

COUNTY GOVERNMENT OF BUNGOMA

DEPARTMENT OF HEALTH & SANITATION

BUNGOMA COUNTY HEALTH AND SANITATION LOCUM ENGAGEMENT POLICY FOR HEALTH WORKERS

(2026-2031)

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DEPARTMENT OF HEALTH & SANITATION

LOCUM ENGAGEMENT POLICY FOR HEALTH WORKERS (2026-2031)

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BUNGOMA, KENYA.

FOREWORD

The health sector is a critical pillar in the realization of Bungoma County's commitment to providing equitable, accessible, and quality healthcare services as envisioned in the Constitution of Kenya 2010 and the County Integrated Development Plan (CIDP).

Healthcare service delivery often faces human resource challenges, including staff shortages due to leave, training, transfers, and emergencies. To mitigate these challenges and ensure service continuity, the Department of Health & Sanitation has developed this Locum Engagement Policy.

This policy provides a clear framework for the transparent, equitable, and cost-effective engagement of locum healthcare workers across all county health facilities. It aligns with the Constitution of Kenya, the County Governments Act, the Employment Act, the Health Act, and professional regulatory standards.

By implementing this policy, Bungoma County seeks to:

i. Maintain uninterrupted service delivery.
ii. Improve staff welfare by providing rest periods and protecting them from burn out.
iii. Standardize remuneration and engagement procedures.
iv. Promote accountability and prudent use of public resources.

I call upon all stakeholders – facility in-charges, sub-county teams, and county health managers – to adhere to this policy and ensure its successful implementation for the benefit of the people of Bungoma County.

CPA Chrispinus Barasa
County Executive Committee Member (CECM)
Department of Health & Sanitation

PREFACE

The Bungoma County Locum Engagement Policy (2026–2031) is a strategic framework designed to ensure uninterrupted healthcare service delivery through the structured engagement of temporary healthcare professionals. The health system in Bungoma County, like in many devolved units across Kenya, faces recurring challenges such as workforce shortages, absenteeism due to leave or training, and sudden increases in patient demand. While locum engagements have historically filled these gaps, the absence of a standardized county-level policy has sometimes resulted in inconsistencies, inefficiencies, and accountability challenges.

This policy provides clear guidance on when and how locum personnel should be engaged, who qualifies, the approved rates, supervision mechanisms, and accountability measures. It aligns with the Constitution of Kenya 2010, relevant national legislation, and county-specific health priorities as outlined in the County Integrated Development Plan (CIDP) and the County Health Sector Strategic and Investment Plan (CHSSIP).

The Preface reflects the County Government of Bungoma's commitment to equitable, transparent, and cost-effective healthcare staffing solutions that prioritize professionalism, fiscal prudence, and quality patient care. It is expected that all stakeholders—including facility in-charges, sub-county teams, hospital boards, and the County Health Management Team—will adhere to this policy and ensure its effective implementation for the benefit of all county residents.

David Maling'a

Department of Health and Sanitation,

ACKNOWLEDGEMENT

The development of the Bungoma County Locum Engagement Policy has been made possible through the collaborative efforts of multiple stakeholders in the health sector. We acknowledge the leadership and strategic guidance provided by the County Executive Committee Member for Health & Sanitation, the Chief Officer for Health.

We extend our appreciation to the County Health Management Team (CHMT), Sub-County Health Management Teams (SCHMTs)s, and facility in-charges whose operational insights shaped the practical aspects of this policy. Special recognition goes to the County Public Service Board for its guidance on human resource compliance and governance, as well as to professional regulatory bodies for ensuring alignment with licensing and ethical standards.

We are equally grateful to healthcare unions, professional associations, development partners, and community representatives who provided valuable feedback during stakeholder consultations. This collective input has ensured that the policy is both legally sound and operationally practical, addressing Bungoma's unique healthcare staffing realities.

Dr Caleb Wanambisi Watta
County director of Health and Sanitation
Department of Health and Sanitation,

EXECUTIVE SUMMARY

The Bungoma County Locum Engagement Policy (2026–2031) establishes a standardized, transparent, and legally compliant approach to the engagement of locum healthcare workers in public health facilities. It is designed to address temporary staffing needs arising from planned or unplanned staff absences, emergencies, or sudden increases in service demand, thereby ensuring uninterrupted healthcare delivery.

The policy covers eligibility criteria, approved locum rates, engagement processes, supervision, performance evaluation, reporting, monitoring, and auditing. It clearly defines the roles and responsibilities of key actors, including the County Public Service Board, the County Health Management Team, hospital boards, facility in-charges, and cadre-specific supervisors. Engagements are time-bound—generally not exceeding 30 consecutive days per contract—and strictly tied to approved budgets.

By aligning with the Constitution of Kenya, devolution laws, labour regulations, and health sector policies, the framework ensures that only qualified, licensed professionals are engaged and remunerated at approved rates (Annex 1). The policy also incorporates strong compliance, sanctions, and review mechanisms to safeguard public resources, promote accountability, and continuously improve efficiency.

Implementation of this policy is expected to result in improved continuity of care, equitable access to services, enhanced staff morale, and better utilization of both human and financial resources. Ultimately, the policy reinforces Bungoma County's commitment to delivering quality, accessible, and equitable healthcare services to all residents.

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ACRONYMS AND ABBREVIATIONS

BoM	Board of Management
CAP	Chapter (Laws of Kenya)
CDC	County Director of Health
CEC	County Executive Committee
CECM	County Executive Committee Member
CHMT	County Health Management Team
CHSSIP	County Health Sector Strategic and Investment Plan
CIDP	County Integrated Development Plan
CO	Clinical Officer
CPSB	County Public Service Board
DCI	Directorate of Criminal Investigations
EACC	Ethics and Anti-Corruption Commission
HR	Human Resources
KMPDC	Kenya Medical Practitioners and Dentists Council
KNDI	Kenya Nutritionists and Dieticians Institute
KMLTTB	Kenya Medical Laboratory Technicians and Technologists Board
MoH	Ministry of Health
NCK	Nursing Council of Kenya
OAG	Office of the Auditor-General
PFM	Public Finance Management
PPB	Pharmacy and Poisons Board
SCHMT	Sub-County Health Management Team
SHA	Social Health Authority
TOR	Terms of Reference

CHAPTER ONE: INTRODUCTION

1.1 Background

The Constitution of Kenya, 2010, under Article 43, guarantees every person the right to the highest attainable standard of health, including the right to healthcare services. The Fourth Schedule of the Constitution assigns county governments the responsibility for county health services, which include primary healthcare, county hospitals, ambulance services, promotion of primary healthcare, and licensing and regulation of county health facilities.

Bungoma County, like other counties in Kenya, operates within a devolved health system where service delivery is managed at the county level. This system depends heavily on the availability, accessibility, and performance of a skilled health workforce. However, several challenges, including workforce shortages, uneven distribution of staff, absenteeism due to leave, training, illness, or official duties, as well as increased service demand during public health emergencies, often disrupt service delivery.

To bridge these gaps and ensure uninterrupted healthcare services, county health departments frequently rely on locum healthcare workers—qualified professionals engaged temporarily to provide clinical or supportive services when regular staff are unavailable or when there is a sudden surge in workload.

1.2 Rationale for the Policy

The engagement of locum staff in Bungoma County lacks a standardized policy framework, leading to variations in recruitment processes, remuneration rates, contract terms, and supervision. This has sometimes resulted in burn outs inefficiencies, budget overruns, and challenges in accountability.

The Locum Engagement Policy provides a harmonized approach for:

i. Identifying service delivery gaps that require temporary staffing.

ii. Establishing clear engagement procedures for locum health workers.

iii. Standardizing locum reimbursements across all health facilities.

iv. Ensuring compliance with Kenyan labor laws, county public service regulations, and professional practice standards.

v. Promoting transparency, cost-effectiveness, and accountability in locum engagement.

1.3 Link to County and National Priorities

This policy is aligned with:

i. Kenya Vision 2030 – Social Pillar: Improved access to quality healthcare.

ii. Universal Health Coverage (UHC) Agenda – Ensuring all citizens have access to quality, affordable healthcare services.

iii. Kenya Health Sector Strategic Plan (KHSSP) and County Health Sector Strategic and Investment Plan (CHSSIP) – Strengthening human resources for health (HRH) as a key input in health service delivery.

iv. Bungoma County Integrated Development Plan (CIDP) – Enhancing human resource capacity for effective health service delivery.

v. Public Finance Management (PFM) Act, 2012 – Prudent and accountable use of public funds.

1.4 Problem Statement

Despite the critical role locum staff play in sustaining service delivery:

i. There has been no formal county policy to govern their engagement.

ii. Health facilities are unable to engage locum staff without approved rates, leading to burnouts and nonattendance to critical illness.

This policy addresses these challenges by providing a structured, legally compliant, and financially sustainable framework.

1.5 Objectives of the Policy

The objectives of the Bungoma County Locum Engagement Policy for health workers are to:

i. Ensure uninterrupted, high-quality healthcare service delivery through effective use of locum staff.

ii. Establish standardized procedures for the engagement of locum staff.

iii. Safeguard quality and patient safety by ensuring only qualified, licensed, and professionals are engaged.

iv. Enhance accountability, transparency, and cost-effectiveness in locum engagement.

v. Strengthen monitoring and evaluation mechanisms for locum performance and budget utilization.

1.6 Scope of Application

This policy applies to:

i. All public health facilities under the Bungoma County Government.

ii. All cadres of healthcare workers, including medical officers, clinical officers, nurses, pharmacists, pharmaceutical technologists, laboratory technologists, radiographers, public health officers, nutritionists, and other allied health professionals engaged on a locum basis.

iii. All circumstances requiring locum engagement, including coverage for leave, emergencies, or temporary workload surges.

1.7 Expected Outcomes

The implementation of this policy is expected to:

i. Improve continuity of care and reduce service delivery disruptions.

ii. Ensure equitable and fair engagement for locum staff across the county.

iii. Increase efficiency in the use of human and financial resources.

iv. Improve documentation and accountability in locum engagements.

v. Enhance public trust in county health services through consistent service provision.

CHAPTER TWO: PURPOSE AND GUIDING PRINCIPLES

2.1 Purpose of the Policy

The purpose of this Locum Engagement Policy is to provide a clear, standardized, and legally compliant framework for the engagement and management of locum healthcare workers within the Bungoma County health system.

This policy seeks to:

i. Guarantee Continuity of Care – Ensure uninterrupted healthcare service delivery in the event of staff shortages, emergencies, or increased service demands.

ii. Standardize Locum Engagement Practices – Establish uniform procedures across all health facilities for identifying needs, engagement and remunerating locums.

iii. Safeguard Professional Standards – Ensure that only qualified, licensed, and healthcare professionals are engaged on locums in compliance with regulatory requirements.

iv. Enhance Transparency and Accountability – Strengthen controls to ensure, ensure value for money, compliance with legal provisions, and clear performance monitoring mechanisms.

v. Promote Financial Sustainability – Align locum engagement with available budgets and county health financing strategies to avoid unfunded commitments.

2.2 Specific Objectives

This policy aims to:

i. Provide clear criteria for determining when and how locum staff should be engaged.

ii. Maintain an updated pool of eligible locum health care workers.

iii. Define roles and responsibilities of all actors in locum engagement and supervision.

iv. Standardize remuneration rates for locum staff based on cadre and workload.

v. Establish reporting, monitoring, and evaluation mechanisms for tracking locum performance and expenditure.

2.3 Guiding Principles

The implementation of this policy shall be anchored on the following principles:

a) Equity in Service Provision

All communities within Bungoma County should benefit equally from uninterrupted access to essential healthcare services, regardless of geographic location.

b) Professional Competence

Locums shall meet the same academic, professional, and regulatory standards as permanent staff, with valid licenses and certificates of good standing from their respective professional councils.

c) Transparency in Engagement

Engagement processes shall be open, merit-based, and documented, with clear justifications.

d) Accountability and Stewardship

All funds allocated for locum engagement shall be used solely for that purpose and in accordance with the Public Finance Management (PFM) Act, 2012, and relevant county treasury guidelines.

e) Cost-Effectiveness

Locum engagements shall be guided by the principle of achieving maximum service delivery benefit at the least possible cost without compromising quality.

f) Time-Bound Engagement

Locum contracts shall be limited to addressing immediate service delivery needs and shall not be used as a substitute for long-term recruitment of permanent staff. For the purposes of this policy, the maximum period of engaging a staff on locum shall not exceed five days, beyond which an approval form the hospital board should be sought.

g) Quality Assurance

Locum performance shall be monitored and evaluated regularly to ensure adherence to standard operating procedures (SOPs), treatment guidelines, and ethical standards.

h) Alignment with County and National Health Priorities

Locum engagement shall support the achievement of the Bungoma County Health Sector goals, the County Integrated Development Plan (CIDP), Universal Health Coverage (UHC) objectives, and the Kenya Health Sector Strategic Plan (KHSSP).

2.4 Policy Application Principles in County Context

In the context of Bungoma County's health system, the following:

i. Facility In-Charges shall initiate locum requests only after conducting a staffing gap analysis and confirming the absence of available permanent staff.

ii. Sub-County Health Management Teams (SCHMTs) and health facility management committees or hospital boards shall validate and approve locum requests before forwarding them to the County Department of Health.

iii. Budgetary Approval shall be sought before engagement to avoid commitments outside approved allocations.

iv. Performance Data shall be incorporated into quarterly County Health Sector performance review reports.

CHAPTER THREE: LEGAL AND POLICY FRAMEWORK

3.1 Introduction

This policy is grounded in Kenya's constitutional, legislative, and policy environment governing public service, health workforce management, and financial accountability. This framework provides the legal basis for engagement, remuneration, and oversight of locum healthcare workers. It ensures that all engagements comply with national laws, county regulations, and professional standards, while aligning with the broader health sector priorities such as Universal Health Coverage (UHC), the Kenya Health Sector Strategic Plan, and the Bungoma County Integrated Development Plan (CIDP).

By anchoring the policy in this framework, the County guarantees that locum engagement practices are lawful, transparent, equitable, and sustainable, and that they reinforce the principles of quality service delivery, accountability, and prudent use of public resources.

3.2 Constitutional Provisions

The Constitution of Kenya, 2010 establishes the overarching legal framework for governance, public service, and citizens' rights, and it serves as the primary legal foundation for this Locum Engagement Policy. The following provisions are particularly relevant:

a) Article 43(1)(a): Right to the highest attainable standard of health

This Article guarantees every person in Kenya the right to the highest attainable standard of health, which includes the right to healthcare services. For Bungoma County, this constitutional obligation means ensuring that all residents have continuous access to essential health services. The engagement of locum healthcare workers is a strategic mechanism to fulfil this right, especially in situations where staff shortages threaten service continuity. By having a structured locum framework, the County ensures that healthcare services remain available, accessible, acceptable, and of high quality at all times.

b) Article 10: National values and principles of governance

Article 10 enshrines the values of transparency, accountability, participation of the people, equity, and non-discrimination as guiding principles in public administration. This policy applies these values in several ways:

i. Transparency: Clear, documented procedures for locum engagement and remuneration.

ii. Accountability: Defined roles, responsibilities, and reporting requirements for all parties involved in locum engagement.

iii. Equity: Ensuring that locum services are distributed fairly across all parts of the county, including underserved and remote areas, without discrimination based on location, gender, ethnicity, or socio-economic status.

iv. Public Participation: Involving relevant stakeholders, such as facility managers and community representatives through health facility management committees, in assessing service gaps and planning locum engagements.

c) Article 232: Values and principles of public service

Article 232 outlines the core principles that govern the conduct of public officers, which are equally binding on locum healthcare workers engaged in the county public service. These include:

i. High standards of professional ethics: Locums are expected to uphold professional integrity, respect patient confidentiality, and comply with all codes of conduct set by their respective regulatory bodies.

ii. Accountability for administrative acts: Facility in-charges, Sub-County Medical Officers of Health (SCMOHs), and other approving authorities must ensure that locum engagements are justified, documented, and reported.

iii. Efficient, effective, and economic use of resources: Locum services must be planned and budgeted in a way that ensures value for money and avoids wastage of county resources.

iv. Responsive, prompt, and effective service delivery: Locums are expected to integrate seamlessly into service delivery teams and maintain the same quality and timeliness of care as permanent staff.

3.3 Devolution Laws

The devolution framework in Kenya, as established by the County Governments Act, 2012, places the responsibility for managing and delivering county health services squarely on county governments, including the planning, budgeting, staffing, and oversight of health facilities. This mandate empowers Bungoma County to develop and implement policies—such as the Locum Engagement Policy—that address local health workforce needs and ensure uninterrupted service delivery. In parallel, the Intergovernmental Relations Act, 2012 provides mechanisms for structured cooperation, consultation, and coordination between the national and county governments in health workforce matters, including capacity building, resource mobilization, and adherence to national health standards. Together, these laws enable the County to exercise autonomy in health service delivery while maintaining alignment with national health policies and benefiting from technical and financial support through intergovernmental collaboration.

3.4 Public Service and Labor Laws

The engagement of locum healthcare workers within Bungoma County is governed by various public service and labor laws that regulate employment relationships, workplace standards, and professional conduct. The Public Service Commission Act, 2017 provides for the appointment, remuneration, and performance management of public officers, including those engaged on temporary terms, ensuring that all appointments are merit-based, transparent, and accountable. The Employment Act, 2007 establishes the minimum terms and conditions for any form of employment, including temporary or casual engagements, covering aspects such as contracts, remuneration, working hours, leave entitlements, and termination procedures. The Labor Relations Act, 2007 further regulates the relationship between employers and employees, including the recognition of employee rights and the handling of disputes, while the Occupational Safety and Health Act, 2007 guarantees safe and healthy working environments for all workers, including locums, by outlining employer obligations in workplace safety, health risk management, and provision of protective equipment. Compliance with these laws ensures that locum engagements are lawful, equitable, and aligned with Kenya's broader employment standards, safeguarding both the rights of the healthcare worker and the interests of the county government.

3.5 Health Sector Laws and Guidelines

The engagement of locum healthcare workers in Bungoma County must also comply with national health sector laws, regulations, and professional practice guidelines that safeguard the quality, safety, and ethics of healthcare service delivery. The Health Act, 2017 establishes a unified health system and sets out national standards for the provision of healthcare, including human resource requirements, which counties are obliged to implement. Professional regulatory bodies such as the Kenya Medical Practitioners and Dentists Council (KMPDC), Nursing Council of Kenya (NCK), Pharmacy and Poisons Board (PPB), Clinical Officers Council, and the Medical Laboratory Technicians and Technologists Board (MLTTB) regulate licensing, scope of practice, and professional conduct for respective cadres, ensuring that only duly qualified and licensed personnel are engaged as locums. These bodies also issue certificates of good standing, which form part of the vetting process before engagement. Additionally, national Human Resource for Health (HRH) policy documents, standard treatment guidelines, and service delivery protocols guide the conduct and performance of locums, ensuring their integration into existing systems without compromising service quality. Adherence to these sector-specific legal and regulatory requirements safeguards patient safety, upholds professional ethics, and aligns locum engagements with both county and national health objectives.

3.6 County-Specific Policies and Plans

Locum engagement in Bungoma County is also guided by county-level policies, strategies, and planning documents that respond to the county's unique health service delivery challenges and priorities. The Bungoma County Integrated Development Plan

(CIDP) outlines the county's medium-term development agenda, including strengthening human resources for health as a strategic objective to improve access to quality healthcare. The Bungoma County Health Sector Strategic and Investment Plan (CHSSIP) operationalizes these priorities and as such, identifying locum engagement as a short-term human resource strategy to address critical staffing gaps, especially in under-served rural areas, high-volume facilities, and during seasonal disease outbreaks is well aligned. Annual planning tools such as the County Annual Development Plans (ADPs) and Annual Work Plans (AWPs) provide specific targets and budget allocations for staffing, ensuring that engagements are tied to approved workplans and are financially sustainable. These county-specific instruments are informed by local realities, including persistent workforce shortages, high patient volumes, and the need to maintain service continuity. Aligning locum engagement with these county plans ensures that staffing interventions are not only lawful but also strategically targeted to priority service delivery needs.

CHAPTER FOUR: POLICY STATEMENT

The Bungoma County Government, through the Department of Health and Sanitation, is committed to ensuring the uninterrupted provision of quality, accessible, and equitable healthcare services to all residents, in line with the Constitution of Kenya, 2010, national health policies, and county development priorities. Recognizing that staffing gaps—whether arising from planned leave, unplanned absenteeism, training assignments, emergencies, or surges in service demand—pose a significant risk to service continuity, the County affirms the strategic role of locum healthcare workers as a short-term, targeted human resource solution.

This policy establishes a standardized framework for the engagement, remuneration, supervision, and performance evaluation of locum healthcare workers across all public health facilities in the county. It ensures that locum engagements are:

i. Legally compliant, adhering to constitutional provisions, relevant national legislation, county laws, and professional regulatory requirements.

ii. Professionally sound, with only duly qualified and licensed individuals engaged.

iii. Transparent and equitable, with clear procedures for need identification, approval, and payment.

iv. Financially sustainable, with locum costs planned, budgeted, and tracked in alignment with the Public Finance Management (PFM) Act, 2012.

v. Accountable, with robust documentation, reporting, and audit mechanisms in place.

The County will maintain an updated pool of locum candidates for rapid engagement and will ensure that all locum engagements are time-bound, needs-driven, and linked to approved budgets and service delivery targets. No locum engagement shall be used as a substitute for long-term staffing solutions, and the County will progressively work to strengthen permanent staffing capacity while using locums only as a complementary measure.

Through this policy, Bungoma County reaffirms its dedication to safeguarding the health and well-being of its residents by ensuring that service delivery gaps are addressed promptly, effectively, and in a manner that upholds the highest standards of ethics, professionalism, and prudent use of public resources.

CHAPTER FIVE: DEFINITIONS

For the purposes of this policy, the following terms shall have the meanings assigned to them:

Locum – A qualified healthcare professional engaged on a temporary basis to provide clinical or related services for a defined period, primarily to cover for staff shortages or increased service demand.

Engaging Authority – The duly authorized officer responsible for approving and overseeing locum engagement at facility, sub-county, or county level, including the Facility In-Charge, Sub-County Medical Officer of Health (SCMOH), Medical Superintendent, or County Director of Health.

Locum Pool – An approved list of healthcare professionals eligible for locum engagement, maintained and updated periodically by the County Department of Health.

Approved Locum Rate – The official daily or hourly remuneration rate for locum services as set and approved from time to time by the County department of Health and Sanitation.

Service Surge – A sudden or seasonal increase in healthcare service demand, such as during disease outbreaks, or mass casualty incidents, which may require temporary staffing reinforcement.

Staffing Gap – A shortage in the required number of healthcare workers in a facility due to planned or unplanned staff absence, unfilled positions, or increased workload beyond existing capacity.

Unfilled positions – Shortfalls of staff as per the approved the staff establishment of a health facility.

Professional Regulatory Body – The national statutory body mandated to license, regulate, and oversee the practice of specific healthcare cadres, including the Kenya Medical Practitioners and Dentists Council (KMPDC), Nursing Council of Kenya (NCK), Pharmacy and Poisons Board (PPB), Clinical Officers Council, and Medical Laboratory Technicians and Technologists Board (MLTTB).

Facility In-Charge – The officer responsible for the day-to-day management of a health facility, including initiating locum requests and supervising locum staff.

CHAPTER SIX: ELIGIBILITY & ENGAGEMENT PROCESS

6.1 Purpose of this Chapter

This chapter provides clear, standardized procedures for determining when and how locum healthcare workers may be engaged within Bungoma County. It outlines who qualifies, who can authorize engagement, how remuneration is determined, the maximum duration of service, and the mechanisms for supervision and performance evaluation.

6.2 Who Should Engage Locums

Locum healthcare workers shall only be engaged upon formal approval by the authorized engaging authority, which may include:

i. Facility In-Charge – Initiates the request after identifying a staffing gap, ensure adequate budget provision, engage locums and supervise.

ii. Sub-County Medical Officer of Health (SCMOH) – Validates and endorses the request for primary health facilities before it is escalated to the County Director of Health.

iii. County Director of Health – Review and approve requests from health facilities, confirm compliance with policy and budget provisions.

iv. Hospital Board or Health Facility Management Committee – Reviews and approves locum requests, ensuring they are justified and aligned with facility workplans.

v. County Public Service Board (CPSB) – Provides overarching HR oversight, share delegated mandate of engaging staff on locum with the department sanitation; and maintains compliance with county employment regulations.

6.3 Role of the County Public Service Board (CPSB)

The CPSB shall:

i. Maintain oversight to ensure engagements are lawful, merit-based, and time-bound.

ii. Provide HR advisory support on engagement standards, documentation, and dispute resolution.

iii. Share delegated mandate of engaging staff on locum with the department sanitation

6.4 Approved Locum Rates

Reimbursement for locum health workers shall be in accordance with the approved locum rates (Annex 1) which will be subject to a review every **three years** or earlier as necessary.

6.5 Who Qualifies for Locum

A health care worker eligible for locum must:

i. Be duly registered and licensed by the relevant professional regulatory body.

ii. Hold a valid certificate of good standing from the regulatory body.

iii. Have a minimum of one year of post-qualification work experience in the relevant cadre (exceptions allowed for emergency deployments).

iv. Provide copies of National ID, KRA PIN, NSSF, and bank details for payment processing.

6.6 Duration of Engagement

i. Maximum 30 consecutive days per contract.

ii. May be renewed once with written justification and approval through the same process.

iii. Continuous engagement beyond 60 days in a calendar year is prohibited unless explicitly authorized.

6.7 Evaluation and Sign-Off Process

Each locum shall be assigned a designated supervisor who will be section/unit head of the health facility where services are rendered. At the county/ sub county levels, respective section heads/ cadre chiefs should be notified of the said locum engagements. For instancfe,

For nurses: County Nurse Manager or Sub-County Nurse in the CHMT.

For clinical officers: County/SC Clinical Officer in the CHMT.

For laboratory staff: County/SC Lab Manager, etc.

Daily attendance and activity logs must be signed by the supervisor.

A Locum Performance Evaluation Form (Annex 4) shall be completed at the end of the engagement, covering punctuality, competence, teamwork, adherence to protocols, and patient feedback.

The supervisor shall recommend payment approval based on satisfactory performance.

The Facility In-Charge shall sign off the final payment form to confirm services were delivered.

6.8 Responsibility for Locum Engagement Quality

The following shall be responsible for Locum Engagement Quality:

i. Hospital Management Team (HMT) – Ensures locum roles are aligned with service priorities and quality standards.

ii. Line Manager (Cadre Chief) at the CHMT/SCHMT – Reviews scope of work, supervises clinical standards.

iii. Immediate supervisor- assigns duties and assess performance

iv. Facility In-Charge – Oversees day-to-day duties, ensures proper induction, and resolves operational issues.

6.9 Duration Of Engagement And Terms Of Service

6.9.1 Duration of Engagement

The following shall apply as it regards the duration of engagement on locum: Maximum Contract Period: Each locum engagement shall be for a period not exceeding thirty (30) consecutive calendar days per contract.

Engagements may be renewed once, subject to documented justification, demonstrated continued need, and formal re-approval through the standard engagement process.

Annual Limit: A locum shall not serve for more than sixty (60) days in total within a single financial year, unless explicitly authorized in writing by the County Chief officer of Health in exceptional circumstances such as prolonged emergencies or specialized service needs.

Start and End Dates: The engagement start date shall be the first day the locum physically reports to duty, following signing of the Locum Engagement Form (Annex 3). The end date shall be the last day of agreed service, after which payment shall be processed only for the verified days/hours worked.

6.9.2 Terms of Service

Nature of Engagement: Locum appointments are temporary, needs-based, and non-pensionable.Engagement does not confer any claim to permanent employment within the Bungoma County Public Service.

Working Hours:Locums shall work in accordance with the facility's standard duty roster, generally 8 hours per day or as determined by the Facility In-Charge, with shifts that may include weekends, nights, or public holidays depending on service needs.

Any deviation from standard hours shall be pre-approved by the supervisor and compensated at the agreed hourly rate.

Remuneration: Locums shall be paid at the approved county rates as provided in Annex 1.

Payment will be made upon submission of: Verified attendance logs, Completed Performance Evaluation & Payment Verification Form (Annex 4) signed by the supervisor and other required signatories

All remuneration is subject to statutory deductions.

Induction and Orientation: Locums shall undergo a brief orientation on facility operations, safety procedures, clinical guidelines, and reporting structures before commencing duties.

Supervision and Accountability: Each locum will be assigned a designated supervisor (cadre-specific line manager at CHMT /SCHMT and facility level) responsible for daily oversight, verification of duties performed, and completion of evaluation forms. Locums are expected to comply with professional codes of conduct, facility Standard Operating Procedures (SOPs), and all relevant national and county health regulations.

Leave and Off-Days: Locum engagements are short-term and therefore do not accrue annual, sick, or maternity leave. Where justified, unpaid off-days may be granted by the supervisor without extension of the contract end date.

Termination of Engagement: The County may terminate a locum engagement before the agreed end date for: Misconduct, negligence, or breach of professional ethics, Poor performance, Loss of license or regulatory body sanction, Budget constraints or service reorganization

The locum may resign before the contract end date by giving a minimum of three (3) working days' written notice to the Facility In-Charge.

Professional Indemnity: Locums must hold valid professional indemnity cover where applicable, as per their cadre's regulatory requirements.

CHAPTER SEVEN: MONITORING, REPORTING & AUDIT

Effective monitoring, timely reporting, and regular auditing are critical to ensuring that the engagement of locum healthcare workers in Bungoma County remains transparent, efficient, and accountable. This chapter sets out the reporting frequencies, monitoring tools, and audit mechanisms that will be used to track locum utilization, performance, and expenditure.

7.1 Reporting Frequency

a) Monthly Reports

Responsibility: Each Facility In-Charge shall compile a monthly locum utilization report, which includes:

i. Number of locums engaged by cadre.

ii. Dates and duration of engagement.

iii. Justification for engagement.

iv. Total cost incurred for the month.

v. Performance observations or challenges noted.

Workflow:

Facility In-Charge submits report to the Sub-County Medical Officer of Health (SCMOH).

SCMOH consolidates reports from all facilities within the sub-county. The consolidated sub-county report is submitted to the County Health Management Team (CHMT) for review.

b) Quarterly Consolidated Reports

Responsibility: The County Director of Health compiles a county-wide locum utilization reports every quarter, based on submissions from all SCMOHs and Medical Superintendents.

Contents:

i. Comparative analysis of locum engagements across sub-counties and facilities.

ii. Cost trends against budget allocations.

iii. Identification of recurrent staffing gaps requiring permanent solutions.

iv. Recommendations for improving efficiency and reducing unnecessary locum reliance.

Submission: The quarterly report is presented to the County Executive Committee Member (CECM) – Health & Sanitation for policy direction and budget oversight.

7.2 Monitoring Tools

The County shall utilize the following tools to track locum engagement and ensure proper oversight:

i. Facility Attendance Registers

All locum staff must sign in and out daily, indicating arrival and departure times. Registers shall be reviewed weekly by the Facility In-Charge and signed off monthly by the designated supervisor.

ii. Engagement and Payment Forms

Standardized forms (Annexes 2, 3, and 4) must be used for every stage of locum management:

Annex 2: Locum Engagement Request Form – to initiate engagement.

Annex 3: Locum Engagement Form – to formalize contract terms.

Annex 4: Locum Performance Evaluation & Payment Verification Form – to verify service delivery before payment.

7.3 Audit

Auditing ensures that locum engagements comply with approved procedures, budgetary controls, and legal requirements.

Internal Audit

The County's Internal Audit Unit shall conduct bi-annual audits of locum engagements and expenditures.

The audit will review:

i. Authorization of engagements.

ii. Compliance with approved rates.

iii. Adequacy and completeness of documentation.

Alignment of locum spending with budget provisions.

Findings shall be shared with the County Director of Health, CECM – Health, and the County Treasury for corrective action.

External Audit

The Office of the Auditor-General (OAG) may conduct periodic audits of locum engagements as part of its mandate to oversee public expenditure.

i. The OAG audit will assess:

ii. Value for money in locum engagements.

iii. Integrity of the locum management process.

iv. Any irregularities or misuse of public funds.

Recommendations from OAG audits shall be incorporated into subsequent policy reviews and operational adjustments.

Follow-Up on Audit Findings

All audit findings shall be addressed through an Audit Action Plan developed by the CHMT in consultation with the County Treasury.

CHAPTER EIGHT: COMPLIANCE & SANCTIONS

All actors involved in Bungoma County's locum engagement process are required to strictly follow approved procedures, maintain complete documentation from request to payment, apply only the approved locum rates, and ensure that all personnel are engaged in line with county HR guidelines. They must also adhere to relevant laws such as the Public Finance Management Act, the Employment Act, and professional regulatory standards, while submitting timely monthly and quarterly reports. Non-compliance includes unauthorized engagement, overpayment without approval, payment without service delivery, falsifying records, conflicts of interest, professional misconduct, and misuse of funds.

To safeguard accountability, the policy outlines sanctions for county staff, locum personnel, and hospital boards or management teams who breach its provisions. Disciplinary measures range from administrative action, termination, and blacklisting, to financial recovery, regulatory reporting, and legal prosecution. The County Department of Health will maintain a locum engagement complaints register, conduct investigations within defined timelines, and implement corrective actions promptly, with follow-up monitoring to ensure full compliance.

CHAPTER NINE: POLICY REVIEW

9.1 Review Period

This Locum Policy shall be reviewed every three (3) years to ensure its relevance, effectiveness, and alignment with emerging health workforce needs, legal frameworks, and financial realities of Bungoma County's health system. However, interim reviews may be undertaken earlier if:

i. There are significant changes in the Constitution of Kenya, national legislation, or county laws affecting health workforce management.

ii. There is a major health sector reform, such as revisions in the Kenya Health Policy or introduction of new funding mechanisms.

iii. The County Executive Committee Member (CECM) for Health & Sanitation determines that operational challenges or audit findings warrant immediate amendments.

9.2 Review Responsibility

The County Department of Health & Sanitation, through the County Chief Officer Health and Sanitation, shall lead the review process in consultation with:

County Public Service Board (CPSB) – for alignment with county HR policies and approval of changes affecting terms of service.

County Treasury – for assessing the fiscal sustainability of revised locum rates and provisions.

Hospital Boards and Facility Management Teams – for operational insights and implementation feedback.

Professional Regulatory Bodies – to ensure compliance with licensing and professional standards.

Health Workforce Stakeholders – including unions, professional associations, and development partners active in Bungoma County.

9.3 Review Process

Initiation – The County Chief officer for Health and sanitation, upon approval from the CECM Health & Sanitation, shall formally notify stakeholders of the upcoming policy review.

Situation Analysis – Collection of data on locum engagement patterns, budget utilization, compliance levels, and service delivery outcomes.

Stakeholder Consultations – Engagement through workshops, focus groups, and written submissions to collect feedback from all levels.

Drafting and Validation – Preparation of the revised policy draft, followed by a validation forum with key stakeholders.

Approval and Adoption – Submission to the County Executive Committee for approval, and onward transmission to the County Assembly for noting (where applicable).

Dissemination – Circulation of the updated policy to all health facilities, sub-county health offices, and publication on the county website.

9.4 Amendment Recording

All amendments made during a review cycle shall be documented indicating: Clause/Section revised, Nature of amendment, Date of approval, Approving authority,and Rationale for change

This ensures transparency, institutional memory, and ease of reference for future reviews.

Annex 1: Approved Locum Rates by Cadre

Note:

Rates are reviewed every three (3) years or earlier based on market trends, fiscal capacity, and HRH needs.

i. The daily rate is calculated for an 8-hour working day (excluding meal breaks).

ii. The hourly rate applies where partial-day engagements are necessary.

iii. All rates are gross and subject to statutory deductions.

Cadre	Description	Daily Rate (KES)	Hourly Rate (KES) where applicable	Remarks
Medical Specialist / Consultant	Specialists in areas such as Surgery, Internal Medicine, Obstetrics & Gynaecology, Paediatrics, Anaesthesia, Orthopaedics, Radiology, etc.	8,000	1,000	Rate reflects high skill level, scarcity, and specialized service demand.
Medical Officer	Bachelor of Medicine & Surgery (MBChB), licensed by KMPDC.	6,000	750	Includes general duty and on-call assignments.
Dental Officer	Bachelor of Dental Surgery, licensed by KMPDC.	6,000	750	Covers routine and emergency dental services.
Pharmacist	Bachelor of Pharmacy, licensed by PPB.	6,000	750	Includes clinical pharmacy and dispensing roles.
Clinical officer/ nurses' specialists with higher diploma	Higher national diploma in the respective field and registration by the appropriate regulatory body	3,000	500	Specialized clinical/ nursing services
Clinical Officer	Diploma in Clinical Medicine, licensed by Clinical Officers Council.	1,500	375	Includes outpatient, inpatient, and emergency coverage.

Registered Nurse / Midwife	Diploma/Degree in Nursing or Midwifery, licensed by NCK.	1,500	375	Includes general and maternity services.
Enrolled Nurse	Certificate in Nursing, licensed by NCK.	1,200	200	Mostly supportive roles in patient care.
Pharmaceutical Technologist	Diploma in Pharmacy, licensed by PPB.	1,500	375	Dispensing and stock management roles.
Laboratory Technologist	Diploma in Medical Laboratory Sciences, licensed by MLTTB.	1,500	375	Diagnostic and laboratory services.
Radiographer / Imaging Technologist	Diploma in Medical Imaging Sciences, licensed by relevant body.	1,500	375	Includes X-ray, ultrasound, CT scan, MRI.
Physiotherapist / Occupational Therapist	Diploma licensed by relevant body.	1,500	375	Rehabilitation services.
Nutritionist / Dietician	Diploma in Nutrition, licensed by KNDI.	1,500	375	Nutrition counselling and therapeutic diets.
Public Health Officer	Diploma in Public Health, licensed by relevant body.	1,500	375	Environmental health, health promotion, community outreach.
Public Health Technician	Certificate in Public Health.	1,200	200	Supportive community and facility-based services.
Community Health Extension Worker (CHEW) - *Exceptional Locum Engagement*	Certificate in Community Health, engaged for outreach or emergency community-based programs.	1,200	200	Only engaged in exceptional cases approved by County Director of Health.

Conditions for Rate Application

i. Specialist Rates may vary based on procedure intensity, risk, and duration; these may be negotiated for rare specialties and appropriate approval sought.

ii. Locum staff engaged for night shifts, weekends, or public holidays may receive a 10% premium, subject to budget availability and approvals.

iii. Rates apply uniformly across all county facilities, with no unauthorized variation at facility level.

iv. Payment is contingent upon verified attendance and performance evaluation as per Annex 4.

Annex 2: Locum Engagement Request Form

BUNGOMA COUNTY GOVERNMENT
DEPARTMENT OF HEALTH & SANITATION
HEALTH AND SANITATION LOCUM ENGAGEMENT REQUEST FORM

1. Facility Details

Facility Name: _____

Facility Level (Dispensary / Health Centre / Sub-County Hospital / County Referral): _____

2. Request Details

Cadre Required: _____

Number of Locum Staff Requested: _____

Dates of Engagement: From ____/____/20___ to ____/____/20___

Daily / Hourly Rate (per Annex 1): _____

Total Estimated Cost (KES): _____

3. Reason for Engagement (*tick as applicable*)

☐ Planned Leave Cover

☐ Sick Leave Cover

☐ Training/Official Duty Cover

☐ Service Surge (Outbreak/Emergency)

☐ Specialized Service Gap

☐ Other (Specify): _____

4. Justification (Briefly explain staffing gap and expected outcomes)

_____

_____

_____

5. Funding Source

☐ Facility Improvement Fund (FIF)

☐ County HRH Budget

☐ Emergency Allocation

☐ Other (Specify): _____

6. Approvals

Name / Title	Signature	Date
Facility In-Charge		
Hospital Board / Health Facility Management Chairperson (where applicable)		
SCMOH		
County Director of Health		

Annex 3: Locum Engagement Form

BUNGOMA COUNTY GOVERNMENT
DEPARTMENT OF HEALTH & SANITATION
HEALTH AND SANITATION LOCUM ENGAGEMENT FORM

1. Locum Details

Full Name: _____

Cadre: _____

Professional License No.: _____

Issuing Regulatory Body: _____

Certificate of Good Standing No.: _____

National ID/Passport No.: _____

KRA PIN: _____ NSSF No.: _____

Bank Account Details: _____

2. Engagement Details

Facility of Engagement: _____

Dates of Service: From ____/____/20___ to ____/____/20___

Daily Rate (KES): _____ Hourly Rate (KES): _____

Total Estimated Cost (KES): _____

Funding Source: _____

3. Duties and Responsibilities

1. _____

2. _____

3. _____

4. Supervisor Details

Name of Supervisor: _____

Designation/Cadre Chief: _____

Contact Information: _____

Role in Supervision: _____

5. Approval Signatures

Name / Title	Signature	Date
Locum (I agree to the terms of this engagement)		
Facility In-Charge		
Line Manager (Cadre Chief, CHMT/SCHMT)		
SCMOH		

6. Declaration

I, the undersigned locum, confirm that I have read and understood the Bungoma County Locum Engagement Policy and agree to abide by its provisions, professional ethics, and applicable laws during the course of this engagement.

Locum Name: _____ Signature: _____ Date: ____/____/20___

Annex 4: Locum Performance Evaluation & Payment Verification Form

BUNGOMA COUNTY GOVERNMENT
DEPARTMENT OF HEALTH & SANITATION
LOCUM PERFORMANCE EVALUATION & PAYMENT VERIFICATION FORM

1. Locum Details

Full Name: _____

Cadre: _____

Professional License No.: _____

Facility of Engagement: _____

Sub-County: _____

Dates of Service: From ____/____/20___ to ____/____/20___

2. Performance Evaluation (Rate 1-5; 1=Poor, 5=Excellent)

Punctuality and attendance: _____ / 5

Adherence to professional ethics: _____ / 5

Competence in assigned duties: _____ / 5

Teamwork and collaboration: _____ / 5

Communication skills: _____ / 5

Adherence to clinical/service protocols: _____ / 5

Patient satisfaction/feedback: _____ / 5

Overall Performance Rating (average score): _____ / 5

3. Supervisor's Comments

_____

_____

_____

4. Payment Verification

Total Days Worked: _____

Daily Rate (KES): _____ Total Payment Due (KES): _____

Funding Source: _____

Name / Title	Signature	Date
Immediate Supervisor		
Facility In-Charge		

5. Declaration

I confirm that the above-named locum has satisfactorily completed their assigned duties for the specified engagement period, and the payment details provided above are correct to the best of my knowledge.