

EMBU COUNTY GOVERNMENT



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Date: 18th June, 2025

The Clerk

County Assembly of Embu
P.O. Box 140-60100
EMBU

③
Hon. Spencer
PL Approve Tabling
of the Locum Policy
24/09/2025

RE: EMBU COUNTY HEALTH SERVICES ACT 2024 AND POLICIES

The above subject matter refers.

Forwarded herewith, please find the amended Act and Policies developed by the Department of Health Services for your necessary action. These were deliberated and approved by the County Executive Committee in its sitting on 5th June, 2025.

1. Embu County Health Services Act, 2024
2. Embu County Government Volunteerism Policy
- ✓ 3. Embu County Locum Policy

Thank you for your continued support

Amy Ruria RCrin
**COUNTY SECRETARY &
HEAD OF PUBLIC SERVICE**



①
DLIC
Review and provide
legal opinion on these
documents
19/06/2025



Encls.

PCA - LOP
T.W.A.
DLICs
29/9/2025

②
CCA
The policy aligns well
with current legal requirements
Though it is unsigned. It can
still be reviewed by the relevant
committee before formal
adoption by the C. Assembly
DLIC
19/9/2025

EMBU COUNTY GOVERNMENT



ALPCS
T.N.A
29/09/2025

Approved for Tabling

[Signature]

SCA
29/09/25

DEPARTMENT OF HEALTH

EMBU COUNTY LOCUM POLICY

MAY 2025.



FOREWORD

Embu County Government is committed to delivering high-quality healthcare services to its citizens. To address the human resource challenges in the health sector, this locum policy for staff in the Department of Health Services is presented.

Embu County Government, through the Department of Health Services, is entrusted with the vital task of providing comprehensive healthcare services to its residents.

Healthcare provision in Embu County is structured across three tiers, progressively specialized as tier one (community), tier two (level 2 and 3), and tier three (level 4 and 5 hospitals). The department recognizes a significant shortfall in human resource in all health facilities, hindering the realization of universal health coverage. This scarcity underscores the urgent need to prioritize human resource capacity-related initiatives to address these deficiencies effectively.

In light, of the prevailing shortage of healthcare personnel, exacerbated by factors such as inadequate infrastructure and skewed distribution patterns, the Department acknowledges the imperative to implement locum policy as a strategic intervention to enhance its workforce. This policy framework is designed to regulate the engagement of healthcare professionals on locum basis, aligning with constitutional mandates and statutory provisions governing healthcare service delivery at the county level.

Establishing a formal regulatory framework for Locum engagements presents a valuable opportunity to enhance our healthcare workforce. By proactively developing and implementing this policy document, and through collaborative efforts with all key stakeholders, we can effectively strengthen our health systems and ensure timely deployment of essential personnel.

JAMAL. A. RUNYENJE, OGW
COUNTY EXECUTIVE COMMITTEE MEMBER- HEALTH
EMBU COUNTY

ACKNOWLEDGEMENT

Sincere gratitude to all individuals and teams that contributed to the development of the Locum Policy. Their commitment, insights, and collaborative efforts have been invaluable in shaping a comprehensive and practical framework that supports continuity of care, staff well-being, and operational efficiency.

Special thanks to the Governor H. E Cecily M. Mbarire, EGH for providing invaluable guidance and support towards the development of this policy.

Appreciation goes to the County Executive Committee Members, County Secretary & Head of Public Service, County Public Service Board, Embu Level 5 Hospital Board, Chief Officers, CEO Embu Level 5 Hospital, Office of County Attorney, Embu County Health Advisor, County Human Resource Department and CHMT for their guidance and expertise throughout this process.

This policy reflects our shared commitment to maintaining high standard service delivery while providing flexible workforce solutions.

MR. ALFRED KAMAU MUGAI
CHAIRMAN
COUNTY PUBLIC SERVICE BOARD

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LIST OF ABBREVIATIONS

AIE	Authority to Incur Expenditure
BETA	Bottom up Economic Transformation Agenda
CPSB	County Public Service Board
CECM	County Executive Committee Member
CHMT	County Health Management Team
CEO	Chief Executive Officer
COK	Constitution of Kenya
CU	Community Unit
EGH	Elder of Golden Heart
H. E	Her Excellency
HRH	Human Resources for Health
HIV	Human Immuno-Deficiency Virus
KPI	Key Performance Indicator
MOH	Ministry of Health
OGW	Order of Grand Warrior
PnP	Permanent and Pensionable
PSC	Public Service Commission
SRC	Salaries & Remuneration Commission
UHC	Universal Health Coverage
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Human Resource for Health - Refers to all people engaged in actions whose primary intent is to enhance health. This includes and not limited to both clinical and non-clinical staff working in health care and public health systems—such as Doctors, Nurses, Midwives, Pharmacists, Lab Technicians, Community Health Workers, Administrators, and Health System Managers.

Locum policy - A formal document or a set of guidelines that outlines how an organization typically in the health sector manages temporary or locum tenens when regular staff are unavailable due to leave, illness or vacancy.

Locum Staff - A person working in a temporary capacity to provide cover for an absent employee or to address short term changes or demands in delivery service.

Authorized officer – includes: -

- a) The holder of the office of county chief officer in a county department; or
- b) In case of a department that is not assigned or under direct administration of a county chief officer, the head of that department; and
- c) Any other public officer appointed by the County Public Service Board to be an authorized officer with respect to a specified public body including a city or urban area.

Department - Refers to the Department of Health.

CHAPTER ONE: INTRODUCTION

1.0 Background

Human resource for health (HRH) are a strategic asset in the realization of the Universal Health Coverage in Kenya and their motivation, attraction and retention is instrumental in health service delivery. Inadequate healthcare workers is a global problem that necessitates the use of several strategies, such as locums, to increase the staffing. Globally, there is a projected shortfall of 10 million health workers by 2030 especially in low- and lower-middle-income countries World Health Organization (WHO, 2020). Locum healthcare workers are used in health facilities to fill the gaps created by healthcare workers who are on annual, sick, or maternity leave, or any other emergency.

Kenya experiences a shortage of HRH, which affects the quality of health service delivery. The population to health worker ratio of 28.5 health workers for every 10,000 people is below the WHO target of 44.5 health workers per 10,000 people (WHO 2020). Therefore, locum staff are essential for addressing staff shortages, ensuring the continuity of healthcare services and helping health facilities to maintain appropriate staffing levels.

Presently, Embu County operates **104** functional public health facilities, comprising **one** level 5, **three** level 4s, **thirteen** Level 3s and **Eighty-Seven** Level 2s. In addition, the county has **160** CUs. The Department of Health Services currently operates with a staff establishment of **1616 officers including PnP, UHC, Partners, contracted and casuals**, a significant shortfall from **12,517** officers recommended levels by Embu County department of Health staff establishment. This inadequacy spans across all cadres, substantially impacting service delivery and imposing a considerable burden on the existing workforce.

These staff shortages of health personnel in Embu County have resulted in multiple challenges affecting service delivery, including:

- i. Annual leave forfeiture due to staff shortages, causing exhaustion, demotivation, and suboptimal performance.

- ii. Limited opportunities for continuing education and skill development, hindering staff competency and knowledge acquisition as per World Health Organization (WHO) requirements.
- iii. Occasionally closed facilities due to staff attending monthly review meetings, leaving patients vulnerable to the elements of lacking care.

It is against this background that necessitated the formulation of the locum policy as a short-term reprieve measure which will outline the guidelines for the recruitment, management, and engagement of locum staff within the Embu County Health Department. The aim is to ensure that locum staff are engaged in a manner that upholds high standards of service delivery, accountability, professionalism and in compliance to employment regulatory frameworks in Kenya.

Embracing locum engagement represents a fiscally sound strategy to bridge the gap in health workforce. This will be done complimentary to the regular recruitment of HRH.

1.1 Rationale for the Locum Policy

The purpose of this policy is to establish clear guidelines and procedures for the engagement, management, and utilization of locum staff within the Embu County Health Department. It aims to ensure the provision of quality uninterrupted healthcare services to the residents of Embu County in accordance with the expected norms and standards as set by the World Health Organization (W.H.O.), the Governor's Manifesto on the Health agenda, Vision 2030 blueprint on the Universal health care (UHC), the Kenya National Health Service policy by the Ministry of Health.

1.2 General Objective

To ensure adequate staffing coverage when permanent staff are unavailable, maintain patient care quality, and address staffing gaps in healthcare settings.

1.2.1 Specific objectives are to;

- i. Address Staffing Gaps
- ii. Maintain quality of Patient Care

- iii. Support work-life balance
- iv. Improve access to care in rural and underserved areas

1.3 Benefits:

- i. Minimize workload burden on existing workforce
- ii. Access to specialized skills.
- iii. Sustain quality health service delivery
- iv. Better health outcomes
- v. Source of livelihood.
- vi. Potential for increased revenue.

1.4 Scope

The policy applies to all public healthcare facilities within Embu County, including county referral hospital, sub-county hospitals, health centers, and dispensaries. It encompasses all cadres of healthcare professionals engaged on a locum basis. The policy seeks to establish standardized procedures for the engagement and management of locum professionals, ensuring continuity of care during periods of staff shortage, leave, or increased service demand. Engagements are based on demonstrated need.

The duration of locum engagements should comply with national guidelines, typically not exceeding 90 consecutive days per assignment.

1.5 Analysis of the legal framework

Access to quality healthcare is a basic right granted by various articles in the 2010 Constitution, including Article 43 (1) for the general population, Article 53 (c) for children, and Article 56 (e) for minorities and marginalized groups (Constitution of Kenya 2010). The Government is obliged to ensure universal health coverage of the population. As such, Universal Health Care (UHC) coverage is emphasized in the Kenya Kwanza Bottom-Up Economic Transformation Agenda ("BETA"), the Governor's manifesto on quality health services and aims to ensure that the entire population has access to quality and effective

health services, including prevention, promotion, treatment, rehabilitation and palliation while giving financial protection to poor households.

Article 43(1) of the Constitution of Kenya 2010 explicitly guarantees every citizen the right to the highest attainable standard of health, which encompasses access to healthcare services and reproductive healthcare. The legal mandate imposed by this article extends to both the national and county governments, obligating them to ensure the full realization of citizens' right to health.

Furthermore, the Fourth Schedule of the Constitution, in Part 2, designates the provision of health services as a devolved function. This allocation of responsibilities empowers county governments with specific roles, including the management of county health facilities, oversight of ambulances, promotion of primary healthcare, licensing of food vendors, supervision of veterinary services, administration of cemeteries, funeral parlors, and management of refuse removal. As a result, county governments bear the primary responsibility for the delivery of health services within their jurisdictions.

In addition, Article 235(1)(a)-(c) of the Constitution confers authority upon county governments to establish and manage their own public service. This constitutional provision grants county governments the ability to appoint and remove employees and exercise disciplinary control over them. These constitutional provisions lay the legislative foundation for county governments to formulate comprehensive policies and strategies aimed at the effective and efficient management of health services.

To operationalize the constitutional obligations and empower county governments in managing their workforce, the County Governments Act of 2012 (section 56, 57, 58 & 59) establishes County Public Service Boards, charged with functions that encompass the regulation of engagements involving contract, volunteer, and casual workers, staff of joint ventures, and interns in county government departments.

1.6 Guiding Regulations

The Following employment and regulatory frameworks were referred to in the development of this policy;

- i. Constitution of Kenya ,2010
- ii. County Government Act, 2012
- iii. Embu County Health Services Act ,2024
- iv. Employment Act (Cap 226) No. 11 of 2007
- v. Income Tax Act,1973
- vi. Clinical Officers (Training, Registration & Licensing) Act, (Cap 260);1988
- vii. Nurses Act (Cap 257);1983
- viii. The Medical Practitioners & Dentist (Private Practice) rules legal notice 182 of 1979.
- ix. Wage (General) amendments Legal notice No.164 of 2024
- x. Occupational Safety and Health Act, 2007
- xi. Work Injury and Benefits Act, 2007
- xii. Labor relations Act, 2007
- xiii. Public Service Commission Act, 2017
- xiv. Public Service Commission Regulations, 2020
- xv. Access to information Act, 2016
- xvi. Fair Administrative Action Act, 2015
- xvii. Public Officers and Ethics Act, 2003
- xviii. Anti-Corruption & Economic Crimes Act, 2003
- xix. PSC Revised discipline manual, 2022
- xx. Human resource policies and procedures manual for the public service May, 2016
- xxi. The Public Service Commission (County Appeals procedures) Regulations, 2022
- xxii. National Cohesion and Integration Act, 2008
- xxiii. Persons with Disabilities Act, 2003
- xxiv. Any other relevant law or regulations.

CHAPTER TWO:

ENGAGEMENT OF LOCUM STAFF

Engaging locum staff involves a structured process to ensure legal compliance, maintain quality of care, and manage costs effectively.

2.1 Types of Locum Staff

Locum staff are categorized as follows:

2.1.1 Emergency Cover

Emergency cover assignments are typically last-minute placements where a locum is urgently needed. It can last for hours, a single shift or a day.

2.1.2 Short-Term Assignments

Short-term locum assignments are typically used to fill brief staffing gaps. These assignments can range from a day to a maximum of two weeks (14 days).

2.1.3 Long-Term Locum Engagement

Long-term locum engagements can range from 15 days to 90 days. These assignments offer more stability than short-term ones and are often used to cover long absences, such as maternity leave, unpaid leave, study leave.

2.1.4 Project-Based Locums

Locums linked to the duration of a specific health program or project (e.g., HIV, maternal health, immunization campaigns).

2.1.5 Consultants

Specialists or experts hired on a short-term basis for specific tasks, advisory roles, or technical support.

2.2 Selection Process

From time to time due to unforeseen circumstances, the department will require health workers on short notice through the expression of interest for locum engagement.

- i. Identification of the need by the department detailing the specific cadres
- ii. Declaration of locum opportunities by CPSB
- iii. Expression of interest by candidates
- iv. Selection of qualified candidates by CPSB
- v. Notification of the successful candidate with intention to engage them on locum
- vi. Acceptance by the successful candidate to avail themselves on short notice
- vii. CPSB forwards the pool of qualified candidates to the user department
- viii. The pool shall be updated on an annual basis
- ix. Prequalification shall be a continuous process as advised by the department.

2.3 Engagement of locum staff

Upon successful selection the candidate will be required to sign an engagement framework with the user department. Appendix 1-Engagement framework (contract)

2.4 Selection Criteria from the pool

- i. Proximity
- ii. Past Performance if previously engaged
- iii. Availability

CHAPTER THREE:

3.1 MANAGEMENT OF LOCUM ENGAGEMENTS

The management of locum engagements in the County shall be operated at two levels: level 4 & 5, and level 3s & 2s. To uphold national values and governance principles as stipulated in Articles 10, 232 of the Constitution, the Department has established boards and committees to ensure transparency, accountability, good governance, public participation, inclusiveness, sustainable development, and integrity.

Hospital Boards and Health Facility Management Committees will oversight the management of locum engagements while the facility in charge will manage the locum staff. All engagements must be supported by the facility budget and AIE given by the Chief Officer.

The involvement of these governance structures in locum management ensures transparency, community representation, effective oversight, and adherence to good governance principles. Collaboration among these entities will facilitate the development and implementation of policies that align with national values and promote accountability within the healthcare sector of Embu County.

CHAPTER FOUR

4.1 ROLES AND RESPONSIBILITIES DURING LOCUM ENGAGEMENT

4.1.1 Performance Expectations

Locum staff are expected to perform duties in line with the job description entailed in their respective scheme of service, demonstrate professionalism, and comply with the Department's policies and procedures.

4.1.2 Professional Conduct:

All locum staff must adhere to the professional standards of conduct expected within the healthcare environment, including patient confidentiality, ethical behavior, and adherence to public health guidelines.

4.1.3 Training and Development

Where appropriate, locum staff shall receive orientation or training to familiarize them with departmental procedures, public health policies, and specific healthcare protocols.

4.1.4 Team Activities

Medium or long -term locums should be fully integrated into team activities. In order for locums to be fully effective, the management of the health facilities should include the officers in team activities that are not limited to: multi-disciplinary team meetings, audit meetings, morbidity and mortality meetings, educational sessions and planning meetings.

4.1.5 Monitoring and Evaluation:

The performance of locum staff will be monitored throughout their locum period. Regular evaluations may be conducted, especially in the case of project-based roles or specific health interventions. Locum staff shall be assigned a supervisor in their area of specialization or the facility in charge.

4.1.6 Feedback and Appraisal

Locum staff will receive constructive feedback from their supervisors. Performance appraisals may be conducted periodically based on key performance indicators (KPIs), program outcomes, or milestones.

4.1.7 Disciplinary Actions

Locum staff are expected to adhere to the standards of performance and behavior as stipulated in the Human Resource Policies and Procedures Manual dated May, 2016, the PSC Revised discipline manual dated 2022 and Embu County Discipline manual 2024. Disciplinary actions may be taken in the case of unsatisfactory performance, misconduct, or breach of locum terms.

4.1.8 Confidentiality

Locum staff are required to maintain confidentiality regarding any patient information, medical records, and departmental affairs. Breach of confidentiality will result in disciplinary action, including termination of the locum. Locum staff will have to adhere to the Embu County Code of Conduct 2024.

4.1.9 Data Protection

Locum staff must adhere to data protection and privacy laws, including the protection of sensitive health information and patient records. Locum staff will adhere to stipulations of the Data Protection Act, 2019

4.1.10 Compliance with Health and Safety Regulations

Locum staff are expected to follow all relevant health and safety protocols within healthcare settings, including personal protective equipment (PPE) guidelines, infection control procedures, and emergency procedures.

4.1.11 Workplace Safety

The Health Department is committed to providing a safe working environment for all staff, including those on locum. Locum staff should immediately report any safety hazards or concerns.

CHAPTER FIVE:

TERMINATION OF LOCUM ENGAGEMENT

5.1 Termination

Either the Department or the locum officer may terminate the engagement within the agreed notice period as specified in the engagement framework.

5.2 Immediate Termination

Locums may be terminated immediately in cases of gross misconduct, serious violation of health protocols, criminal activity, or breach of locum as per the referenced Regulations.

5.3 Locum Expiry

Upon the completion of the agreed term or project, the locum will expire automatically. If applicable, locum staff may be considered for re-engagement based on departmental needs and performance.

CHAPTER SIX

REMUNERATION

The remuneration for Locum staff shall be as per the following criteria:

- i. **Certificate Holders:** daily rate – Kshs.1000 per day; Kshs.1500-night shift
- ii. **Diploma level Holders:** Kshs. 1500 per day; Kshs.2000-night shift
- iii. **Degree/Higher Diploma Level Holders:** Kshs. 4000 per day; 4500-night shift
- iv. **General Doctors:** Kshs. 4000 per day;Kshs 5000-night shift
- v. **Specialist/Consultants:** Kshs. 15,000 per day; Kshs. 18,000-night shift

The allocation of the locum engagement budget shall be included in the annual budget for the facilities.

CHAPTER SEVEN

MONITORING AND EVALUATION

7.1 Monitoring and Evaluation reporting

Monitoring shall focus on whether this policy is being implemented fully and within the set timeframe and shall specifically monitor the strategies, programs and interventions developed within the framework of this policy.

The Authorized Officers shall continuously carry out quarterly Monitoring and Evaluation (M&E) of the implementation of this locum policy framework and submit reports to the County Secretary.

Evaluation shall be conducted annually to ascertain whether the policy objectives are being achieved within specified timeframes against measurable indicators.

7.2 Locum policy Impact Assessment

Impact assessment shall be conducted bi-annually in order to ascertain the impact of the policy contribution to the achievement of the underlying objectives by the Authorized Officer

7.3 Review of the Policy

This policy may be updated after every three years from the date of its approval or at any time in response to the needs and demands of the Department.

Appendix 1.

FRAMEWORK AGREEMENT FOR PROVISION OF LOCUM SERVICES

BETWEEN

EMBU COUNTY GOVERNMENT DEPARTMENT OF HEALTH

AND

(NAME..... TITLE) :.....

FRAMEWORK AGREEMENT

THIS AGREEMENT is made on day of Two Thousand and Twenty-five.

BETWEEN

Embu County Government department of health services of postal address P.O. Box 273-60100 Embu (hereinafter referred to as "**The Department**" (which expression shall where the context so admits include its successors and assigns) of the one part;

AND

(NAME/TITLE): a qualified and duly registered health practitioner in (Field) in the Republic of Kenya of registration number P.O Box Phone no Email (hereinafter referred to as "**the Practitioner**" on the other part.)

IT IS AGREED as follows:

1. **Interpretation**

Whereas the practitioner has been selected by the Department to provide healthcare services on Locum basis for an engagement period of

2. **Definition**

The following terms shall have the following meanings:

- 2.1. "Commencement Date": the (day)_____of (month) ____ (year)____.
- 2.2. "Engagement period" the specific timeframe during which a locum officer is authorized to offer professional services

3. **The Practitioner's obligations**

During the period of this engagement the practitioner shall ensure that;

- i. Is duly registered with relevant regulatory body
- ii. Is holding a valid practicing/locum licence
- iii. Provide the required services with competence, diligence, and integrity.
- iv. Respect patient confidentiality and uphold professional standards of care.
- v. Be punctual and reliable, adhering to assigned shifts and duties.
- vi. Comply with the internal protocols of the facility.
- vii. Report to the designated supervisor or department head.
- viii. Use facility equipment and resources responsibly.
- ix. Maintain accurate and timely clinical records for all patients attended.
- x. Report any incidents, errors, or complications as per facility policy.
- xi. Not perform procedures or prescribe medication outside one's scope of training or license.
- xii. Work strictly within the approved duration and terms of the locum engagement.
- xiii. Maintain professional indemnity cover (where applicable).
- xiv. Acknowledge that locum roles do not confer permanent employment rights.

4. **The Department's Obligations**

In consideration of the services to be rendered by the Practitioner under this agreement, The Department shall remunerate the Practitioner as mutually agreed upon by parties.

5. **Termination**

This Agreement shall terminate on expiry of the engagement period or immediately in cases of; gross misconduct, serious violation of health protocols, criminal activity,

or breach of locum terms as per the referenced Regulations or by either party upon giving twenty-four-hour notice.

Upon termination of his/her engagement with The Department under this Framework Agreement, The Practitioner shall return all materials in his/her possession or control that were prepared by him/her relating to The Department.

6. **Dispute resolution**

All disputes or differences arising out of any obligations of either party under this agreement shall be settled as amicably as possible between the parties.

7. **Confidentiality**

The Practitioner acknowledges that he/she, now and in the future, will be privy to some information relating to the Department and its respective operations that is confidential. Such confidential information shall not be disclosed without authority.

8. **Amendment**

This Framework Agreement may be amended or modified by an instrument in writing executed by all parties.

IN WITNESS whereof the parties hereto have executed this Agreement the day and year first hereinbefore written.

Signed By:

.....
Chief Officer – Health/ Facility in Charge

.....
Date

Signed By:

.....
Practitioner

.....
Date

In Witness of:

.....
Advocate

.....
Date