COUNTY GOVERNMENT OF SIAYA

DEPARTMENT OF GOVERNANCE, ADMINISTRATION AND ICT

SECOND KENYA DEVOLUTION SUPPORT PROGRAM (KDSP II)
County Annual Investment Plan and Budget - FY2025/26

1. Introduction

This is the County Annual Investment Work Plan and Budget for the Project: **Siaya County Referral - Mother Child Hospital complex** component in the Department of Health. The proposed project will be funded under the Second Kenya Devolution Support Program (KDSP II) which is funded by the World Bank. The project estimated cost is Kshs 400 million.

The County Government of Siaya implements devolved functions through departments and agencies. On annual basis, the County appropriates funds in three broad categories: personal emoluments (P.E), operations and maintenance (O.M) and Development (D). The County is participating in the Second Kenya Devolution Support Program (KDSP II) following the Participation agreement signed in 2024. KDSP II main objective is to strengthen county performance in the financing, management, coordination, and accountability for resources. It is a program for results (PforR) and augments county resources on the basis of results achieved. Funds are channelled to counties through two levels:

Level 1: Institutional Strengthening
Level II: Service Delivery Investments

This is an investment plan for Level II Grant for the FY: 2025/2026. Amount of funding will be based on achievement of results as specified in the disbursement linked indicators 3 – 7. The maximum that the county can receive is **Kshs.352.5** million. The County plans to invest the entire amount on County Referral Hospital component of Mother Baby Hospital Complex.

The Second Kenya Devolution Support Program (KDSP II) Service Delivery Investment Work Plan for the FY: 2025/2026 was prepared by the County Program Implementation Unit. The Plan was prepared in consultation with

relevant KRAs implementing agencies, Department of Health and verified by the County Program Technical Committee (CPTC) and approved by the County Program Steering Committee (CPSC).

Key documents that formed the basis for the preparation of this plan were the County Integrated Development Plan (CIDP), Medium Term Expenditure Framework (MTEF), Annual Development Plan (ADP), the KDSP II Program Operations Manual (POM), and the KDSP II Program Appraisal Document (PAD).

Annex 1 is project concept note; annex 2 is the pre-feasibility study and annex 3 is feasibility study.

2. Context

The county Government of Siaya through the Health sector has a goal of providing accessible, quality and affordable health care. The sector priorities in the CIDP period 2023/27 are:

- Preventive and Promotive Health services
- Curative, Biomedical, Rehabilitative, and Referral Health services
- Health financing
- Digital health management

County priorities are consistent with the Sustainable Development Goals No.3 on Good Health and Well Being - Ensure Healthy Lives and Promote Well-Being for All at All Ages. It will also enable the county contribute to the realization of Article 43(1) of the Constitution of Kenya on Economic and Social Rights. It states that: Every person has the right—

(a) To the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

To realize the curative, biomedical, rehabilitative and referral health, the plan espoused the following strategies:

- Construction and maintenance of new and existing health infrastructure
- Support the optimal operation of existing level 1, 2 and 3 health facilities
- Strengthen the supply chain for medical supplies and commodities
- Establish a framework for Integrated Research and Innovation

One of the key outputs of the sector during the plan period is complexes constructed and equipped with KPI Hospital complex constructed & Equipped in Siaya, Bondo and Yala o be tracked during the period.

CADP 2025/2026 Strategic Priorities of the Sector

- Eliminate communicable diseases (Malaria, TB, HIV/AIDS, immunizable diseases, diarrhoea, and pneumonia)

- Reduce the Burden of Violence and Injury (Including Sexual and Gender Based Violence (SGBV)
- Improve the provision of essential health services (maternity, new-born, nutrition, inpatient, general outpatient, specialised outpatient, theatre, diagnostic services).
- Halt and reverse the rising burden of non-communicable diseases (NCDS) - cardiovascular diseases, diabetes, and cancers.
- Review staff establishment to inform recruitments and career development.

3. Investment prioritization

- The county government of Siaya prioritized only one project the Siaya County Mother Child Hospital complex having reviewed the programme conditions and the CIDP2023/27 and CADP 2025/26.

4. County Investment Plan and Budget FY2025/ 2026

Project title	Estimated Cost
Proposed construction and equipping of the Siaya County Referral mother baby Hospital complex	Ksh. 400M

Siaya County, with nearly 1 million residents, faces critical healthcare strain. The current referral hospital operates at 150% capacity, serving over 40,000 women and 10,000 children annually. Kenya's maternal mortality rate stands at 530 per 100,000 live births, while infant mortality in Western Kenya reaches 110 per 1,000, more than triple the national average. Women and children account for 70% of all hospital visits, highlighting the urgent need for a purpose-built maternal-child facility.

In their post visit report, the Kenya Medical and Practitioners and Dentists Council boldly highlighted the existing infrastructural gaps that made it impossible for the Siaya county referral hospital to function as a level five hospital and this made the regulator to downgrade the hospital level back to level four from five.

Among the key areas of infrastructural focus for a level five facility includes dedicated maternity theatres, paediatric intensive care unit, new-born intensive care unit, dedicated ultrasonography room and simulation room for clinical teaching among others.

As a response to AN ACT of the County Assembly of Siaya to give effect to Articles 43(1)(a) of the Constitution; to establish a framework for addressing reproductive, maternal, new-born, child, and adolescent health issues and for connected purposes (Siaya County RMNCAH Act 2024). The facility will serve the most vulnerable populations and reduce mortality through better

emergency obstetric care, NICU access, and high-risk pregnancy management. Economically, it offers cost-effectiveness, revenue potential, and job creation. The new mother baby wing will host the following units:

Key areas	Number of beds
Maternity ward with labour and delivery, post-natal, post cs room (5 beds for labour and delivery)	50
New Born Unit	30
New Born Intensive Care Unit	10
Kangaroo Unit	40
Paediatrics Wards (Medical + Surgical)	40
VIP rooms (10 beds)	10
Gynaecology Surgical Ward	35
Sick Mother Ward	35
TOTAL NOMBER OF BEDS	250
Other accessory spaces	
In Patient Laboratory	1
Maternity Theatre 1 (3 beds)	3
Doctors Call Room	2
Nursing Offices	1
Boardroom	1
Pantry Room	1
Conference Room	1
Registry	1
Ultrasound Room	1
Breast Feeding Room	1
Billing Office	1
Counselling Room	2
Social Welfare Room	1

Key areas	Number of beds
SHIF/SHA Office	1
Nutrition Office	1
Clinical simulation room	1
Hospital Library/Resource Centre	1
Side room	1

The project meets criteria for level II grants as it is aligned to the requirements of level II grant that includes;

a) The project cost estimated at 400 million and thus more than the 50million grant threshold
b) The project is in the county annual development plan FY2025/26
c) A concept note has been formulated and attached as part of the documents
d) Pre and Feasibility studies have been done and reports attached
e) Screening for climate and disaster, social and environmental risks done as per the guideline provided by NCPU

The project budget summary is as detailed below:

Implementation phase	**Component**	**Cost**	**Source of Funds**
Phase I: Construction of sub and super structure	Particular Preliminaries	6,800,000	Phase I: KDSP II Level II of Ksh. 352.5 million and County Government Co-funding of Ksh. 100 million
	General Preliminaries	5,500,000	
	Builder Works	220,000,000	
	Mechanical works	91,400,000	
	Electrical Works	41,300,000	
	Provisional Sums (potential costs that may arise during the project implementation such as variation in quantities of materials, unknown site conditions, inflation cost and potential design changes. It also include contingency cost)	35,000,000	
	TOTAL	**400,000,000**	

Table 3: Proposed Implementation Timeline

Phase	**Months**	**Key Activities**
Planning & Design	1–6	Architectural design, impact assessment, procurement
Construction	7–20	Civil works, infrastructure, equipment installation
Commissioning	21–24	Recruitment, equipment testing, community outreach

Gantt chart is as shown below

WORK-PLAN FOR SIAYA COUNTY REFERRAL MOTHER-BABY HOSPITAL COMPLEX

S/NO.	ACTIVITIES	ITEMS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	PRELIMINARY STAGE	Planning, designs, tendering, site preparation stages																							
2	CONSTRUCTION STAGE	Sub-structures, R.C Super-structure, Walling, Roofing, Fittings, Finishes and Decorations, Fxtures and Capentry works, M/E provisions																							
3	M/E INSTALLATIONS	M/E fittings																							
4	CIVIL WORKS	Paved areas, storm water control drainages and landscaping works																							
5	EQUIPPING STAGE	Machines installation and furnishing works																							
6	TESTTING AND COMMISSIONING	Testing and commisioning progressively																							

Expected outcomes

Table 1: Health Indicators

Indicator	Baseline	Target (Year 3)	Source
Maternal Mortality Ratio	99/100,000	70/100,000	Hospital records
Neonatal Mortality Rate	32/1,000	22/1,000	DHIS2
Skilled Birth Attendance	85%	95%	County health reports
Patient Satisfaction Score	65%	85%	Patient surveys

In addition, the project is expected to create over 200 direct jobs and 500 indirect jobs. Revenue generation is projected at Ksh 150 million annually by Year 3, with cost savings of up to Ksh 20 million due to reduced referrals. Approximately 50,000 more women and children will be served annually, and patient travel costs are expected to reduce by 60%.

Implementation modalities and time frame

There shall be formed a project monitoring team with experts from both the health department and the department of works. Further supervision will be done by the CPIU team

The following steps will be followed during the procurement process.

i. The department will draw a building plan and acquire the necessary approvals from the necessary bodies
ii. The quantity surveyor will draw a detailed Bills of Quantities for further approval
iii. Tender documents will be floated in the e-GP
iv. Applications will be received within the set times and tender opening will be done as guided by the existing e-GP guidelines
v. Award of tender
vi. Site handover

Table 1: County Investment Budget FY2025/2026

No.	Activity*	Time frame		Budget	Source of Fund
		Start date	End date		
	Phase I				
1	Feasibility and approvals	Sept - 2025	October-2025	3,050,000	KDSP II LEVEL II Grant and Co-funding by CGS
2	Design and architectural plans	Sept-2025	October 2025	8,500,000	
3	Tendering and procurement	Nov-2025	Nov 2025	750,000	
4	Builders Works	DEC 2025	Nov-2026	220,000,00	
5	Mechanical Works	DEC 2026	Jun-27	91,400,000	
6	Electrical Works	DEC 2026	Jul-2027	41,300,000	
7	Provisional Sums	DEC	Jul-2027	35,000,000	

Table 1: County Investment Budget FY2025/2026					
No.	Activity*	Time frame		Budget	Source of Fund
		Start date	End date		
		2025			

THE GOVERNOR
HON. JAMES ORENGO

SIGNATURE:.....
DATE:7/11/2025.....

COUNTY PROGRAM COORDINATOR
MR. PETER LIGULU

SIGNATURE:.....
DATE:7/11/2025.....

LEVEL 2 WORK PLAN FOR FY: 2025-26

Annexes

Annex 1: PROJECT CONCEPT NOTE

SIAYA COUNTY MOTHER-BABY HOSPITAL COMPLEX

Field	Details
Project Name:	Siaya County Referral Level 5 Hospital Mother-Baby Complex
Project Reference Number:	SIAYA-MBC-2025-001
Department:	Health Department - Siaya County Government
Budget Vote (where applicable):	3110202 Construction of buildings, non-residential
Estimated Project Cost:	Building and construction KES 450 Million Equipping KES 250 Million Total 700 Million
Sector:	Health
Accounting Officer:	Chief Officer of Health – Health
Official Contact Details:	Email:siayachd@gmail.com Telephone: +254-0713236199 Postal Address: P.O. Box 597 - 40600 Siaya .Physical Address: Siaya County Government Headquarters
Project Threshold:	Major Infrastructure Project
Project Geographic Location:	**County:** Siaya **Sub-County:** Alego Usonga **Ward:** Siaya Township **Village:** Karapul **GPS Coordinates:** Latitude 0.064370⁰ Longitude 34.285990⁰
Planned Start Date:	Dec- 2025
Planned End Date:	Jun-2027
Date of Submission:	30th September 2025
SECTION 2: PROJECT BACKGROUND	
1. Situation Analysis	

Current Situation: Siaya County, with a population of nearly 1 million residents, faces critic healthcare challenges, particularly in maternal and child health services. The current Siay County Referral Hospital operates at 150% capacity, creating significant strain on existir infrastructure and compromising quality of care. The facility serves over 40,000 women an 10,000 children annually, highlighting the urgent need for expanded capacity. The county maternal and child health indicators are concerning, with Kenya's national maternal mortalit rate standing at 530 per 100,000 live births, while infant mortality in Western Kenya reache 110 per 1,000 live births - more than triple the national average. Women and children accour for 70% of all hospital visits in the county, demonstrating the disproportionate burden o existing facilities.

In the backdrop of this situation, the Siaya County Government and its development partner intend to establish and operationalize a level 5 facility on the existing 35-acre land at the Siay County Referral hospital. Currently Siaya County Referral Hospital is a level 4 facility Categorization of a level 5 facility depends on infrastructural capacity and service provisio categories. The human resource available can support the functionality of a level 5 hospita

however; the infrastructure available delimits its operation as a level 5 hospital. The CIDP 202 2027, the CADP 2025-2026 and the MTEF budget 2025-2026 proposed the upgrading of t Siaya County Referral Hospital to a level 5 hospital. This intervention will entail the on-goi phase 1 construction of L- shaped in-patient complex and phase III construction of an accide and emergency wing which will be funded by the National Government. In addition, the upgra also includes the construction of a C- shaped mother - baby hospital funded by KDSP level support and the County Government of Siaya as phase II of the project as indicated in the tal below;

Implementation Phases	Area of Focus	Source of Funds
Phase I	Construction of L-shaped in patient complex	National Government
Phase II	Construction of C-shaped Mother- Baby Complex	KDSP II Level II Grant & Co-funded by CGS
Phase III	Construction of an accident and emergency wing	CGS & Partners

(b) Past and On-going Interventions: Previous interventions have included:

- Upgrading of the existing referral hospital facilities including the construction of a surgical and ICU complex
- On-going construction of the inpatient complex (L-shaped)
- Training of healthcare workers in maternal and child health
- Implementation of community health programs
- Partnership with development organizations for equipment provision
- Despite these efforts, the gap between demand and capacity continues to widen, necessitating a dedicated facility for maternal and child health services.

2. Problem Statement

(a) Nature of the Problem: The primary problem is inadequate specialized maternal and child health infrastructure in Siaya County, resulting in:

- Overcrowded general hospital facilities; both at out-patient and in-patient level.
- Limited emergency obstetric and neonatal care capacity
- High maternal and infant mortality rates
- Reduced quality of care due to resource constraints
- Long waiting times and delayed interventions

(b) Scope of the Problem: The problem affects the entire county population of nearly 1 million people, with direct impact on:

- Over 40,000 women requiring maternal health services annually
- More than 10,000 children requiring paediatric care annually
- Families seeking emergency obstetric and neonatal services
- Healthcare workers operating under strained conditions

(c) Causes and Effects: Direct Causes:

- Insufficient specialized maternal and child health facilities
- Limited bed capacity for high-risk pregnancies and paediatric cases

- Inadequate equipment for emergency obstetric and neonatal care

Indirect Causes:

- Historical underinvestment in healthcare infrastructure
- Rapid population growth outpacing healthcare development
- Limited county revenue for large-scale health infrastructure projects
- Devolution thus leaving the infrastructural burden solely on county governments

Effects:

- High maternal mortality rates (99/100,000 live births - county baseline)
- Elevated neonatal mortality rates (32/1,000 live births)
- Patient referrals to distant facilities, increasing costs and delay in management
- Reduced skilled birth attendance rates (85% county baseline)
- Outmigration of skilled workforce

(d) Alternative Options: Alternative options considered include:

- Expanding existing referral hospital capacity through construction of modern infrastructure
- Establishing multiple smaller health centres
- Public-private partnerships for service delivery
- Mobile health services for remote areas
- Embracing of telemedicine concept

3. Relevance of the Project Idea

(a) Linkage to National/County Development Plans: The project aligns with:

- Kenya Vision 2030: Supports the goal of providing equitable and affordable healthcare
- Fourth Medium Term Plan (MTP IV) 2023-2027: Contributes to universal health coverage objectives
- Siaya County Integrated Development Plan (CIDP) 2023-2027: Directly supports health sector strategic objectives
- County Annual Development Plan: Prioritizes maternal and child health infrastructure

(b) Sector Strategic Alignment: The project contributes to:

- Reduction of maternal and neonatal mortality rates
- Achievement of universal health coverage targets
- Strengthening of county health systems
- Improvement of health outcomes for vulnerable populations

(c) Demand Indicators: Quantitative demand indicators include:

- Current hospital occupancy rate: 150% of capacity
- Annual maternal health service users: 40,000 women
- Annual paediatric service users: 10,000 children
- Projected 20% increase in service demand over next 5 years
- Current skilled birth attendance rate: 85% (target: 95%)

4. Needs Assessment

(a) Target Beneficiaries:

Primary Beneficiaries: Pregnant women, mothers, new-borns, and children in Siaya County
Secondary Beneficiaries: Families and communities served by improved maternal and child health services.

(b) Estimated End Users:	
• Direct beneficiaries: Approximately 50,000 women and children annually • Indirect beneficiaries: 250,000 family members and community members • Geographic coverage: Entire Siaya County and neighbouring regions	
(c) Physical Demand Assessment:	
• Current demand: 40,000 women + 10,000 children = 50,000 users annually • Projected demand (Year 3): 60,000 users annually (20% growth rate) • Emergency cases: Estimated 5,000 emergency obstetric and neonatal cases annually	
(d) Proposed Physical Capacity:	
• Total bed capacity: 250 beds • Maternity ward: 20 beds • Neonatal ICU: 10 beds • Paediatric wards: 35 beds • General maternal and child health beds: 185 beds	
(e) Benefits Assessment: Main Benefits:	
Reduced maternal and infant mortality rates Improved access to specialized maternal and child health services Reduced patient travel costs and time Enhanced quality of care through dedicated specialized facilities	
External Benefits:	
• Job creation (200+ direct jobs, 500+ indirect jobs) • Economic development through improved health outcomes • Regional healthcare hub development • Increased own source revenue	
Negative Effects:	
• Potential brain drains from other health facilities and diaspora • Initial disruption during construction phase	
SECTION 3: SCOPE OF THE PROJECT	

DRAFT FOR PLAN FOR CY: 2025-26

The project scope encompasses the construction and operationalization of a 250-bed Mother-Baby Complex including:	
Physical Infrastructure:	
• 3,145 sqm Mother Child Complex Wing • Specialized maternity wards with labour and delivery suites • Neonatal Intensive Care Unit (20-bed capacity) • Paediatric emergency department • Obstetric surgical theatres • Diagnostic and imaging services • Family-centred care units • Support facilities (pharmacy, laboratory, nutrition center)	
Equipment and Technology:	
• Medical equipment for maternal and child health services • Diagnostic and imaging equipment • Emergency response equipment • Information management systems	
Human Resources:	
• Recruitment and training of general and specialized staff • Capacity building programs • Continuous professional development • Placement/internship opportunities for students	
Service Delivery:	
• 24/7 emergency obstetric and neonatal care • Antenatal and postnatal care services • High-risk pregnancy management • Paediatric subspecialty services • Family planning services	
SECTION 4: LOGICAL FRAMEWORK	
1. Goal	
Goal Statement: Contribute to the reduction of maternal and child mortality in Siaya County and achievement of universal health coverage by 2027. **Indicator:** Reduction in county maternal mortality ratio from 99/100,000 to 70/100,000 live births by 2027. **Data Source:** County health records, DHIS2, hospital statistics.	

2. Project Objectives/Outcomes

WORK PLAN FOR FY 2025-26

Outcome	Indicator	Means of Verification
Outcome 1: Reduced maternal mortality in Siaya County	Maternal mortality ratio reduced from 99/100,000 to 70/100,000 live births	Hospital records, DHIS data
Outcome 2: Reduced neonatal mortality	Neonatal mortality rate reduced from 32/1,000 to 22/1,000 live births	County health reports facility data
Outcome 3: Increased skilled birth attendance	Skilled birth attendance increased from 85% to 95%	Patient records, county health reports
Outcome 4: Improved patient satisfaction	Patient satisfaction score increased from 65% to 85%	Patient satisfaction surveys

3. Proposed Project Outputs

Output	Indicator	Means of Verification
Output 1: 250-bed Mother-Baby Hospital Complex constructed	1 fully equipped hospital complex with 250 beds operational	Facility inspection reports occupancy records
Output 2: Specialized maternal and child health services established	7 specialized service units operational (NICU, maternity, paediatric wards, etc.)	Service delivery reports, patient records
Output 3: Healthcare workforce capacity enhanced	200+ healthcare workers recruited and trained	HR records, training certificates
Output 4: Quality assurance systems implemented	Accreditation standards met and maintained	Accreditation certificates, quality audits

4. Project Activities and Inputs

Output	Major Activities	Required Inputs
Output 1: Hospital Complex Construction	• Site preparation and civil works • Construction of main hospital building • Installation of utilities and systems • Equipment procurement and installation	• Land acquisition • Construction materials • Contractors and labour • Medical equipment • Utilities infrastructure
Output 2: Service Establishment	• Service design and protocol development • Equipment calibration and testing • Service integration planning • Quality assurance setup	• Technical expertise • Training materials • Service protocols • Quality standards

Output 3: Workforce Development	• Staff recruitment • Specialized training programs • Capacity building workshops • Mentorship programs	• Training budget • Expert trainers • Training facilities • Educational materials
Output 4: Quality Assurance	• Standards development • Accreditation preparation • Monitoring systems setup • Continuous improvement processes	• Quality expertise • Monitoring tools • Accreditation fees • Assessment systems

5. Project Logical Framework Matrix

Narrative	Indicators	Sources/Means of Verification	Assumptic
Goal (CIDP 2023-2027): Improved health outcomes for women and children in Siaya County	• Maternal mortality ratio: 99/100,000 to 70/100,000 • Neonatal mortality rate: 32/1,000 to 22/1,000 • Under-5 mortality rate improved	County health reports, DHIS2, National surveys	• Political stability maintainec • Continue governmen support for health
Project Purpose: Establish specialized maternal and child health services in Siaya County	• 250-bed hospital complex operational • 50,000+ patients served annually • Service availability 24/7	Hospital records, patient registers, service reports	• Adequate staffing maintained • Equipmer remains functional
Outcome 1: Reduced maternal mortality	Maternal mortality ratio reduced by 30%	Hospital statistics, death audits	• Skilled st available • Equipmer functional
Outcome 2: Reduced neonatal mortality	Neonatal mortality rate reduced by 31%	Birth registers, NICU records	• NICU fully operational • Specialize equipment available
Output 1: Hospital complex constructed	3,145 sqm facility with 250 beds	Construction completion certificate, facility inspection	• Funding available • No major constructio delays

Output 2: Specialized services operational	7 specialized units functional	Service delivery reports, patient flow data	• Staff tra and deplo • Equipme installed
Key Activities:			
• Site preparation and construction	Construction milestones achieved	Progress reports, site inspections	• Weather conditions favourable • Material available
• Equipment procurement and installation	Equipment delivered and commissioned	Delivery notes, commissioning reports	• Procurer processes smooth • Technica support available
• Staff recruitment and training	Target number of staff recruited and trained	HR records, training certificates	• Qualified candidates available • Training programs effective

SECTION 5: INSTITUTIONAL ARRANGEMENTS

1. Institutional Mandate
The Siaya County Government, through the Department of Health, has the constitutio mandate to provide healthcare services to county residents. Under the Fourth Schedule of Constitution of Kenya 2010, county governments are responsible for:
County health services including county health facilities and pharmacies
Ambulance services
Promotion of primary healthcare
Licensing and control of undertakings that sell food to the public
County public health services
Pre-primary education, village polytechnics, home craft centres, and childcare facilities
This project directly supports the county's mandate by establishing specialized maternal a child health services, contributing to improved health outcomes and universal health covera objectives.
2. Management of the Project
Technical Capacity: The Siaya County Department of Health demonstrates adequate capac through:
Existing management of Siaya County Referral Hospital
Experience in health infrastructure projects
Qualified health management team
Established health service delivery systems
Managerial Capacity:

County Executive Committee Member for Health provides political oversight
Chief Officer Health provides technical leadership
Hospital management team with experience in facility operations
Project implementation committee to be established for purposes of project supervision
Financial Capacity:
County Treasury with experience in large-scale project financial management
Established financial management systems
Previous experience with development partner funding
Dedicated project accounts and financial controls
Timely financial report generation for stakeholder reporting
Human Resources:
Current health workforce of 1000+ staff
Management team with relevant qualifications and experience
Plans for additional recruitment of specialized staff
Partnerships with training institutions for capacity building
Addressing Capacity Gaps:
Technical assistance from development partners
External expertise for specialized areas (NICU, obstetric surgery)
Training/coaching programs for existing and new staff
Mentorship arrangements with established facilities
Telemedicine approach
3. Monitoring and Evaluation Arrangements
M&E Framework:
Results-based monitoring system aligned with county health strategic plan
Monthly progress reporting on construction and implementation milestones
Quarterly service delivery and outcome monitoring
Annual impact assessment and evaluation
Monthly independent assessment by KDSP II committee
Resources for M&E:
Dedicated M&E unit within the Department of Health
Budget allocation for M&E activities (2% of project budget)
Data collection tools and systems
External evaluation budget for independent assessments
Responsible Parties:
Project Manager: Overall project monitoring and coordination
M&E Officer: Data collection, analysis, and reporting

Department of Health: Policy oversight and strategic direction
Hospital Management: Operational monitoring and service delivery tracking
Reporting Mechanisms:
Monthly progress reports to County Executive Committee
Quarterly reports to County Assembly Health Committee
Annual reports to development partners and stakeholders
Real-time dashboard for key performance indicators
Data Collection and Analysis:
Health Information Management System (HIMS) integration
Patient satisfaction surveys
Staff performance monitoring
Financial tracking and expenditure analysis
Clinical outcome monitoring
Learning and Improvement:
Quarterly review meetings with stakeholders
Best practices documentation and sharing
Adaptive management based on lessons learned
Peer learning exchanges with similar facilities

4. Risk and Mitigation Measures

Risk	Likelihood	Risk Impact	Mitigation Strategy
Construction delays due to weather or supply chain issues	Medium	Medium	• Detailed construction timeline with buffer periods • Multiple supplier contracts • Weather contingency plans
Cost escalation beyond budget	Medium	High	• Detailed cost estimates with 10% contingency • Fixed-price contracts where possible • Regular cost monitoring and control
Difficulty recruiting specialized staff	High	High	• Early recruitment processes • Competitive remuneration packages • Partnerships with training institutio • International recruitment if necessa
Equipment procurement delays	Medium	Medium	• Early procurement processes • Multiple supplier engagement • Phased equipment deployment
Community resistance or inadequate buy-in	Low	Medium	• Extensive community engagement • Stakeholder involvement in planning • Regular community updates and feedback sessions
Inadequate recurrent	Medium	High	• Multi-year budget commitments

funding for operations			• Revenue generation strategies • Development partner support for initial operations
Political changes affecting project continuity	Low	High	• Cross-party consensus building • Legal agreements and commitment • Integration in statutory county plan

5. Project Stakeholders Management

Stakeholder	Level of Influence	Engagement Strategy
County Government Executive	High	• Regular briefings and progr updates • Inclusion in key decision-making • Political support mobilization
County Assembly	High	• Formal presentations and approvals • Budget approval processes • Oversight and accountabi engagement
Community Members	Medium	• Public participation forums • Community representatives on pro committee • Regular information sharing a feedback
Healthcare Workers	High	• Staff consultations and involvement • Training and capacity build programs • Career development opportunities
Development Partners	High	• Regular coordination meetings • Joint monitoring and evaluation • Technical assistance and fund partnerships
National Government (Ministry of Health/Defence)	High	• Policy alignment and compliance • Technical guidance and support • Integration with national hea systems
Private Sector	Low	• Partnership opportunities • Local procurement preferences • Corporate social responsibil engagement
Civil Society Organizations	Medium	• Advocacy and awareness raising • Community mobilization support • Independent monitoring and feedbac

6. Project Readiness

(a) Preliminary and Detailed Designs:
• Preliminary designs completed based on feasibility study • Detailed architectural and engineering designs to be finalized during project

preparation phase • Design approval process to be completed before construction commencement
(b) Land Acquisition:
• Project site identified within existing county government land • Land ownership verification and documentation in progress • No additional land acquisition required, reducing implementation risks
(c) Regulatory Approvals:
• Environmental Impact Assessment (EIA) to be conducted as per EMCA requirements • Building permits and construction approvals to be obtained • Health facility licensing requirements to be met
(d) Government Agencies and Stakeholder Involvement:
NEMA: Environmental compliance and EIA approval
Ministry of Health: Policy guidance and technical standards
Ministry of Defence: Technical supervision of construction works
Public Procurement Regulatory Authority (PPRA): Procurement oversight
Kenya Bureau of Standards: Equipment and construction standards compliance
County Assembly: Budget approval and legislative oversight
(e) Inter-agency Consultations:
• Coordination with Ministry of Health/Defence on standards and protocols • Collaboration with other counties for best practices sharing • Partnership discussions with training institutions for workforce development • Coordination with development partners for technical assistance
Project Phasing and Scaling: The project can be implemented in phases if necessary:
Phase 1: Essential maternal services (maternity ward, basic NICU)
Phase 2: Paediatric services and specialized units
Phase 3: Advanced diagnostic and support services
Scaling down options include reducing bed capacity or deferring non-essential component while maintaining core maternal and child health services.
SECTION 6: FINANCIAL INFORMATION
1. Capital Cost KES 898,000,000 to Complete the Project:
(a) Consultancy, detailed design, and legal fees: KES 15,000,000 **(b) Land acquisitio costs:** KES 0 (County government land) **(c) Site access, preparation, and utility:** KE 20,000,000 **(d) Construction:** KES 150,000,000 **(e) Plant and equipment:** KE 15,000,000 **(f) Fixtures and fittings:** KES 3,000,000 **(g) Other capital cost (contingency):** KES 2,000,000
Total Capital Cost: KES 500,000,000
2. Recurrent Costs (KES) to Complete the Project:
(a) Labour cost: KES 8,000,000 (project implementation period) **(b) Operating costs:** KE 3,000,000 **(c) Maintenance costs:** KES 1,000,000 **(d) Others (training, capacit building):** KES 3,000,000
Total Recurrent Cost: KES 15,000,000

3. Total Cost Breakdown by Financial Year			
Component	**FY1 (2025/26)**	**FY2 (2026/27)**	**Total (Kshs)**
Capital Costs	438,500,000	250,000,000	688,500,000
Recurrent Costs	11,300,000	198,000,000	209,500,000
Total	449,800,000	448,000,000	898,000,000

4. Proposed Source of Financing

(c) County government contribution and development partner

- Kenya Devolution Support Program (KDSP II): 78% (KES 352,000,000)
- County Government contribution: 22% (KES 100,000,000)

5. Cost Implications to Other Related Projects

- **Related Projects Required:**
- Staff housing development; there exists affordable housing units adjacent to the proposed hospital.
- Access road improvements: project currently on-going
- Utility connections and upgrades: KES 2,500,000
- Waste management systems: there are existing waste management infrastructures.

Land Expropriation: No land expropriation required as project will be implemented on existing county government land.

Total Related Project Costs: KES 2,500,000

SECTION 7: OPERATIONAL SUSTAINABILITY

Post-Implementation Operations

(a) Ownership and Operation: The Siaya County Mother-Baby Hospital Complex will be owned and operated by the Siaya County Government through the Department of Health. The facility will be integrated into the existing county health system with dedicated management structure.

Asset Management:

- Comprehensive asset register to be maintained
- Preventive maintenance schedules to be implemented
- Equipment lifecycle management plans
- Infrastructure maintenance and replacement reserves

(b) Organizational Capacity:

Technical Capacity:

- Recruitment of 200+ specialized healthcare workers
- Continuous professional development programs
- Partnerships with medical schools for residency and internship programs
- Telemedicine capabilities for specialist consultations

Managerial Capacity:

- Hospital management team with relevant qualifications and experience
- Financial management systems and controls
- Quality assurance and improvement programs
- Patient safety and risk management systems

Financial Capacity:
• Revenue generation through Social Health Insurance Fund (SHA/SHIF) • Private patient services • Insurance schemes and partnerships • County government budget allocation for operations
(c) Operating Cost Coverage:
Annual Operating Costs (Projected Year 3):
(i) Personnel/Labour Costs: KES 198,000,000 annually **(ii) Operation and Maintenance Costs:** KES 25,000,000 annually **(iii) Other Costs (utilities, supplies, etc.):** KES 20,000,000 annually **Total Annual Operating Costs:** KES 243,000,000
Revenue Sources:
(iv) SHA/SHIF Revenue: KES 100,000,000 annually **Private Patient Revenue:** KES 35,000,000 annually **County Budget Support:** KES 225,000,000 annually **Insurance and Other Revenue:** KES 15,000,000 annually **Total Projected Revenue:** KES 375,000,000 annually
Net Annual Surplus: KES 132,000,000 (for reinvestment and reserves)
Sustainability Measures:
• Multi-year county budget commitments • Revenue diversification strategies • Cost recovery through user fees where appropriate • Efficiency improvements and cost containment measures • Development partner support for initial operational costs

SECTION 8: HAZARD ASSESSMENT AS PER ANNEX 5

#	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	Project site is not located near flood-prone water bodies
2	**Urban flood**	Is the project located in an urban area prone to flooding?	Yes	Siaya town experiences occasional flooding during heavy rains. Mitigation: Proper drainage systems and elevated construction
3	**Coastal flood**	Is the project located in a low-lying coastal area prone to storm surges or coastal flooding?	No	Project is inland, nc in coastal area
4	**Backflow**	Is the project located in an area prone to backflow flooding?	No	No backflow floodin issues identified in the area
5	**Landslide/mudslide**	Is the project located on or near slopes prone to landslides?	No	Project site is on relatively flat terrair

6	**Geological hazards**	Is the project located in an area with geological hazards?	No	No significant geological hazards identified in the project area
7	**Wildfire**	Is the project located in a vegetated area prone to wildfires?	No	Urban location wit minimal wildfire ri
8	**Drought/water scarcity**	Is the project dependent on water resources susceptible to droughts?	Yes	Regional water scarcity during dry seasons. Mitigatior Water storage systems and alternative water sources
9	**Extreme heat**	Is the project susceptible to prolonged periods of extreme heat?	Yes	Increasing temperatures due t climate change. Mitigation: Climate controlled environments and energy-efficient design
10	**Storms and wind gusts**	Is the project located in an area prone to strong winds or storms?	Yes	Occasional strong winds during rainy seasons. Mitigation Wind-resistant construction desigr
11	**Lightning and thunderstorms**	Is the project prone to lightning and thunderstorms?	Yes	Regular thunderstorms in tl region. Mitigation: Lightning protectio systems and surge protectors

Summary of Identified Hazards:				
Urban flooding (Medium risk)				
Water scarcity/drought (Medium risk)				
Extreme heat (Low risk)				
Storms and wind gusts (Low risk)				
Lightning and thunderstorms (Low risk)				

Overall Risk Assessment: Medium Risk - Additional climate risk studies and mitigation measures recommended during detailed design phase.

SECTION 9: PROJECT IMPLEMENTATION PLAN

Key Performance Indicators (KPIs)

No.	**Name of Output**	**Expected**	**Estimated**	**FY1**	**FY2**

		Duration	Cost (Kshs)	(2025/26) (Kshs)	(202 27) (Ksh
1	**Project Initiation and Design**	6 months	15,000,000	15,000,000	-
2	**Site Preparation and Civil Works**	8 months	20,000,000	10,000,000	10,0 ,000
3	**Main Construction Phase**	18 months	150,000,000	25,000,000	100,(0,00(
4	**Equipment Procurement and Installation**	12 months	15,000,000	-	10,0(,000
5	**Staff Recruitment and Training**	24 months	-	-	KES 198,(0,00(
6	**Commissioning and Operationalization**	6 months	5,000,000	-	-
7	**Quality Assurance and Accreditation**	6 months	2,000,000	-	1,00(000
8	**Community Engagement and Outreach**	24 months	3,000,000	1,000,000	1,00(000
9	**Project Management and Monitoring**	24 months	2,000,000	1,000,000	1,00(000
TOTAL PROJECT COST: KES 898,000,000					

Implementation Timeline Summary

Year 1 (2025/26):

- Project approval and funding confirmation
- Detailed design and environmental approvals
- Procurement processes initiation
- Site preparation and foundation work
- Staff recruitment planning

Year 2 (2026/27):

- Major construction activities
- Equipment procurement and delivery
- Staff recruitment and basic training
- Community engagement and awareness
- Progress monitoring and adjustments
- Construction completion and finishing works
- Equipment installation and commissioning
- Staff specialized training and certification
- Pre-operational testing and quality assurance
- Official opening and full operationalization

Key Milestones

1. Month 3: Environmental Impact Assessment approval
2. Month 6: Detailed designs completed and approved
3. Month 12: 50% construction completion
4. Month 18: Major construction works completed
5. Month 21: Equipment installation completed

6. Month 24: Facility commissioned and operational
Document Prepared By: DR Samwel Omondi Owino
Date: 30th September 2025
Approved By: Dr. Martin Konyango County Executive Committee Member – Health
Date of Approval:

LEVEL 2 WORK PLAN FOR FY: 2025-26

Annex 2: Pre-Feasibility Study

SIAYA COUNTY MOTHER- CHILD HOSPITAL COMPLEX

SECTION 1: PROJECT PROFILE	
Project Name:	Siaya County Referral Level 5 Hospital Mother-Baby Complex
Project Reference Number:	SIAYA-MBC-2025-001
Date of Approval of the Concept Note:	30/09/2025
Department:	Health Department - Siaya County Government
Budget Vote (where applicable):	3110202 Construction of buildings, non-residential
Estimated Project Cost:	KES 500 Million
Sector:	Health
Accounting Officer:	Chief Officer of Health
Official Contact Details (Provide email, telephone number, postal and physical address):	Email: health@siayacounty.go.ke Postal Address: P.O. Box 597, Siaya .Physical Address: Siaya County Government Headquarters
Project Threshold:	Major Infrastructure Project
Project Geographic Location (Provide GPS coordinates here):	**County:** Siaya **Sub-County:** Siaya **Ward:** Siaya Central **Village:** Siaya Town **GPS Co-ordinates:** Latitude 0.064370⁰ Longitude 34.285990⁰

County: Siaya	Sub-County: Siaya	Ward: Siaya Township	Village: Siaya Central

Planned Start Date:	Dec 25
Planned End Date:	June 27

SECTION 2: PROJECT BACKGROUND

Current Situation: Siaya County, with a population of nearly 1 million residents, faces critical healthcare challenges, particularly in maternal and child health services. The current Siaya County Referral Hospital operates at 150% capacity, creating significant strain on existing infrastructure and compromising quality of care. The facility serves over 40,000 women and 10,000 children annually, highlighting the urgent need for expanded capacity. The county's maternal and child health indicators are concerning, with Kenya's national maternal mortality rate standing at 530 per 100,000 live births, while infant mortality in Western Kenya reaches 110 per 1,000 live births - more than triple the national average. Women and children account for 70% of all hospital visits in the county, demonstrating the disproportionate burden on existing facilities.

In the backdrop of this situation, the Siaya County Government and its development partners intend to establish and operationalize a level 5 facility on the existing 35-acre land at the Siaya County Referral hospital. Currently Siaya County Referral Hospital is a level 4 facility. Categorization of a level 5 facility depends on infrastructural capacity and service provision categories. The human resource available can support the functionality of a level 5 hospital

however; the infrastructure available delimits its operation as a level 5 hospital. The CID 2023-2027, the CADP 2025-2026 and the MTEF budget 2025-2026 proposed the upgrading o the Siaya County Referral Hospital to a level 5 hospital. This intervention will entail the ongoin phase 1 construction of L- shaped in-patient complex and phase III construction of an accider and emergency wing which will be funded by the National Government. In addition, the upgrad also includes the construction of a C- shaped mother - baby hospital funded by KDSP level I support and the County Government of Siaya as phase II of the project as indicated in the tabl below;

Implementation Phases	**Area of Focus**	**Source of Funds**
Phase I	Construction of L-shaped in patient complex	National Government
Phase II	Construction of C-shaped Mother- Baby Complex	KDSP II Level II Grant & Co-funded by CGS
Phase III	Construction of an accident and emergency wing	CGS & Partners

Background to the project idea:

- ✓ Upgrading of the existing referral hospital facilities including the construction of a surgical and ICU complex
- ✓ Training of healthcare workers in maternal and child health
- ✓ Implementation of community health programs
- ✓ Partnership with development organizations for equipment provision
- ✓ Despite these efforts, the gap between demand and capacity continues to widen necessitating a dedicated facility for maternal and child health services.

2. Problem Statement

The primary problem is inadequate specialized maternal and child health infrastructure in Siaya County, resulting in:

a) Overcrowded general hospital facilities; both at out-patient and in-patient level.
b) Limited emergency obstetric and neonatal care capacity
c) High maternal and infant mortality rates
d) Reduced quality of care due to resource constraints
e) Long waiting times and delayed interventions

3. Relevance of the Project Idea

a) The need for the proposed project
   - Kenya Vision 2030: Supports the goal of providing equitable and affordable healthcare
   - Fourth Medium Term Plan (MTP IV) 2023-2027: Contributes to universal health coverage objectives
   - Siaya County Integrated Development Plan (CIDP) 2023-2027: Directly supports health sector strategic objectives
   - County Annual Development Plan: Prioritizes maternal and child health infrastructure

b) Linking the project to the National/County Development Plan strategic goals and objectives that the proposed project is expected to contribute to,
   - Reduction of maternal and neonatal mortality rates

- Achievement of universal health coverage targets
- Strengthening of county health systems
- Improvement of health outcomes for vulnerable populations

c) Showing the need for the project by analysing and describing the quantitative indicator of demand for the services or goods to be delivered by the project using readily availabl information.

- Current hospital occupancy rate: 150% of capacity
- Annual maternal health service users: 40,000 women
- Annual paediatric service users: 10,000 children
- Projected 20% increase in service demand over next 5 years
- Current skilled birth attendance rate: 85% (target: 95%)

SECTION 3: STRATEGIC OPTION ANALYSIS

1. Analysis of Options

(a) Potential Alternative Options **(The county has one project for the investment grant)**

➢ Expansion of Siaya County referral Hospital-Siaya County Mother-Child Hospita Complex

Alternative Option 1 <Name-of-Option>

(i) Description

Provide a detailed description of the option and list its core components. Describe the option and explain how it can address the problem identified.

(ii) Assessment

Describe the methods used to determine the likelihood that the option will meet all the requirements or solve the identified problem. For each method, describe how it was or will be undertaken and the quality of the result.

(iii) Results

Use the following table to score the results of the assessment and describe the methods used:

Requirement	Pre-Feasibility Score	Assessment Method
Technical scores (Existing medical infrastructure, location and site suitability, terrain etc.)	97%	Gap Analysis
Financial and Economic scores (Cost of land acquisition, construction, investment costs, operating costs, economic benefits, ROI etc.)	98%	Cost benefit analysis
Social Parameters (Priority in CIDP, Community displacement, stakeholder analysis)	100%	Gap Analysis

(iv) Risks

Risk	Risk	Risk	Actions Required to Mitigate Risk

Description	Likelihood	Impact	
Construction delays due to weather or supply chain issues	Medium	Medium	• Detailed construction timeline with buffe periods • Multiple supplier contracts • Weather contingency plans
Cost escalation beyond budget	Medium	High	• Detailed cost estimates with 10% contingency • Fixed-price contracts where possible • Regular cost monitoring and control
Difficulty recruiting specialized staff	High	High	• Early recruitment processes • Competitive remuneration packages • Partnerships with training institutions • International recruitment if necessary
Equipment procurement delays	Medium	Medium	• Early procurement processes • Multiple supplier engagement • Phased equipment deployment
Community resistance or inadequate buy-in	Low	Medium	• Extensive community engagement • Stakeholder involvement in planning • Regular community updates and feedbacl sessions
Inadequate recurrent funding for operations	Medium	High	• Multi-year budget commitments • Revenue generation strategies • Development partner support for initia operations
Political changes affecting project continuity	Low	High	• Cross-party consensus building • Legal agreements and commitments • Integration in statutory county plans
Organizational barriers	Low	High	Signing a binding MoU between the County Government and State department of Defence High level engagement of top organizational leaderships

(v) Potential Project Issues

Issue Description	Issue Effect/Impact on the Project	Actions Required to Resolve Issue
Planning and Coordination	➢ Insufficient planning can lead to delays, cost overruns ➢ Lack of coordination among team members, stakeholders, and vendors	Thorough planning and robust coordination
Resource Management	➢ Inadequate resource allocation can lead to inefficiencies and delays	Effective communication and stakeholder engagement/management
Risk Management	➢ Failure to identify potential risks can lead to unexpected issues and problems	Thorough risk assessment, identification and mitigation

DRAFT WORK PLAN

	➢ Insufficient risk mitigation strategies can exacerbate problems	
Communication and Stakeholder Management	➢ Inadequate communication among team members, stakeholders, and vendors can lead to misunderstandings and conflicts ➢ Failure to engage and manage stakeholders can lead to resistance and project delays.	Effective communication and robust stakeholder engagement/management
Monitoring and Control	➢ Failure to track project progress can lead to deviations from plans and objectives ➢ Insufficient control mechanisms can lead to scope creep, delays, and cost overruns	Robust monitoring and contrc mechanisms
External issues	➢ Economic changes can affect project costs, funding, and viability ➢ Environmental factors, such as natural disasters, can impact project progress and viability	Flexibility and adaptability

(vi) Assumptions

- The pre-feasibility assumes the project underwent stakeholder engagement through th CIDP
- The study assumes the project is in the CADP 2025/26
- The study assumes that the project will be completed by June 2027 and that th construction period will be 24 months starting December 2025
- The study assumes that land is available for the construction of the facility

Alternative Option 2 <Name-of-Option>

Alternative Option 3 <Name-of-Option> Repeat as appropriate for options 4, 5, 6, and so on.

SECTION 3: PRE-FEASIBILITY RANKING

(a) Pre-Feasibility Ranking

Rank the overall results of the pre-feasibility assessment by completing the following sections.

(b) Ranking Criteria

List the criteria used to rank the identified options and describe the scoring/weighting mechanism used to produce an overall result.

(c) Ranking Scores

List the criteria, scores, weights, and total scores for each solution in the following table:

	Option 1			**Option 2**			**Option 3**		
Criteria	**Score**	**Weight**	**Total (%)**	**Score**	**Weight**	**Total**	**Score**	**Weight**	**Total**
Technical scores	0.97	10	97						
Financial and Economic scores	0.98	10	98						

Social Parameters	0.10	10	100						
Total Score	0.2950	30	295						

Repeat this for options 4, 5, 6, and so on. **(The County has only one project)**

(d) Evaluation of the best alternative options

From the results of the ranking above, select the 3 alternative options with the highest score ar then

(i) Compare these alternatives using qualitative and quantitative listing of advantages ar disadvantages using a multi-criteria analysis including technical, environmental, soci legal, and administrative analysis among others and

(ii) Undertake a cost-benefit or cost-effectiveness analysis for the identified alternatives.

SECTION 4: FEASIBILITY OPTION

Since the county through the CIDP and CADP resolved to focus on one project, which is the establishment of the Siaya County Mother-Child Hospital Complex proposed to solve the identified problem, The project will proceed for the feasibility study.

1. Update Costs

The project is estimated to cost .... Kshs. 401,000,000

- Particular preliminaries.... Kshs.6,800,000
- General preliminaries..... Kshs.5,500,000
- Builded works.....Kshs.220,000,000
- Mechanical works..... Kshs.91,400,000
- Electrical works.....Kshs. 42,300,000
- Provisional sums..... Kshs.35,000,000

Source: Preliminary cost estimates (BQs)

2. Terms of Reference (TOR) on Feasibility Study

From the findings of the pre-feasibility study, develop the TOR for the preparation of the feasibility study.

SECTION 6: APPENDIX

Supporting documentation. Attach any documentation you believe is relevant to the pre-feasibility study, including

(a) Concept note attached
(b) County Annual Development Plan FY2025/26
(c) County Integrated Development Plan FY 2023/27

FOR PUBLIC INSPECTION

Annex 3: Feasibility Study

SIAYA COUNTY MOTHER- CHILD HOSPITAL COMPLEX

SECTION 1: PROJECT PROFILE			
Project Name:	Siaya County Referral Level 5 Hospital Mother-Baby Comple		
Project Reference Number:	SIAYA-MBC-2025-001		
Date of Approval of the Pre-Feasibility:	30/09/2025		
Department:	Health		
Budget Vote (where applicable):	3110202 Construction of buildings, non-residential		
Estimated Project Cost:	KES 898,000,000		
Sector:	County Health Services		
Accounting Officer:	Chief Officer of Health		
Official Contact Details (Provide email, telephone number, postal and physical address):	Email: health@siayacounty.go.ke Postal Address: P.O. E 597, Siaya .Physical Address: Siaya County Governm Headquarters		
Project Threshold:	Major Infrastructure Project		
Project Geographic Location (Provide GPS coordinates here):	Latitude 0.064370⁰ Longitude 34.285990⁰		
County: Siaya	Sub-County: Siaya	Ward: Township ward	Village: Siaya Town
Planned Start Date:	Dec 2025		
Planned End Date:	June 2027		

Executive Summary

Current Situation: Siaya County, with a population of nearly 1 million residents, faces critic healthcare challenges, particularly in maternal and child health services. The current Sia County Referral Hospital operates at 150% capacity, creating significant strain on existi infrastructure and compromising quality of care. The facility serves over 40,000 women a 10,000 children annually, highlighting the urgent need for expanded capacity. The count maternal and child health indicators are concerning, with Kenya's national maternal mortal rate standing at 530 per 100,000 live births, while infant mortality in Western Kenya reaches 1 per 1,000 live births - more than triple the national average. Women and children account f 70% of all hospital visits in the county, demonstrating the disproportionate burden on existi facilities.

In the backdrop of this situation, the Siaya County Government and its development partne intend to establish and operationalize a level 5 facility on the existing 35-acre land at the Sia County Referral hospital. Currently Siaya County Referral Hospital is a level 4 facilit Categorization of a level 5 facility depends on infrastructural capacity and service provisi categories. The human resource available can support the functionality of a level 5 hospit however; the infrastructure available delimits its operation as a level 5 hospital. The CIDP 202 2027, the CADP 2025-2026 and the MTEF budget 2025-2026 proposed the upgrading of tl Siaya County Referral Hospital to a level 5 hospital. This intervention will entail the ongoi phase 1 construction of L- shaped in-patient complex and phase III construction of an accide and emergency wing which will be funded by the National Government. In addition, the upgra also includes the construction of a C- shaped mother - baby hospital funded by KDSP level

support and the County Government of Siaya as phase II of the project as indicated in the ta below;

Implementation Phases	Area of Focus	Source of Funds
Phase I	Construction of L-shaped in patient complex	National Government
Phase II	Construction of C-shaped Mother- Baby Complex	KDSP II Level II Grant & Co-funded by CGS
Phase III	Construction of an accident and emergency wing	CGS & Partners

Section 1: Introduction **(Establishment of a Mother- Baby Complex)**

(a) **Project Background: Rationale and genesis**

The Mother and Child Hospital Complex is a proposed healthcare project aimed at provid comprehensive medical services to mothers and children in Siaya County and the region. T project seeks to address the healthcare needs of this vulnerable population, reducing morbid and mortality rates, and improving overall health outcomes. The high Maternal and Ch Mortality Rates in in Western Kenya reaches 110 per 1,000 live births which is attributed limited access to quality healthcare services, limited Healthcare Infrastructure in the regi coupled with the growing population of in the county has increased the demand for healthc services overpowering the existing capacity.

(b) **Objectives of the Project**

- To reduce maternal and neonatal mortality rates
- To achieve universal health coverage targets
- To strengthen county health systems
- To Improve Improvement of health outcomes for vulnerable populations

(c) **Approach and methodology of the feasibility study**

The study adopted diverse methodology which included **technical feasibility** to determine if t project is technically feasible, considering technology, equipment, and expertise , **Financial a Economic Feasibility** which evaluated the project's financial viability, including costs, fundir revenue projections, project's economic benefits and costs, including its potential impact on t local economy, **Environmental and Social Feasibility** to determine the project's potent environmental impact, and identify strategies to mitigate adverse effects, social impact, includi effects on local communities, and identify strategies to promote social benefits and finally **Leg and Regulatory Feasibility** to determine if the project complies with relevant laws, regulatior and standards.

(d) **Organization of the feasibility study.**

The study report is organized into three major components that include the introducti information (Sections 1- 2) the feasibility study (sections 3-11) and the Annextures

SECTION 2: MARKET/DEMAND MODULE

(a) **Problem statement.**

The primary problem is inadequate specialized maternal and child health infrastructure in Sia County, resulting in Overcrowded general hospital facilities; both at out-patient and in-patie level, Limited emergency obstetric and neonatal care capacity, High maternal and infant mortali rates, Reduced quality of care due to resource constraints and long waiting times and delay interventions.

The problem affects the entire county population of nearly 1 million people, with direct impact c over 40,000 women requiring maternal health services annually, more than 10,000 childr

requiring paediatric care annually, Families seeking emergency obstetric and neonatal servi and Healthcare workers operating under strained conditions

(b) **Relevance of the project idea.**

- Kenya Vision 2030: Supports the goal of providing equitable and afforda healthcare
- Fourth Medium Term Plan (MTP IV) 2023-2027: Contributes to universal hea coverage objectives
- Siaya County Integrated Development Plan (CIDP) 2023-2027: Directly suppc health sector strategic objectives
- County Annual Development Plan: Prioritizes maternal and child hea infrastructure

(i) Linking the proposed project to sector strategic objectives and strategies;

- Reduction of maternal and neonatal mortality rates
- Achievement of universal health coverage targets
- Strengthening of county health systems
- Improvement of health outcomes for vulnerable populations

(ii) The need for the project by the quantitative indicators of demand for the services.

- Current hospital occupancy rate: 150% of capacity
- Annual maternal health service users: 40,000 women
- Annual paediatric service users: 10,000 children
- Projected 20% increase in service demand over next 5 years
- Current skilled birth attendance rate: 85% (target: 95%)

(c) **Proposed project interventions.**

Outcome	**Indicator**	**Means of Verification**
Outcome 1: Reduced maternal mortality in Siaya County	Maternal mortality ratio reduced from 99/100,000 to 70/100,000 live births	Hospital records, DHIS2 data
Outcome 2: Reduced neonatal mortality	Neonatal mortality rate reduced from 32/1,000 to 22/1,000 live births	County health reports, facility data
Outcome 3: Increased skilled birth attendance	Skilled birth attendance increased from 85% to 95%	Patient records, county health reports
Outcome 4: Improved patient satisfaction	Patient satisfaction score increased from 65% to 85%	Patient satisfaction surveys
Output 5: 250-bed Mother-Baby Hospital Complex constructed	1 fully equipped hospital complex with 250 beds operational	Facility inspection reports, occupancy records
Output 6: Specialized maternal and child health services established	7 specialized service units operational (NICU, maternity, paediatric wards, etc.)	Service delivery reports, patient records
Output 7: Healthcare workforce capacity enhanced	200+ healthcare workers recruited and trained	HR records, training certificates
Output 8: Quality assurance systems implemented	Accreditation standards met and maintained	Accreditation certificates, quality audits

(d) **Stakeholders.**

- ✓ County Government Executive
- ✓ County Assembly

- ✓ Community Members
- ✓ Healthcare Workers
- ✓ Development Partners
- ✓ National Government (Ministry of Health/Defence)
- ✓ Private Sector
- ✓ Civil Society Organizations

(e) Demand analysis.

(i) **Current Demand**

- ✓ Current hospital occupancy rate: 150% of capacity
- ✓ Annual maternal health service users: 40,000 women
- ✓ Annual paediatric service users: 10,000 children
- ✓ Projected 20% increase in service demand over next 5 years
- ✓ Current skilled birth attendance rate: 85% (target: 95%)

ii) Future demand

- ✓ Direct beneficiaries: Approximately 50,000 women and children annually
- ✓ Indirect beneficiaries: 250,000 family members and community members
- ✓ Geographic coverage: Entire Siaya County and neighbouring region

SECTION 3: TECHNICAL OR ENGINEERING MODULE

a) **Location.**

The project is located in Siaya county, Alego Usonga Sub-County, Siaya township Ward in Sia town within the Siaya County Referral Hospital Facility. The coordinates of the exact location a Latitude 0.064370⁰ Longitude 34.285990⁰ . The project site/land is owned by the facility a therefore no land acquiring costs to be incurred.

b) Technical design.

The proposed four-storey Mother and Child Hospital Complex will be designed to provi comprehensive healthcare services to mothers and children. Here's an overview of the techni design:

Ground Floor:

- ✓ Dental clinic
- ✓ Eye clinic
- ✓ Pharmacy
- ✓ MCH

First Floor:

- ✓ Maternity ward
- ✓ Operating theatre
- ✓ Kangaroo unit
- ✓ Post CS
- ✓ Postnatal
- ✓ Labour ward
- ✓ New Born Unit (NBU)
- ✓ Breastfeeding room
- ✓ Ultra sound room
- ✓ Delivery room
- ✓ Recovery room

Second Floor:

- ✓ Paediatrics ward
- ✓ Paediatrics surgical room
- ✓ Play room
- ✓ Acute room

- ✓ New born unit

Third Floor:

- ✓ Gynaecology surgical wards
- ✓ Sick mother ward
- ✓ Acute rooms

Fourth floor

- ✓ Counselling area
- ✓ Acute room
- ✓ Conference room
- ✓ Board room
- ✓ Hospital Library
- ✓ Resource room

Design Considerations:

- ✓ **Patient Flow:** The design will ensure efficient patient flow, minimize congestion a reduce the risk of infection.
- ✓ **Infection Control:** The hospital will be designed with infection control measur including isolation rooms, hand washing stations, and HEPA filtration systems.
- ✓ **Accessibility:** The hospital will be designed to be accessible to people with disabiliti with ramps, lifts, and accessible toilets.

Medical Equipment and Technology:

- ✓ Medical Imaging: The hospital will be equipped with modern medical imaging equipme including ultrasound, X-ray, and CT scan machines.
- ✓ Operating Theatres: The operating theatres will be equipped with modern surgi equipment, including anaesthesia machines, surgical lights, and monitoring systems.
- ✓ Patient Monitoring: The hospital will have a patient monitoring system, allowing healthca staff to track patient vital signs and respond quickly to emergencies.

Sustainability Features:

- ✓ Energy Efficiency: The hospital will be designed to be energy-efficient, with features su as LED lighting, solar panels, and energy-efficient HVAC systems.
- ✓ Water Conservation: The hospital will have water conservation measures, including lo flow fixtures and rainwater harvesting systems.

Structural Design:

- ✓ **Building Materials:** The hospital will be constructed using durable, high-qual materials.
- ✓ **Seismic Design:** The hospital will be designed to withstand seismic activity, with seism resistant design and construction techniques.

Cost Breakdown: The cost breakdown is as shown in the table below

Implementation phase	Component	Cost	Source of Fund
Phase I: Construction of sub and super structure	Feasibility	3,050,000	Phase I: KDSP II Level II of Ksh. 353.5 million and County Government Co-funding of Ksh.
	Design and Architectural	8,250,000	
	Builder Works	220,000,000	
	Mechanical works	91,400,000	
	Electrical Works	42,300,000	

	Provisional Sums (potential costs that may arise during the project implementation such as variation in quantities of materials, unknown site conditions, inflation cost and potential design changes. It also include contingency cost)	85,000,000	100 million
	Sub Total	**450,000,000**	
Phase II: Operationalization of the facility	Equipping	250,000,000	Partner suppor & CGS
	Personnel cost	198,000,000	CGS
	Sub Total	448,000,000	
	Grand Total	**898,000,000**	

The technical design of the Mother Child Hospital Complex will prioritize patient care, safety, a sustainability, while also ensuring efficient operations and effective use of resources a implemented in the timelines stated below;

Table 1: County Investment Budget FY2025/2026

No.	Activity*	Time frame		Budget	Source of Fund
		Start date	End date		
	Phase I				KDSP II Level II Grant and Co-funding by CGS
1	Feasibility and approvals	Sept -2025	October-2025	3,050,000	
2	Design and architectural plans	Sept-2025	October 2025	8,500,000	
3	Tendering and procurement	Nov-2025	Nov 2025	750,000	
4	Builders Works	DEC 2025	Nov-2026	220,000,00	
5	Mechanical Works	DEC 2026	Jun-27	91,400,000	
6	Electrical Works	DEC 2026	Jul-2027	42,300,000	
7	Provisional Sums	DEC 2025	Jul-2027	85,000,000	
	Phase II				
8	Equipping	MAY 2027	Jul- 2027	250,000,000	Partner Support and CGS
9	Personnel Cost	DEC- 2027	DEC- 2027	198,000,000	CGS

SECTION 4: ENVIRONMENTAL AND SOCIAL ASSESSMENT MODULE

a) Hazard Checklist

#	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**	N/A
2	Urban flood	Is the project located in an urban area prone to flooding?	**No**	**N/A**
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**	**N/A**

4	Backflow	Is the project located in an area prone to backflow flooding?	**No**	**N/A**
5	Landslide/mudslide	Is the project located on or near slopes prone to landslides (that is, mass movements of soil, rock, or debris)?	**No**	**N/A**
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**	**N/A**
7	Wildfire	Is the project located in a vegetated area prone to wildfires?	**No**	**N/A**
8	Drought/water scarcity	Is the project dependent on water resources susceptible to droughts which can adversely affect water availability and quality?	**No**	**N/A**
9	Extreme heat	Is the project susceptible to prolonged periods of extreme heat?	**NO**	**N/A**
10	Storms and wind gusts	Is the project located in an area prone to strong winds, storms, or gusts?	**No**	**N/A**
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**	**N/A**

b) Climate and Disaster Risk Screening Template

Hazard	**Hazard Exposure (very low, low, medium, high)**	**Vulnerability (very low, low, medium, high)**	**Risk (very low, low, medium, high)**	**Risk Reduction Strategies**	**Risk Reduction Costs**	**Resources Required**
River flood	**Very low**	**Very low**	**Very low**	**N/A**	**N/A**	**N/A**
Urban flood	**Very low**	**Very low**	**Very low**	**N/A**	**N/A**	**N/A**
Coastal flood	**Very low**	**Very low**	**Very low**	**N/A**	**N/A**	**N/A**

Geological hazards (earthquake, subsidence, and volcano)	**Very low**	**Very low**	**Very low**	**N/A**	**N/A**	**N/A**
Wildfire	**Very low**	**Very low**	**Very low**	**N/A**	**N/A**	**N/A**
Drought/water scarcity	**Very low**	**Very low**	**Very low**	**N/A**	**N/A**	**N/A**
Extreme heat	**Very low**	**Very low**	**Very low**	**N/A**	**N/A**	**N/A**
Storms and wind gusts	**Very low**	**Very low**	**Very low**	**N/A**	**N/A**	**N/A**

c) Climate and Disaster Risk Screening Report

Climate and Disaster Risk Screening Report

Project Number:
Location: Latitude 0.064370^0 Longitude 34.285990^0
Date: 4th September, 2025
Prepared By: Julius Mielcazadeck Odhiambo
Reviewed By: George Francis Aola

1. Introduction

The Siaya County Government, through the Siaya County Referral Hospital, proposes the construction of a 250-bed Mother-Baby Hospital Complex at an estimated cost of Ksh 898 million over a 24-month period. This specialized facility aims to address the county's escalating maternal and child health challenges by providing quality, dedicated care.

Objectives of the climate and disaster risk screening

- To determine potential climate and disaster risks associated with the proposed development.
- To propose mitigation and response measures.

Overview of methodology used for assessment

- Oral interviews
- Climate and Disaster risks screening checklist

2. Hazard Assessment

• Identification of climate-related and natural hazards relevant to the project location
No climate and disaster related hazards identified in project location.

• Frequency and intensity of hazard occurrences (historical data and projections)
N/A

• Key question: *What is the likelihood of occurrence of various climate risk events (hazards) in the project area now and in the future?*
Very low

3. Vulnerability Assessment
Very low

• Evaluation of the project's exposure to identified hazards
Low exposure to hazards

• Potential negative impacts on infrastructure durability, operations, and safety
None

• Key question: *How significant would the damage to the project be if any climate risk events (hazards) occurred?* **Insignificant**
4. Risk Assessment
• Risk classification using a matrix that combines hazard frequency and vulnerability level **Very low**
• Summary of critical risks identified **N/A**
• Impact assessment on project sustainability and cost **The proposed project is sustainable and cost effective.**
5. Risk Mitigation and Adaptation Strategies **N/A**
• Proposed design modifications to enhance resilience **None**
• Engineering and operational measures to minimize risk **None**
• Climate adaptation strategies and contingency planning **Rainwater harvesting and storage**
6. Findings and Recommendations
• Summary of key risks and potential impacts **None**
• Recommended actions to address identified risks **None**
• M&E framework for risk mitigation **Quarterly assessment**
7. Conclusion
• Final assessment of project resilience **The project climate and disaster resilience are high.**
• Recommendations for decision-making and project approval **The proposed project is suitable for implementation at the proposed location.**
• Next steps and follow-up actions **Continued and regular assessments** **Continual stakeholder engagements.**
Approval Status: (Approved/Conditionally Approved/Not Approved) **Date of Approval:**
Signatures: (Project Manager, Technical Lead, Review Panel Members)

d) **Project Environmental, Social, Occupational Health and Safety, and Gender Screening**

Brief Project Description The Siaya County Government, through the Siaya County Referral Hospital, proposes t construction of a 250-bed Mother-Baby Hospital Complex (Super structure) at an estimated c of Kshs.205 million over a 24-month period. This specialized facility aims to address the count escalating maternal and child health challenges by providing quality, dedicated care.			
Location of the project (Siaya County) Latitude 0.064370⁰ Longitude 34.285990⁰			
A: Triggers to EMCA			
Does the project fall under the Second Schedule of EMCA Cap. 387?		**NO**	
B. Applicable World Bank Safeguard Policies			
Applicable World Bank Environment Social Standards?			
C. GoK Policies and Laws applicable			
Applicable GoK policies and laws?		**EMCA 1999 REVISED 2012**	
Item No.	**Answer If the Project ....?**	**Yes/No. Briefly Describe**	**Is This Likely to Result in a Significar Effect? Yes/No/? - Why**
D. Environmental, Health, and Safety Impacts			
1.	Adversely affect natural habitats nearby, including forests, rivers, wetlands, wildlife, or areas of high ecological value?	**No**	**Proposed area nc ecologically sensitive**
2.	Is it located within or nearby environmentally sensitive areas (for example, intact natural forests, mangroves, wetlands, coastal zone, watercourses, mountains, wildlife, migratory routes) or threatened species?	**No**	**The area is urban set asid for development**
3.	Are there any areas in or around the location which are protected under international or national or local	**No**	**The area is urban**

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	legislation for their ecological, landscape, cultural, or other value, which could be affected by the project?		
4.	Are there any areas in or around the location which are occupied by sensitive land uses, for example, hospitals, schools, places of worship, community facilities, which could be affected by the project?	**No**	**The proposed developme is within hospital facili land. The surrounding ar public schools and t affordable housi programme.**
5.	Requires large volumes of construction materials (for example, gravel, stone, water, timber, firewood)?	**Yes**	**The proposed developme is a flagship program**
6.	Uses water during or after construction, which will reduce the local availability of groundwater and surface water?	**No**	**Rainwater harvesting will employed as an alterna source.**
7.	Affects the quantity or quality of surface waters (for example, rivers, streams, wetlands) or groundwater (for example, wells, and reservoirs)?	**No**	**There are no surface wat sources in vicinity proposed development**
8.	Is the project location susceptible to earthquakes, subsidence, landslides, erosion, flooding, or extreme or adverse climatic conditions, for example, temperature inversions, fogs, severe winds, which could cause the project to present environmental problems?	**No**	**There are no historic instances of eart movements recorded**
9.	Leads to soil degradation/erosion in the area?	**No**	**The gradient of the propose area is gentle most runo will percolate into the soil**
10.	Causes increased settlement or degradation of surrounding areas?	**No**	**The area being developed surrounded by public lan under custody of the Count Government.**

11.	Creates waste that could adversely affect local soils, vegetation, rivers and streams, or groundwater?	**No**	**Materials projected for use will nc adversely affect Biotic and abioti factors.**
12.	Creates pools of water that provide breeding grounds for disease vectors (for example, malaria or bilharzia/Schistosomiasis)?	**No**	**The land topography encourage gentle flow and percolation c precipitation**
13.	Involves significant excavations, demolition, and movement of earth; flooding; or other environmental changes?	**Yes**	**Waste will be generated during th construction and operation phase of the proposed project.**

14.	Disposes of bush clearance residue and may cause the spreading of invasive species?	**No**	**There is minimal vegetation in t proposed site.**
15.	Has the potential to introduce a non-native animal or plant species?	**No**	**There is no indication of any biot component in the project designs**
16.	Involves directly or indirectly handling of veterinary drugs and vaccines?	**No**	**The construction phase of t development does not invol vaccines**
17.	Will the project involve actions which will cause physical changes in the locality (topography, land use, changes in water bodies, and so on)?	**No**	**The gentle gradient will n require significant earth moveme**
18.	Will the project use natural resources such as land, water, materials, or energy, especially any resources that are non-renewable or in short supply?	**Yes**	**The development requires lar space of which 8 acres is available**
19.	Will the project involve use, storage, transport, handling, or production or release of hazardous substances?	**Yes**	**During the construction pha there will be use paints, thinne and cement which may po hazards.**
20.	Will the project cause noise and vibration or release of light, heat energy, or electromagnetic energy?	**Yes**	**noise will be generated during t construction phase from vehicl and machinery**
21.	Will the project lead to risks of contamination of land or water from releases of pollutants into the ground or into surface waters, groundwater, coastal waters, or the sea?	**No**	**There are no open surface wat sources within the proposed area.**
22.	Will there be any risks of accidents, ill-health, and occupational diseases during the construction or operation of the project?	**Yes**	**Workers may exposed t occupational risks**
23.	Results in standing water, which could cause public health risks?	**No**	**The gentle gradient and nature the substratum will allow fc percolation of water used i development**
E. Social Impacts			
1.	Does the project require acquisition of land?	**NO**	**The Land parcel is 8 acres and onl a portion will be used.**
2.	Will project lead to Alienation of any type of government land including that owned by an urban local body?	**NO**	**The 8 acre parcel of land i adequate and will not involve lan alienation.**
3.	Will project require Clearance of encroachers from government/urban local body land?	**No**	**The 8 acre parcel of land i unoccupied**
4.	Will project require Clearance of squatting from government/urban local body?	**No**	**There are no squatters**

5.	Does the project lead to physical displacement of households?	**No**	**There is no previous developme on the land**
6.	Does the project lead to economic displacement of persons (less than 200 persons / More than 200)?	**No**	**There is no economic activi currently existing on the propos development area**
7.	Are there any routes or facilities in or around the location that are used by the public for access to recreation or other facilities, which could be affected by the project?	**No**	**There exist clearly demarcated a developed access roads which w not be interfered with**
8.	Will project activities restrict people's access to crops, pasture, fisheries, forests, or cultural resources, whether on a permanent or temporary basis?	**No**	**There are no resources bei exploited within the proposed are**
9.	Will project implementation Result in a significant change/loss in livelihood of individuals?	**No**	**No livelihood activities are bei undertaken in the area**
10.	Do minority and/or majority Vulnerable and Marginalized Groups (VMGs) live in or near the site? Will the project lead to exclusion of VMGs from Job opportunities, project benefits?	**No**	**Applicable legislations will b applied to protect VMGs e. Affirmative action policy 201 anti-discrimination laws**
11.	Will the project lead to gender disparity?	**No**	**Applicable legislations will b applied e.g. COK 2010 (ant discrimination laws)**
12.	Will project lead to incidences and / or risks of increased GBV- SEA/SH cases as a result of labour influx	**Yes**	**Applicable legislations will b applied e.g. Sexual offences a 2006, protection against domesti violence act 2015.**
13.	Will project Causes disadvantage to persons with disabilities, women, youth, or older persons or /low-status groups within the community?	**No**	**Applicable legislations will b applied e.g. COK 2010 (ant discrimination laws)**
14.	Will project Create tensions within communities or likely to lead to elite capture or grabbing of benefits by particular groups?	**No**	**The proposed development wi address needs of the whole County**
15.	Will the project result in social and cultural degradation?	**No**	**project area is cosmopolitan**
16.	Will project result in child delinquency (school dropouts, child abuse, child labour, and so on)?	**No**	**Labour laws will be used whe engaging workers e.g. Labour law Kenya 2024**
17.	Will project Involve inward migration of people from outside the area for use of services or other purposes?	**Yes**	**The project will create jo opportunities which will attrac both skilled and unskilled labou during construction an implementation phases and inwar migration for health services.**

18.	Will the project result in social changes, for example, in demography and impact on traditional lifestyles?	**No**	**the project area is urban**
19.	Are there known archaeological, historical, or other cultural property? Are any of these world heritage/UNESCO designated and so on?	**No**	**There are no recorded evidences.**
F. Public Participation and Consultations and Grievance Redress Mechanisms			
1.	Has meaningful consultations been held and beneficiaries and project-affected persons adequately involved in the selection, planning, and decision-making regarding project benefits?	**YES**	**The proposed project is in tl CIDP 2023 - 2027 and ADP 25/2 which were subjected to publ participation**
2.	Maintenance and management responsibilities have been defined and accepted by concerned parties?	**YES**	**The existing management boa will manage the institution. The facility will be established a per ministry of health guidelines**
3.	Has an accessible grievance redress mechanism been set up and the community made aware of its existence?	**YES**	**The GRM mechanism exists.**
G. Result/Outcome of Environmental/ Social and Resettlement Screening Exercise			
No Environment Social Impact Assessment required		**NO**	**The project has low impact o environment**
Environment Social Impact Assessment required		**N/A**	**N/A**
RAP category required (RAP)		**NO**	**There will be no displacement o people**
Any special conditions		**N/A**	**N/A**
H: Authorization			
Screening undertaken by: **Julius Mielcazadeck Odhiambo**.... Designation**...Environment safeguards officers**		Signature.	
Screening undertaken by: **Elizabeth ..Juma Moi**..... **Designation. Social Safeguard officers**		Signature.	

SECTION 5: HUMAN RESOURCES AND ADMINISTRATIVE SUPPORT MODULE
Technical Capacity
• Recruitment of 200 specialized healthcare workers (2 neonatologist; 20 medical officers; 20 critical care nurses; 20 neonatal intensive care nurses; 2 obstetrics gynaecologists; 2 anesthesiologists; 10 anesthetists,19 laboratory technologist, 5 public health officers and 100 registered nurses • Continuous professional development programs • Partnerships with medical schools for residency and internship programs • Telemedicine capabilities for specialist consultations

Managerial Capacity
• Hospital management team with relevant qualifications and experience • Financial management systems and controls • Quality assurance and improvement programs • Patient safety and risk management systems

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SECTION 6: INSTITUTIONAL AND LEGAL MODULE

This studies the legal restrictions that may obstruct or impede project implementation or operation. Factors to consider include the following:

(a) What are the legal or regulatory issues that could be detrimental to or assist the project? **NCA certification of the project, NEMA certification, EPRA certification, County Approval**

(b) Is the entity that is supposed to manage the project properly organized and its management adequately equipped to handle the project? **Yes**

(c) Are the capabilities and facilities being properly utilized? **Yes**

(d) Is there a need for changes in the policy and institutional setup? **No**

(e) Outside this entity, what changes may be needed in the policies of the national and county governments? **None**

(f) What are the legal and regulatory requirements expected before the project is implemented? **NCA certification of the project, NEMA certification, EPRA certification, County Approval**

(g) What are the risks and legal and regulatory obligations that could increase costs or decrease the benefits? **None**

(h) Does the institution have requisite skills and capacity in line with the project requirements? **Yes**

(i) Are there suitable incentives or penalties in place to ensure project delivery is on time and within the budget? **Yes**

(j) Are there critical governance issues that may affect implementation? **None**

SECTION 7: FINANCIAL OR PRIVATE ANALYSIS

10 YEAR CASH FLOW PROJECTION
THE SIAYA COUNTY REFERRAL MOTHER CHILD HOSPITAL COMPLEX

ITEM	Y1	Y2	Y3	Y4	Y5	Y6	Y7	Y8	Y9	Y10
CASH INFLOWS (REVENUES)										
KDSP II GRANTS/COUNTY/NATIONAL	450,000,000	-								
SHA/SHIF Revenue			90,000,000	99,000,000	108,900,000	119,790,000	131,769,000	144,945,900	159,440,490	175,384,539
Private Patient Revenue			35,000,000	38,500,000	42,350,000	46,585,000	51,243,500	56,367,850	62,004,635	68,205,099
County Budget Support		250,000,000	225,000,000	247,500,000	272,250,000	299,475,000	329,422,500	362,364,750	398,601,225	438,461,348
Insurance and Other Revenue			20,000,000	22,000,000	24,200,000	26,620,000	29,282,000	32,210,200	35,431,220	38,974,342
TOTAL	**450,000,000**	**250,000,000**	**370,000,000**	**407,000,000**	**447,700,000**	**492,470,000**	**541,717,000**	**595,888,700**	**655,477,570**	**721,025,327**
CASH OUTFLOWS (OPEX)										
Personnel/Labour Costs			190,000,000	199,500,000	209,475,000	219,948,750	230,946,188	242,493,497	254,618,172	267,349,080
Operation and Maintenance Costs			25,000,000	26,250,000	27,562,500	28,940,625	30,387,656	31,907,039	33,502,391	35,177,511
Other Costs (utilities, supplies, etc.			20,000,000	21,000,000	22,050,000	23,152,500	24,310,125	25,525,631	26,801,913	28,142,008
Sub-total										
Construction costs										
Feasibility	3,050,000									

Design and Architectural	8,250,000									
Builded Works	220,000,000									
Mechanical works	91,400,000									
Electrical Works	42,300,000									
Provisional Sums	85,000,000									
Equipping and Commissioning	-	250,000,000								
TOTAL	**450,000,000**	**250,000,000**	**235,000,000**	**246,750,000**	**259,087,500**	**272,041,875**	**285,643,969**	**299,926,167**	**314,922,476**	**330,668,599**
NET CASH INFLOWS	-	-	**135,000,000**	**160,250,000**	**188,612,500**	**220,428,125**	**256,073,031**	**295,962,533**	**340,555,094**	**390,356,728**

Economic Analysis

- Initial Investment: A four-storey Mother and Child Hospital Complex in Siaya County would require significant upfront investment, estimated at KES 450 million.
- Funding Sources: Potential funding sources include National government of Kenya grants, County Government of Siaya Funding, private investment, and loans from financial institutions.
- Return on Investment (ROI): The hospital's ROI would depend on factors like patient volume, revenue streams, and operating costs. With a growing population and limited healthcare facilities in Siaya County, there's potential for significant returns.

Social Analysis

- Demographic Benefits: The hospital would cater to the healthcare needs of mothers and children in Siaya County, a region with high maternal and child mortality rates.
- Community Engagement: The hospital could foster community engagement through health education programs, workshops, and outreach initiatives, promoting healthy behaviours and disease prevention.
- Employment Opportunities: The hospital would create employment opportunities for healthcare professionals, administrative staff, and support staff, contributing to the local economy.
- Improved Healthcare Outcomes: By providing quality healthcare services, the hospital would improve healthcare outcomes for mothers and children, reducing morbidity and mortality rates in the region.

Challenges and Considerations

- Staffing: Attracting and retaining skilled healthcare professionals, particularly in specialized fields like obstetrics and gynaecology, might be challenging.
- Cultural Barriers: The hospital would need to address cultural barriers to healthcare seeking behaviour, such as negative attitudes towards facility-based delivery and postnatal care.
- Financial Accessibility: The hospital would need to ensure financial accessibility for patients, particularly those from low-income backgrounds, to utilize its services.

Best Practices

- Community-Based Initiatives: Implementing community-based initiatives, such as Community Health Promoters (CHPs), could help bridge the gap between

the hospital and the community.

- Partnerships: Collaborating with organizations like World Vision could provide support for infrastructure development, medical supplies, and capacity building for healthcare workers.
- Quality Improvement: Implementing quality improvement initiatives would ensure the hospital maintains high standards of care, fostering trust and confidence among patients.

SECTION 9: DISTRIBUTIONAL ANALYSIS

Distribution Analysis of Economic Benefits

The Siaya County Mother and Child Hospital Complex would generate various economic benefits to stakeholders, including:

Stakeholders:

1. Patients: Improved healthcare outcomes, reduced out-of-pocket expenses, and increased access to quality healthcare services.
2. County Government: Increased revenue through taxes, job creation, and improved health outcomes reducing healthcare costs.
3. Healthcare Workers: Employment opportunities, skills development, and improved working conditions.
4. Local Businesses: Increased economic activity through procurement of goods and services, and potential partnerships with the hospital.
5. Investors: Returns on investment through hospital operations and potential expansion.

Economic Benefits:

1. Job Creation: The hospital would create employment opportunities for healthcare professionals, administrative staff, and support staff.
2. Increased Economic Activity: The hospital would stimulate economic activity in the local economy through procurement of goods and services.
3. Improved Health Outcomes: The hospital would improve health outcomes for mothers and children, reducing healthcare costs and increasing productivity.
4. Increased Revenue: The hospital would generate revenue for the county government through taxes and fees.

Distribution of Benefits:

1. Patients: 40% (improved health outcomes, reduced out-of-pocket expenses)
2. County Government: 25% (increased revenue, job creation, improved health outcomes)
3. Healthcare Workers: 20% (employment opportunities, skills development, improved working conditions)
4. Local Businesses: 10% (increased economic activity, potential partnerships)
5. Investors: 5% (returns on investment)

SECTION 10: RISK (UNCERTAINTY) AND SENSITIVITY ANALYSIS

4. Risk and Mitigation Measures

Risk	Likelihood	Risk Impact	Mitigation Strategy
Construction delays due to weather or supply chain issues	Medium	Medium	• Detailed construction timeline with buffer periods • Multiple supplier contracts • Weather contingency plans

Cost escalation beyond budget	Medium	High	• Detailed cost estimates with 10% contingency • Fixed-price contracts where possible • Regular cost monitoring and control
Difficulty recruiting specialized staff	High	High	• Early recruitment processes • Competitive remuneration packages • Partnerships with training institutions • International recruitment if necessary
Equipment procurement delays	Medium	Medium	• Early procurement processes • Multiple supplier engagement • Phased equipment deployment
Community resistance or inadequate buy-in	Low	Medium	• Extensive community engagement • Stakeholder involvement in planning • Regular community updates and feedback sessions
Inadequate recurrent funding for operations	Medium	High	• Multi-year budget commitments • Revenue generation strategies • Development partner support for initial operations
Political changes affecting project continuity	Low	High	• Cross-party consensus building • Legal agreements and commitments • Integration in statutory county plans

SECTION 11: UPDATED PROJECT COSTS

Construction costs	
Item	**Cost**
Feasibility	3,050,000
Design and architectural	8,250,000
Builded Works	220,000,000
Mechanical works	91,400,000

Electrical Works	42,300,000	
Provisional Sums	85,000,000	
Sub Total	**450,000,000**	
Equipping and Commissioning	250,000,000	
Personnel cost	198,000,000	
Grand Total	**898,000,000**	

SECTION 12: ANNEXES

See attached (Refer to C- shaped component of the drawing)

LEVEL 2 WORK PLAN FOR FY: 2025-26