	HAMPERS	NO	10	10000	100000
10	BASINS	NO	10	3000	30000
11	SHELVES	NO	10	150000	1500000
	SUB-TOTAL				**18,010,000**
F	**KITCHEN DEPARTMENT**				
1	CHEF'S KNIFE	NO	10	1000	10000
2	CUTTING BOARDS	NO	10	1000	10000
3	PEELERS	NO	2	30000	60000
4	SCISSORS	NO	3	1000	3000
5	PANGAS	NO	5	700	3500
9	ELECTRIC FRYERS	NO	3	10000	30000
10	GAS COOKERS	NO	2	20000	40000
11	OVENS	NO	2	20000	40000
12	STAINLESS STEEL	NO	3	50000	150000
13	REFRIGERATION UNITS	NO	1	5000000	5000000
14	FREEZERS	NO	1	200000	200000
	SUB-TOTAL				**5,545,500**
G	**CSSD DEPARTMENT**				
1.	AUTOMATED WASHER-DISINFECTOR	NO	2	250000	500000
2	ULTRASONIC WASHER	NO	2	200000	400000

3	FULLY AUTOMATIC 150L AUTOCLAVE	NO	1	10000000	10000000
4	PLASMA STERILIZER	NO	1	5000000	5000000
5	DRYING CABINET	NO	3	20000	60000
6	ROTARY SEALER	NO	2	50000	100000
7	INSTRUMENT TROLLEYS	NO	5	20000	100000
8	STAIN STEEL WORKSTATION	NO	3	100000	300000
9	STORAGE RACKS	NO	10	10000	100000
	SUB-TOTAL				**16,560,000**
H	**GENERAL EQUIPMENT**				
1	STETHOSCOPE	NO	20	28000	560000
2	BP MACHINE	NO	30	20000	600000
3	THERMOMETER	NO	200	200	40000
4	PULSE OXIMETER	NO	20	200000	4000000
5	GLUCOMETER	NO	40	8000	320000
6	DIGITAL ADULT WEIGHING SCALE	NO	20	70000	1400000
7	DIGITAL PAEDIATRIC WEIGHING SCALE	NO	20	60000	1200000
8	OXYGEN COCENTRATORS	NO	20	250000	5000000
9	NEBULIZERS	NO	20	20000	400000
10	EXAMINATION COACH	NO	20	50000	1000000
11	OXYGEN CYLINDER/FLOWMETER	NO	100	140000	14000000
12	TOUNGUE PRESSERS	NO	20	1500	30000
15	FLASHLIGHT/PENLIGHT	NO	10	5000	50000
16	HOSPITAL BEDS	NO	150	120000	18000000
17	WHEELCHAIRS	NO	20	20000	400000
18	PATIENT SCREEN	NO	20	10000	200000
19	SUCTION MACHINE	NO	15	150000	2250000
20	DEFIBRILATOR	NO	5	1444300	7221500
21	PATIENT MONITORS	NO	10	520000	5200000
22	RESUSCITTAIRE	NO	5	3500000	17500000
	SUB-TOTAL				**79,371,500**
I	**ENT DEPARTMENT**				
1	TONSILLECTOMY	SET	1	240000	240000
2	NOSA/BONE FRACTURE	SET	1	3000	3000
3	SEPTOPLASTY	SET	1	51600	51600
4	CADWELL LUC	SET	1	91000	91000
5	FESS	SET	1	40000	40000
6	DIRECT LARYNGOSCOPE	NO	1	18000	18000
7	MCRO LARYNGOSCOPE	NO	1	20000	20000
8	TYMPANOPLASTY	SET	1	46500	46500
9	MASTOIDECTOMY	SET	1	32250	32250
10	STAPEDOCTOMY	SET	1	206400	206400
11	BRONCHOSCOPY	SET	1	1290000	1290000
12	TRACHEOSTOMY	SET	1	200000	200000

13	TROCAR	SET	2	130000	260000
14	CANULA	NO	2	3000	6000
	SUB-TOTAL				**2,504,750**
K	**MEDICAL PLANTS**				
1	OXYGEN PLANT WITH REFILING OPTION	NO	1	100000000	100000000
2	1000 KVA GENERATOR	NO	1	40000000	40000000
	SUB-TOTAL				**140,000,000**
	GRAND TOTAL				**692,681,020**

6.2 Recurrent costs (ksh) to complete the project

Recurrent item	**Cost**
Labor costs	5,000,000
Operating costs	5,000,000
Maintenance costs	10,000,000
Others (utilities)	4,000,000

6.3 Total Cost breakdown per Financial Year

YEAR I (Kshs)	**YEAR II (Kshs)**	**YEAR III (Kshs)**	**YEAR IV (Kshs)**	**YEAR V (Kshs)**
450,000,000	692,681,020	150,000,000	50,000,000	9,441,256
Construction cost	Equipping	Human Resource, and Operating Cost- Utilities Consumables and supplies	Human Resource, Operating Cost and Maintenance Cost- Utilities Consumables and supplies	Human Resource, Operating Cost and Maintenance Cost- Utilities Consumables and supplies

6.4 Proposed source of financing

The source of funding for the project will be GOK and development partner.

6.5 Cost implication to other related projects

There is no cost implication to other existing projects. There is no compensation which shall be required to be paid during the implementation of the project.

SECTION 7: OPERATIONAL SUSTAINABILITY

This section outlines the comprehensive strategy to ensure the long-term sustainability of the proposed Hospital Annex at the Busia County Referral Hospital (BCRH). Our approach is built on three pillars: clear ownership and stakeholder engagement, robust capacity building, and a detailed financial plan for ongoing operations.

7.1 Asset Ownership and Stakeholder Ownership

The BCRH Annex specialized Hospital will be owned by the County Government of Busia and operated under the direct management of the Busia County Referral Hospital (BCRH), headed by the Medical Superintendent.

Asset Register: BCRH maintains a centralized and updated Asset Register. Upon project completion, the entire complex, including all buildings, equipment, and fixtures, will be formally handed over, barcoded, and recorded in this register. This ensures accountability, facilitates planned maintenance, and informs future budgeting for replacements.

Fostering Stakeholder Ownership: Ownership will be cultivated through a multi-faceted approach:
Hospital Management Board: Establishing a board comprising community leaders, patient advocates, and local health stakeholders as per Busia Health Services Act, 2016 and the Busia Facility Financing Act, 2024 to provide feedback on services and promote the complex's utilization.
Staff Inclusivity: Involving key clinical and administrative staff from BCRH in the design and operational planning phases to ensure the facility meets user needs and fosters a sense of pride and ownership from the outset.

7.2 Technical, Managerial, and Financial Capacity

The integrated nature of the annex hospital requires a significant enhancement of current capacities. The following measures will be implemented to address identified gaps and ensure effective operation:

(a) Technical Capacity:

- **Integrated Staffing Plan:** A comprehensive recruitment plan has been developed for the new, specialized cadres required to operate an annex hospital. This includes not only specialist physicians (**Physicians, Psychiatrists, Pathologists, Oncologists, Urologists, and Nephrologists**) but also allied health professionals critical to specialized services such as **nutritionists, physiotherapists, health educators, and counseling psychologists**.
- **Skills Development:** Existing staff will undergo cross-functional training in integrated patient care, digital health systems, and the operation of new, sophisticated medical equipment. Partnerships with medical schools and specialist training institutions will be leveraged for ongoing professional development.

(b) Managerial Capacity:

- **Dedicated Leadership & Training:** The BCRH senior management will receive targeted training in **Strategic Leadership, Financial Management, Public-Private Partnerships and Multi-Service Facility Management**.
- **Performance Management:** The complex's performance will be managed using a balanced scorecard tracking clinical outcomes, patient satisfaction, operational efficiency, and financial sustainability, integrated into the hospital's executive reporting.
- **The hospital requires a dedicated CEO**

(c) Maintenance Capacity:

- **Specialized Engineering Support:** The hospital's Biomedical Engineering unit will be significantly strengthened by recruiting additional **Biomedical Engineers/ Technologists** with expertise in maintaining advanced medical technology and integrated building systems (HVAC, power, water).
- **Preventive Maintenance Regime:** A dedicated annual operational budget will include a clear line item for a scheduled preventive maintenance program, spare parts, and comprehensive service contracts with equipment suppliers to ensure maximum asset uptime and longevity.

7.3 Coverage of Anticipated Post-Implementation Operating Costs

A preliminary 5-year operational cost and revenue projection has been developed (see **Table– Operational Sustainability Plan** for full details). The summary is as follows:

The sustainability model for the Integrated Health and Wellness Complex is designed to be more financially robust than a standard clinical unit, leveraging both traditional and innovative revenue streams.

Operational Sustainability plan

The hospital requires a legal framework

Staffing plan

ESTIMATED STAFF REQUIREMENT FOR THE PROPOSED BCRH ANNEX SPECIALIZED HOSPITAL
The following staff will be required for expanded wing of Busia County Referral Hospital:

1. **ONCOLOGY UNIT (CANCER CENTRE)**

	DESIGNATION	NO. REQUIRED	UNIT COST	ANNUAL TOTAL
1	MEDICAL ONCOLOGIST	1	339230	4,070,760
2	RADIATION ONCOLOGIST	1	339230	4,070,760
3	PALLIATIVE CARE PHYSICIAN	1	339230	4,070,760
4	NURSES	15	1,239,000	14,868,000
5	ONCOLOGIST PHARMACIST	1	339230	4,070,760
6	MEDICAL PHYSICISTS	1	339230	4,070,760
7	RADIATION THERAPIST	2	678,460	8,141,520
8	PATHOLOGIST	1	339230	4,070,760
9	NUTRITIONISTS	3	78,750	2,835,000
10	SUPPORT STAFF (CLEANERS)	3	28035	1,009,260

	SUB TOTAL KSHS			**51,278,340**

2. BURNS UNIT

	DESIGNATION	**NO. REQUIRED**	**UNIT COST/MONTH**	**ANNUAL TOTAL**
1	NURSES	15	1,239,000	14,868,000
2	PLASTIC SURGEON	1	339230	4,070,760
3	GENERAL SURGEON	1	339230	4,070,760
4	PHYSIOTHERAPIST	1	80750	969,000
5	OCCUPATIONAL THERAPIST	1	80750	969,000
6	SUUPORT STAFF CLEANERS	**3**	28035	1,009,260
7	NUTRITIONIST	**2**	78,750	1,890,000
	SUB TOTAL KSHS			**27,846,780**

3. TRAUMA CENTRE

	DESIGNATION	**NO. REQUIRED**	**UNIT COST**	**TOTAL**
1	NURSES	24	1,982,400	23,788,800
2	REGISTERED CLINICAL OFFICERS	4	394,800	4,737,600
3	ANETHEOLOGIST	1	339230	4,070,760
4	ORTHOPEDIC TRAUMA TECHNICIAN	2	155,100	1,861,200
5	RADIOGRAPHERS	2	161,500	1,938,000
6	SUPPORT STAFF (CLEANER)	3	28035	1,009,260
	SUB TOTAL KSHS			**37,405,620**

4. THREE OPERATING THEATRES

	DESIGNATION	**NO. REQUIRED**	**ANNUALUNIT COST**	**TOTAL**
1	NURSES	21	1,239,000	14,868,000
2	ANESTHETIST	3	277,800	3,333,600
3	SUPPORT STAFF (CLEANER)	2	28,035	672,840
	SUB TOTAL KSHS			18,874,440

5. AMENITY WARDS WITH 80 BEDS

	DESIGNATION	**NO. REQUIRED**	**UNIT COST/MONTH**	**TOTAL**
1	NURSES	14	1,156,400	13,876,800
2	MEDICAL OFFICERS	2	444,220	5,330,640

3	SUPPORT STAFF (CLEANERS)	3	28035	1,009,260
	SUB TOTAL KSHS			20,216,700

6. GENERAL WARDS WITH 120 BEDS

	DESIGNATION	**NO. REQUIRED**	**UNIT COST/MONTH**	**ANNUAL TOTAL**
1	Nurses	20	1,652,000	19,824,000
2	Medical Officers	2	444,220	5,330,640
3	SUPPORT STAFF (CLEANERS)	4	28035	1,345,680
	SUB TOTAL			**26,500,320**

7. EYE UNIT

	DESIGNATION	**NO REQUIRED**	**UNIT**	**ANNUAL TOTA;**
1	NURSES	15	82,600	14,868,000
2	OPHTHALMOLOGIST	1	339,330	4,071,960
3	CLINICAL OFFICERS/CATARACT SURGEONS	6	116,833	8,411,976
4	SUPPORT Staff (CLEANERS)	2	28,035	672,840
	SUB TOTAL KSHS			28,024,776

8. MENTAL HEALTH UNIT

		NO	**UNIT**	**ANNUAL**
1	NURSES	15	82,600	14,868,000
2	CONSULTANT PSYCHIATRIST	1	339230	4,070,760
3	SUPPORT STAFF (CLEANERS)	8	28035	2,691,360
4	CLERKS	4	28035	1,345680
5	HEALTH ADMINISTRATIVE OFFICER	3	78,300	2,818,800
	SUB TOTAL KSHS			25,794,600

GRAND TOTAL **KSHS.** **209,441,256**

Sources of Revenue:

a) **Social Health Insurance Fund (SHIF) Reimbursements:** Revenue from covered clinical consultations, procedures, and any new packages offered by SHIF.

b) **User Fees:** A structured fee-for-service model services offered that are often paid out-of-pocket.

c) **County Government Exchequer:** The County Government of Busia will provide an annual subvention to cover any operational deficit for essential clinical services, ensuring the public health mandate is met.

d) **Facility Improvement Financing:** Money collected for services offered shall be retained and used to defray expenses incurred by the facility.

e) **Development Partners**

f) **universities**

g) **CSR**

h) **Grants and donations**

i) **National government**

j) **Loans**

k) **Investors.**

Financial Sustainability Conclusion:
Based on our projections, we anticipate that the mix of clinical reimbursements (SHIF) and innovative revenues collection will cover approximately **20-30%** of the annual operational costs within three years of operation. The remaining **80-70%** for core public health functions will be covered by the County Government exchequer. This hybrid model ensures the complex is not only clinically effective but also financially viable and progressively self-sustaining.

SECTION 8. HAZZARD ASSESSMENT

#	Hazard	Question	Yes/No	Remarks, If Yes
1	River flood	Is the project located near a river or a stream prone to flooding or breaking its banks?	No	
2	Urban flood	Is the project located in an urban area prone to flooding?	No	
3	Coastal flood	Is the project located in a low-lying coastal area prone to storm surges or coastal flooding from increased water levels?	No	
4	Backflow	Is the project located in an area prone to backflow flooding?	No	
5	Landslide/mudslide	Is the project located on or near slopes prone to landslides (that is, mass movements of soil, rock, or debris)?	No	
6	Geological hazards (earthquake, subsidence, and volcano)	Is the project located in an area with geological formations prone to shifts in fault lines, sink holes, or craters? Is the project located in an area prone to the sinking of the ground due to erosion, groundwater movement, or tectonic activity? Is the project prone to potential structural damage or disruption from earthquakes/earth tremors? Is the project located within 50 km from a volcano for which a potentially damaging eruption has been recorded in the past 2,000 years and future damaging eruptions are possible?	No	
7	Wildfire	Is the project located in a vegetated area prone to wildfires?	No	
8	Drought/water scarcity	Is the project dependent on water resources susceptible to droughts which can adversely affect water availability and quality?	No	
9	Extreme heat	Is the project susceptible to prolonged periods of extreme heat?	No	
10	Storms and wind gusts	Is the project located in an area prone to strong winds, storms, or gusts?	No	
11	Lightning and thunderstorms	Is the project located in an area that is prone to lightning and thunderstorm that could compromise the structural integrity and reliability of the asset?	No	

SECTION 9: PROJECT IMPLEMENTATION PLAN

This section outlines the detailed schedule, resource allocation, and performance metrics for the successful implementation of the Integrated Health and Wellness Complex. The plan is designed to ensure timely progress, effective use of resources, and clear accountability throughout the project cycle.

Key Performance Indicators (KPIs) & Implementation Schedule (estimates)

No.	Name of Output / Key Activity	Expected Duration (Quarters)	Key Responsible Person(s)	Estimated Cost (Kshs)	Key Performance Indicators (KPIs)
PHASE 1: INCEPTION & PLANNING (FY 2025/2026)					
1.1	Project Mobilization & Inception Report	Q1	Project Manager (PM), County Health Executive	500,000	• Inception report approved within 30 days. • Project team and office fully established.
1.2	Finalization of Architectural & Engineering Designs	Q1 - Q2	County Architect, Consultant Engineers	2,500,000	• All designs finalized and signed off by Q2. • All necessary statutory approvals (NCA, NEMA) secured.
1.3	Tendering & Contractor Selection	Q2 - Q3	County Procurement Unit, PM	1,000,000	• Tender awarded to the lowest evaluated bidder by end of Q3.

No.	Name of Output / Key Activity	Expected Duration (Quarters)	Key Responsible Person(s)	Estimated Cost (Kshs)	Key Performance Indicators (KPIs)
					• Contract signed and execution notice issued.
1.4	Detailed Operational & Staffing Plan	Q3	Medical Superintendent, HR Officer	200,000	• Comprehensive staffing plan approved by County Public Service Board. • 5-year operational sustainability plan finalized
PHASE 2: CONSTRUCTION & PROCUREMENT (FY1 - FY2)					
2.1	Site Handover & Civil Works Commencement	Q4 (FY1)	Contractor, County Engineer, PM	60,000,000	• Site handed over without dispute. • Foundation and superstructure completed as per agreed milestones.
2.2	Procurement of Medical & Equipment	Q4 (FY1) - Q2 (FY2)	County Procurement Unit, BCRH Management	100,000,000	• All major equipment orders placed by Q1 FY2. >95% of

No.	Name of Output / Key Activity	Expected Duration (Quarters)	Key Responsible Person(s)	Estimated Cost (Kshs)	Key Performance Indicators (KPIs)
					equipment delivered to site by Q3 FY2.
2.3	Construction Superstructure & Enclosure	Q1 - Q3 (FY2)	Contractor, County Engineer	180,000,000	• Building made weather-tight (roof, walls, windows) by Q2 FY2. • Construction is on schedule, with < 5%-time variance.
PHASE 3: COMPLETION & COMMISSIONING (FY2)					
3.1	Mechanical, Electrical, and Plumbing (MEP) Fit-Out	Q3 - Q4 (FY2)	Contractor, Specialist Sub-contractors	80,000,000	• All MEP systems installed and tested successfully. • Final inspection certificate received from relevant authorities.
3.2	Equipment Installation & Calibration	Q4 (FY2)	Equipment Vendors, BCRH Technicians	20,000,000	• 100% of installed equipment calibrated and functional. >Staff training

No.	Name of Output / Key Activity	Expected Duration (Quarters)	Key Responsible Person(s)	Estimated Cost (Kshs)	Key Performance Indicators (KPIs)
					on new equipment completed.
3.3	Final Snagging, Commissioning & Handover	Q4 (FY2)	PM, Contractor, BCRH Management	5,000,000	• Snag list completed and signed off. • Official project handover certificate issued by the County.
PHASE 4: OPERATIONAL READINESS (FY2)					
4.1	Staff Recruitment & Training	Q3 - Q4 (FY2)	County PSB, Medical Superintendent	5,000,000	• 90% of key staff positions filled. >All staff complete orientation and operational training.
4.2	Operational Go-Live & Service Commencement	Q4 (FY2)	BCRH Management	2,000,000	• Complex officially opened and accepting patients/clients. • All operational systems (registration,

No.	Name of Output / Key Activity	Expected Duration (Quarters)	Key Responsible Person(s)	Estimated Cost (Kshs)	Key Performance Indicators (KPIs)
					billing, records) are live.
	TOTAL ESTIMATED COST			**~ 456,200,000**	

SECTION 10: ANNEXES

10.1 MONITORING & EVALUATION FRAMEWORK (2025–2027)

1.0 PROJECT OVERVIEW

The Busia County Referral Hospital (BCRH) is the main referral and teaching hospital in Busia County, serving a rapidly growing population within the county and neighboring regions, including cross-border patients from Uganda. The increasing demand for specialized and quality healthcare services has placed significant pressure on the hospital's infrastructure, human resources, medical equipment, and service delivery systems.

Under the **Kenya Devolution Support Programme II (KDSP II)** framework, the County Government of Busia seeks to implement an investment project aimed at strengthening the capacity, efficiency, and quality of healthcare services at the Busia County Referral Hospital.

1.1 Project Rationale

The project is informed by:

- Rising patient volumes and congestion at the referral hospital.
- Inadequate infrastructure and outdated medical equipment.
- Gaps in specialized services leading to referrals outside the county.
- The need to align with Universal Health Coverage (UHC) goals.
- KDSP II objectives of strengthening county institutional performance and service delivery.

The investment will improve health outcomes, reduce avoidable referrals, and enhance financial sustainability through improved service capacity and efficiency.

GOAL, PURPOSE AND OBJECTIVES

2.1 Overall Goal

- ✓ To improve access to quality, affordable, and timely referral health services in Busia County.
- ✓ To strengthen the capacity and service delivery of Busia County Referral Hospital to provide accessible, efficient, and high-quality referral healthcare services.

2.2 Project Purpose (Outcome Level)

To establish a Level 5 functional county referral hospital that reduces referrals outside Busia County and improves service delivery outcomes.

2.3 Project Objectives

1. Construct a modern Level 5, fully compliant referral hospital facility.
2. Equip the hospital with modern essential medical equipment and diagnostic tools

3. Strengthen specialized clinical and referral service capacity within Busia County.
4. Improve quality of operational efficiency, healthcare services and patient satisfaction.
5. Enhance accountability, safety, quality of care and compliance (EHS, social safeguards, governance).
6. Provide appropriate facilities for the training doctors and other related health care workers.
7. For licensing and accreditation by Kenya Medical Practitioners and Dentists Council

2.0 RESULTS CHAIN / THEORY OF CHANGE

The theory of change for the Busia County Referral Hospital (KDSP II) Investment Project is anchored on the premise that strategic investment in infrastructure, equipment, and institutional capacity will strengthen service delivery and ultimately improve population health outcomes in Busia County.

The project begins with the mobilization of key inputs, including KDSP II financing, technical personnel, contractors, land, approved architectural and engineering designs, and allocated budgets for medical equipment. These inputs provide the financial, human, and technical foundation necessary to implement the planned interventions effectively.

Through these inputs, the County Government will undertake a series of activities, including procurement of contractors and equipment, construction and rehabilitation works, project supervision, installation of medical equipment, and commissioning of new facilities. These activities are implemented in compliance with public procurement regulations and KDSP II performance standards to ensure transparency, quality, and value for money.

Successful implementation of these activities will produce tangible outputs, such as completed and functional hospital blocks, installed and operational medical equipment, connected utilities (water, electricity, waste systems), and established operational systems with trained staff. At this stage, the hospital's physical and operational capacity is visibly strengthened.

These outputs are expected to lead to measurable outcomes, including increased service capacity, reduced patient congestion, reduced referrals to facilities outside the county, improved quality of care, and enhanced access to specialized services. Improved diagnostic and treatment capabilities will enable timely interventions, while better infrastructure will enhance patient safety and staff efficiency.

In the long term, these outcomes will contribute to the broader impact of improved health indicators in Busia County. This includes reduced morbidity and mortality rates, particularly among vulnerable populations, improved maternal and child health outcomes, and a stronger, more resilient county health system. The strengthened referral hospital will become a sustainable center of excellence capable of supporting Universal Health Coverage (UHC) goals and advancing equitable healthcare access.

Overall, the theory of change assumes that if adequate resources are invested, implementation is effectively managed, and systems are maintained sustainably, then the Busia County Referral Hospital will deliver higher-quality, accessible, and efficient healthcare services, ultimately improving the wellbeing of the population it serves.

Summary of the Theory of Change

Inputs → Activities → Outputs → Outcomes → Impact

- **Inputs:** KDSP II financing, technical staff, contractors, land, designs, equipment budgets.
- **Activities:** procurement, construction works, supervision, equipment installation, commissioning.
- **Outputs:** completed hospital blocks, installed equipment, utilities connected, staff systems set.
- **Outcomes:** increased service capacity, reduced referrals, improved quality and access.
- **Impact:** improved health outcomes, reduced mortality, stronger county health system.

ANNEX 10.2 M&E RESULTS FRAMEWORK (LOGFRAME)

Impact Level Indicators

Impact Statement	Indicator	Baseline	Target	Data Source	Frequency	Responsible
Improved health outcomes for Busia residents	Maternal mortality ratio in Busia County	TBD	Reduced by 20% by year 5	DHIS2, County Health Reports	Annual	County Health M&E Unit
Reduced preventable deaths	Under-5 mortality rate	TBD	Reduced by 15%	DHIS2, Health Surveys	Annual	County Health

Outcome Level Indicators

Outcome Statement	Outcome Indicator	Baseline	Target	Data Source	Frequency	Responsible
Improved access to referral health services	% increase in inpatient admissions at referral level	TBD	+40% by year 2 of operation	Hospital records, DHIS2	Quarterly	Hospital Administrator
Reduced external referrals	Number of patients referred outside Busia County	TBD	-30% by year 2	Referral registers	Quarterly	County Referral Coordinator
Improved service quality	Patient satisfaction score (%)	TBD	≥ 80% satisfaction	Patient exit surveys	Biannual	Hospital M&E Officer
Improved emergency response	Average emergency response time (minutes)	TBD	≤ 15 minutes	ER logs	Monthly	ER Department

Output Level Indicators

A. Infrastructure Outputs

Output	Indicator	Baseline	Target	Means of Verification	Frequency	Responsible
Hospital facility constructed	% of construction completed	0%	100%	Engineer certificates, site reports	Monthly	County Engineer
Essential service blocks completed	# of blocks completed (OPD, wards, theatre, ICU, labs)	0	Minimum 6 key blocks	Completion certificates	Quarterly	Project Manager
Utilities installed	Electricity, water, sewerage	No	Yes (100%)	Utility reports,	Quarterly	Works

Output	Indicator	Baseline	Target	Means of Verification	Frequency	Responsible
	connections completed			inspection		Department

B. Equipment Outputs

Output	Indicator	Baseline	Target	Verification	Frequency	Responsible
Medical equipment installed	% of essential equipment procured and installed	0%	100%	Delivery notes, inspection reports	Quarterly	Procurement + Health Dept
ICT systems established	Hospital EMR/HMIS installed	No	Yes	System deployment report	Biannual	ICT Department

C. Governance & Compliance Outputs

Output	Indicator	Baseline	Target	Verification	Frequency	Responsible
Procurement compliant with KDSP II	% procurements compliant with PPADA + KDSP II	TBD	100%	Audit reports	Quarterly	Procurement Unit
EHS compliance ensured	# of EHS incidents recorded	TBD	0 major incidents	Incident logs	Monthly	Safety Officer
Community engagement conducted	# of stakeholder forums held	0	≥ 6 meetings	Attendance lists	Quarterly	Social Safeguards Officer

10.3 KEY PERFORMANCE INDICATORS (KPIS) DASHBOARD

This section is meant for monthly reporting to County leadership.

5.1 Construction KPIs	5.2 Procurement KPIs	5.3 Safeguards KPIs
• % physical progress vs plan • % financial absorption vs plan • of days behind schedule • of defects identified and corrected • of contractor non-compliance notices issued	• % contracts awarded within planned timeline • Average procurement cycle time (days) • No of Procurement complaints lodged and resolved • Audit queries raised	• No. of EHS incidents • No of grievances recorded and resolved • No of community complaints resolved within 30 days • % workers provided with PPE

10.4 DATA COLLECTION PLAN

Data Type	Tool/Method	Data Collector	Quality Assurance
Construction progress	Site visits, engineer certificates	Clerk of Works	Independent technical audit
Financial data	IFMIS/KDSP II reports	Finance Officer	Internal audit verification
Equipment delivery	Delivery notes, inspection	Procurement + Biomedical team	User acceptance testing
Community feedback	Forums, GRM logs	Social safeguards officer	CSO/Community validation
Health service utilization	DHIS2 and hospital registers	Hospital M&E	DHIS2 quality checks

10.5 MONITORING SCHEDULE

Activity	Frequency	Output
Site technical supervision	Weekly	Site supervision reports
Contractor progress meeting	Weekly	Minutes and action tracker
M&E progress reporting	Monthly	KDSP II performance report
Financial reporting	Monthly	Absorption report
Safeguards monitoring	Monthly	EHS & GRM report
Independent audit	Biannual	Audit report
Mid-term review	Year 2	Mid-term evaluation report
End-line evaluation	Completion	Final evaluation report

10.6 ROLES AND RESPONSIBILITIES

Stakeholder	Role
CECM Devolution	Oversight, coordination, escalation
CECM Health	Policy leadership, strategic direction
Chief Officer Health & Devolution	Day-to-day management and reporting
County Public Works Department	Technical day to day supervision and certification
Procurement Unit	Tendering, contract management
County Treasury	Disbursement, financial reporting
Hospital Project Manager	Coordination of implementation
M&E Officer	Data tracking, reporting, evaluation
Social Safeguards Officers	Stakeholder engagement, GRM
EHS Officer	Safety compliance monitoring
Independent Engineer/Auditor	Independent verification

10.7. REPORTING STRUCTURE

Reporting Products

Report	Audience	Frequency
Weekly site progress brief	County Secretary, CO Health	Weekly
Monthly KDSP II Progress Report	KDSP II Secretariat, County Treasury	Monthly
Quarterly Performance Review	County Executive	Quarterly
Safeguards Compliance Report	World Bank/KDSP II	Quarterly
Annual Development Report	County Assembly & public	Annual

10. 8 DATA QUALITY ASSURANCE (DQA)

To ensure credible reporting, the following will be enforced where applicable:

10.8.1 Accuracy (Data Correctly Reflects the Real-World Situation it is intended to measure)

Activity	Modality
Source Data Verification (SDV)	Compare reported figures with primary source documents (registers, patient files, invoices, stock cards).
Data Audits	Conduct periodic internal and external audits of data systems
Spot Checks and Field Visits	Random verification of reported outputs against physical evidence (e.g., equipment installed, wards completed).
Recalculation of Indicators	Recompute indicators from raw data to confirm reported results.
Double Data Entry Validation	Use two independent entries and compare discrepancies
Cross-checking with Supporting Documentation	Match financial and procurement data with contract documents and delivery notes.
Data Review Meetings	Monthly performance review meetings to validate reported statistics.

10.8.2 Completeness (All required data elements are captured and reported.)

Activity	Modality
Data Submission Tracking Logs	Maintain reporting schedules and checklists to monitor missing reports.
Mandatory Field Controls in Digital Systems	Configure HMIS or reporting systems to prevent submission with missing required fields.
Register Reviews	Regular checks to ensure all service areas maintain updated registers.
Gap Analysis	Identify missing variables or incomplete records in datasets.
Reconciliation Across Departments	Ensure all units (e.g., lab, maternity, pharmacy) submit data consistently.
Feedback to Reporting Units	Notify departments of incomplete reports and require correction within set timelines.

10.8.3 Timeliness (Data is reported within required deadlines and available when needed.)

Activity	Modality
Reporting Calendar Development	Establish clear timelines for monthly, quarterly, and annual reports.
Turnaround Time Monitoring	Track time between data collection and submission.
Escalation Mechanisms	Follow up late submissions through formal communication.
Real-Time Data Entry Systems	Implement electronic health records (EHRs) or DHIS2 integration for prompt reporting.

10.8.4 Integrity (Data is protected from unauthorized alteration and maintained securely.)

Activity	Modality
Access Controls	Assign user roles and permissions in digital systems.
Audit Trails	Enable system logs to track who enters, edits, or deletes data.
Data Backup Procedures	Routine backups (daily/weekly) stored securely.
Secure Storage of Paper Records	Lockable cabinets and controlled archive rooms.
Password Policies and Two-Factor Authentication	Strengthen system security.
Segregation of Duties	Separate roles for data entry, validation, and approval.

10.8.5 Consistency (Data remains uniform across time periods, tools, and reporting platforms.)

Activity	Modality

Standardized Data Collection Tools	Use uniform registers, templates, and indicator definitions
Data Reconciliation Across Systems	Compare HMIS, financial systems, and manual records for alignment.
Trend Analysis	Review historical data for unusual fluctuations or outliers.
Indicator Definition Guidelines	Develop and disseminate data dictionaries.
Inter-departmental Data Validation Meetings	Harmonize figures across departments before submission.
Regular Staff Training	Ensure consistent understanding of indicators and reporting procedures.

NB: Cross cutting data quality mechanism may include assigning a Data Quality Focal Person at the facility level.

10.9 EVALUATION PLAN

10.9.1 Types of Evaluation

Evaluation Type	Timing	Key Questions
Baseline assessment	Start of project	What is current referral burden and facility gap?
Mid-term evaluation	Year 2	Is the project on track? Are safeguards working?
End-term evaluation	Completion	Was the hospital delivered as planned?
Post-completion evaluation	Year 1 of operation	Is service delivery improving?

10.10 RISK REGISTER AND MITIGATION (M&E-LINKED)

Risk	Probability	Impact	Mitigation	Indicator
Delayed procurement	High	High	Procurement plan + early approvals	Procurement cycle time
Contractor underperformance	Medium	High	Penalty clauses, weekly monitoring	% schedule variance
Cost escalation	High	High	Strict BoQ controls, variation approvals	% budget variance
Community resistance	Medium	Medium	Stakeholder engagement, GRM	# grievances resolved
Safeguards violations	Medium	High	EHS compliance audits	# incidents
Political interference	Medium	High	Governance committees	# escalated disputes

10.11 GRIEVANCE REDRESS MECHANISM (GRM) FRAMEWORK

GRM Element	Requirement
Entry points	Suggestion box, hotline, chief's office, hospital office
Logging system	GRM register (digital + physical)
Resolution timeline	14–30 days
Escalation	Project committee → County Secretary → Ombudsman
Reporting	Monthly GRM summary

10.12 M&E TOOLS AND TEMPLATES (RECOMMENDED)

The project will adopt standardized templates including:

1. Monthly Physical Progress Template
2. Financial Absorption Report Template
3. Site Supervision Checklist
4. EHS Compliance Checklist
5. Stakeholder Engagement Attendance Register

6. GRM Complaint Form
7. Risk Log Template
8. Action Tracking Matrix
9. Equipment Acceptance Form
10. Commissioning Readiness Checklist

10.13 PERFORMANCE SCORECARD (SAMPLE)

Domain	Weight	Indicator	Score
Construction progress	30%	% progress achieved	/30
Financial absorption	20%	% disbursed vs planned	/20
Quality compliance	20%	Defects resolved	/20
Safeguards	15%	Incidents and GRM	/15
Governance & reporting	15%	Timely reporting	/15
Total	100%		/100

10.14 KEY M&E DELIVERABLES (KDSP II COMPLIANCE)

This framework supports the following KDSP II deliverables:

- Evidence-based planning and reporting
- Value for money tracking
- Safeguards and compliance monitoring
- Citizen engagement documentation
- Transparent reporting and audit readiness

10.15 SUGGESTED INSTITUTIONAL STRUCTURE FOR IMPLEMENTATION

County Hospital Project Steering Committee

- CECM Health/Finance/Devolution
- Chief Officer Devolution /Health/Finance
- County Engineer
- Procurement Head
- County Attorney

- KDSP II Focal Person
- Representative of Community/ Hospital board

Project Management Committee (PMC)

Composition;
- Project Manager
- Works Engineers
- M&E Officer
- Safeguards Officers (E&S)
- Biomedical Engineer
- ICT Officer
- Quantity Surveyor

Roles;
- Track and report on construction performance and adherence to established standards
- Ensure compliance to KDSP II and World Bank requirements
- Monitor safeguards
- Prepare audits and progress reports
- Ensure financial accountability
- Lead stakeholder engagement in all phases

10.16 CONCLUSION

The M&E Framework, together with other arrangements will ensure that Busia County can:
- Track **construction performance**
- Demonstrate **financial accountability**
- Meet **KDSP II and World Bank compliance standards**
- Monitor **safeguards**
- Prepare for **successful commissioning and operationalization**
- Produce evidence for audits and performance contracts

Name Fsypson J. Hafala 30th October 2025

Designation Chief officer Department Health & Sanitation

COUNTY GOVERNMENT OF BUSIA
DEPARTMENT OF HEALTH & SANITATION
CHIEF OFFICER MEDICAL SERVICES
OCT 2025
P. O. Box 1040 - 50400, BUSIA (K)