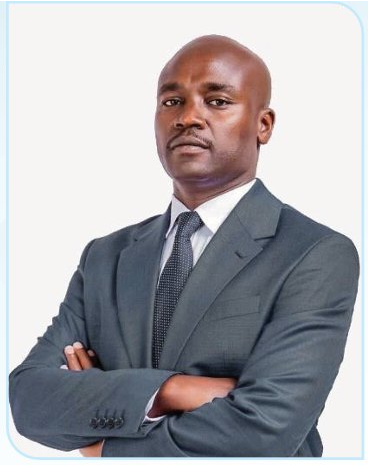
REPUBLIC OF KENYA

Bomet County
Comprehesive
Eye Healthcare
Policy

2025

FOREWORD



It is with great pleasure and a deep sense of responsibility that I present the Bomet County Comprehensive Eye Healthcare Policy 2025. The vision of this policy is rooted in our unwavering commitment to ensure that every resident of Bomet County has access to the highest standards of eye healthcare. As we embark on this ambitious journey, we recognize that good vision is essential for the overall health, productivity, and quality of life of our people.

Eye health is not merely a medical concern, but a fundamental human right. It intersects with various aspects of societal well-being, including education, economic productivity, and the ability to live an independent and fulfilling life. In Bomet County, we understand the profound impact that vision impairment and blindness can have on individuals and communities. Therefore, it is imperative that we establish robust and sustainable eye healthcare services that cater to the needs of all our residents, particularly the most vulnerable amongst us.

This policy is a culmination of collaborative efforts, drawing insights from various stakeholders including healthcare professionals, development partners, faith-based organizations, community groups, and our residents. It outlines a comprehensive framework aimed at enhancing eye healthcare services through infrastructure development, capacity building, integration of advanced technologies and ensuring inclusivity and accessibility for all.

The strategies laid out in this document emphasizes continuous maintenance and expansion of eye healthcare units, consistent supply of eye health products and technologies, maintenance of equipment and the adoption of innovative practices to improve service delivery. We are committed to creating a conducive work environment for our healthcare providers, optimizing resource utilization and fostering partnerships that drive our vision forward.

As we implement this policy, we remain steadfast in our guiding principles of integrity, justice, transparency and excellence. We will prioritize the equitable distribution of resources, safeguard the rights of persons with disability and ensure that our services are responsive to the needs of all demographics, including children, the elderly and marginalized groups.

I extend my gratitude to everyone who has contributed to the development of this policy.

Together, we can realize a future where avoidable blindness and vision impairment are no longer barriers to the well-being and prosperity of our people. Let us commit ourselves to the noble cause of promoting and protecting the eye health of every resident of Bomet County.

H.E Prof. Hillary Barchok, EGH
Governor, Bomet County

PREFACE

The County Government of Bomet is cognizant of the global and national burden of eye health issues. With over one billion cases of avoidable or inadequately addressed vision impairment worldwide and a significant portion of our population affected by eye health problems, the urgency of this issue cannot be overstated. The Rapid Assessment of Avoidable Blindness report, 2024 has brought to light the high prevalence of avoidable and treatable eye conditions in our community, underscoring the need for a comprehensive and coordinated approach to eye health care.

This policy aims to enhance our eye healthcare services through a multifaceted strategy that includes improving infrastructure, ensuring a consistent supply of eye health products and technologies, improving capacity building in our human resource, enhancing accessibility for persons with disability and leveraging modern technology. Our objective is to create a seamless integration and coordination across all levels of care, from community units to tertiary-level facilities, ensuring that every resident has access to high-quality eye health services. However, we recognize that addressing eye health challenges is not solely the responsibility of the health sector. It requires the concerted efforts of various stakeholders, including government entities, private sector partners, faith-based organizations, development partners and the community. This policy reflects our commitment to fostering collaboration and partnership among all stakeholders to achieve our shared vision of optimal eye health for all.

I extend my deepest gratitude to the County Government of Bomet Executive, County Assembly, Bomet County Comprehensive Eye Healthcare Policy development secretariat and other partners who have contributed to the development of this policy. Your insights, dedication and collaboration have been invaluable in constructing a policy that truly reflects the needs and aspirations of our community.

As we move forward with the implementation of this policy, I call upon all stakeholders to join hands in this noble endeavour. Together, we can build a future where preventable blindness and vision impairment are effectively managed and every resident of Bomet County can enjoy the gift of sight.

Hon Dr. Joseph Sitonik
CECM, Health Services

ACKNOWLEDGEMENT

The County Government of Bomet takes this opportunity to thank everyone who participated in the development of the Bomet County Comprehensive Eye Healthcare Policy 2025. This policy could not have been finalized without the valuable contributions and full commitment of technical committee members from various sectors drawn from both the County government and partner organizations.

We gratefully acknowledge the counsel of Bomet County Governor, H.E Professor Hillary Barchok and the members of the County Assembly of Bomet, particularly the chairpersons of various committees including Health services, Budgeting and Appropriation, Finance, Economic Planning and ICT, Education, Administration and Public Service whose guidance propelled the overall development process. The review work undertaken by the Office of the County Attorney is also acknowledged with gratitude.

We express our sincere gratitude and indebtedness to the Christian Blind Mission - Vision Impact Project Team through AGC Tenwek Hospital for their immense technical and financial support throughout the development of this policy. We deeply appreciate the contributions and co-ordinations of Bomet County Eye Healthcare Policy Secretariat in providing overall leadership and technical inputs to the policy.

This policy is a result of collective effort and multisectoral collaboration. We are confident that it will significantly improve the eye health of our residents.

Thank you all for your dedication and commitment to this noble cause.

Mr. Felix Langat
Chief Officer, Health Services

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ABBREVIATIONS

AGC-	Africa Gospel Church
AMD-	Age Related Macular Degeneration
CBM -	Christian Blind Mission
CECM -	County Executive Committee Member
CHA -	Community Health Assistant
CHAI-	Clinton Health Access Initiative
CHMT-	County Health Management Team
CHP -	Community Health Promoters
CIDP -	County Integrated Development Plan
CTWG -	County Technical Working Group
DQA -	Data Quality Audit
eCHIS-	Electronic Community Health Information System
FIF -	Facility Infrastructure Financing Act
EMR-	Electronic Medical Records
HReH -	Human Resources for Eye Health
IAPB -	International Agency for Prevention of Blindness
ICT -	Information, Communication, Technology
KHIS -	Kenya Health Information System
KSB	Kenya Society for the Blind
LCRH -	Longisa County Referral Hospital
MOH -	Ministry of Health
OSU-	Ophthalmic Services Unit
OSUC-	Ophthalmic Skills Upgrade Course
PWD -	Persons with Disability
RAAB-	Rapid Assessment of Avoidable Blindness
SCHMT-	Sub County Health Management Team
SCTWG -	Sub County Technical Working Group
VIP-	Vision Impact Project
WHO-	World Health Organization

EXECUTIVE SUMMARY

The Bomet County Comprehensive Eye Healthcare Policy 2025 aims to address the significant challenges of visual impairment and blindness within Bomet County, ensuring all residents have access to high quality, safe, affordable and inclusive eye health care services. This policy document outlines a comprehensive and coordinated approach to enhance the overall eye health and well-being of the community.

The vision of the policy is to create a county where eye healthcare needs are met, providing equitable access to quality, affordable, safe and comprehensive eye healthcare services for everyone. The mission is to deliver comprehensive, people-centred eye healthcare services, reduce the burden of eye diseases, eliminate avoidable blindness and mitigate social and economic impacts.

Key objectives of the policy include strengthening eye healthcare sector by improving governance structures and partnerships and ensuring continuous quality improvement and assurance. The policy also aims to enhance eye healthcare financing by establishing a specific budget line for eye healthcare services and mobilizing resources from new partners and Social Health Authority.

Improving eye healthcare service delivery is another crucial objective, focusing on scaling up inclusive and integrated strategies for managing eye diseases, enhancing community awareness, empowerment, improving referral pathways and providing rehabilitative care for the visually impaired. Strengthening eye healthcare human resources is also vital, with goals to ensure adequate staffing at all levels, continuously build the capacity of eye healthcare staff and ensure equitable distribution of personnel.

Additionally, the policy seeks to improve eye health information systems by enhancing data collection and reporting, ensuring data quality through regular assessments and training, and promoting data-driven decision-making and planning. Enhancing eye healthcare products and technologies by improving availability and supply, promoting innovation and optimizing the supply chain for eye health commodities is also a priority.

Finally, the policy aims to improve eye healthcare infrastructure by maintaining and expanding facilities, ensuring consistent supply and maintenance of equipment, and improving accessibility for persons with disabilities.

The expected outcomes of this policy include improved governance in the eye healthcare system, enhanced funding and resource mobilization, reduced prevalence of visual impairment and avoidable blindness, increased access to eye healthcare services, enhanced data-driven decision-making and planning, improved efficiency and effectiveness in service delivery, enhanced quality management and delivery of eye healthcare services.

Strategically, the policy emphasizes the need for coordination and collaboration among various stakeholders, including government entities, private sector partners, faith-based organizations, development partners and the community. It integrates eye healthcare services into broader public health initiatives and development plans, with implementation overseen by a robust institutional framework ensuring effective coordination and accountability. By addressing these key objectives and leveraging the strengths of all stakeholders, the Bomet County Comprehensive Eye Health Care Policy

2025 aims to transform the eye healthcare landscape in Bomet County, providing residents with the necessary resources and services to maintain and improve their vision health. There was extensive consultation of various stakeholders and public participation during the development of this policy to capture eye healthcare needs in the county.

CHAPTER ONE: INTRODUCTION

This policy is designed to address a wide array of eye health challenges and ensure comprehensive, equitable care for all residents of Bomet County. It focuses on improving accessibility and linkages among various stakeholders, including training and rehabilitative facilities, government entities and the private sector. It also aims to mainstream considerations for persons with disability (PWD), cultural diversity, gender inclusivity, and climate change. Moreover, the policy will utilize global trends for resource mobilization and serve as a basis for enabling legislation, making it self-executing and enforceable through new acts. The primary causes of visual impairment such as refractive errors, cataracts, corneal opacities, glaucoma, age-related macular degeneration (AMD), diabetic retinopathy and other conditions are significant concerns as depicted in the chart.

Figure 1. 1 Prevalence of eye diseases in Bomet County as per VIP findings (2021-2024)

Other eye conditions include the following: Dry eye syndrome, Keratoconus. Macular Hole, Pterygium, Lower lid lesion, Pinguecula, Amblyopia, Corneal opacities
This policy endeavours to address these issues comprehensively, informed by findings from the Rapid Assessment of Avoidable Blindness (RAAB report 2024) and Vision Impact Project-Bomet County (VIP 2021-2024)

1.1 Rationale of the Policy

The rationale of this policy is to provide a comprehensive approach to addressing eye healthcare services in Bomet County. It recognizes the social, economic, and mental impacts of visual impairment and aligns with the existing National Eye Health Strategic Plan 2020-2025. It aims at improving the financing of eye healthcare services, standardize and coordinate communication pathways for better referrals, address the

increase in non-communicable eye diseases, the myopic epidemic and ensure the quality of clinical and surgical eye healthcare services. Additionally, the policy will guide on promotive, preventive and rehabilitative eye healthcare services. Further, this policy sets out to enhance the well-being of the community by establishing a robust framework for eye healthcare and improving service delivery and forms a reference for eye healthcare strategic direction at the county. The policy will inform subsequent Monitoring, evaluation and research on eye healthcare for planning and shall form a basis for the management of Human resource for eye health.

1.2 Scope of the Policy

The policy will be applicable to various stakeholders including county government sectors, private healthcare providers, faith-based healthcare providers, development partners, and community members. Its intentions include:- establishing a structured and coordinated approach to eye healthcare service delivery, promoting a culture of eye health awareness and preventive care, ensuring equitable access to affordable eye healthcare services, enhancing the capacity of healthcare workers through training and continuous education, and advocating for the integration of eye health care into broader public health initiatives and development plans.

CHAPTER TWO: EYE HEALTH SITUATION ANALYSIS

2.1 Overview of the Global, Regional, National and County Eye Healthcare Trends

Globally, approximately 2.2 billion people are affected by vision impairment or blindness with over 1 billion of these cases being preventable or inadequately addressed. In 2021, there were 43 million people living with blindness and 295 million people with moderate to severe visual impairment. The leading causes of visual impairment include uncorrected refractive errors, untreated presbyopia, and cataracts, followed by glaucoma, corneal opacities, diabetic retinopathy, and trachoma. (IAPB; WHO Report, 2023)

In Africa, 4.8 million individuals live with blindness, and 16.6 million people suffer from visual impairment. Additionally, approximately 100 million people experience near-vision impairment. Despite this significant burden, less than 1% of the global ophthalmologist's practice in Africa (IAPB). Only 13 African countries meet the minimum standard of one eye health professional for every 55,000 people (WHO Report, 2022)

In Kenya, over 80% of blindness is due to curable and preventable causes with an estimated 15.5% of Kenyans in need of quality eye care services. The leading causes of poor vision have cost-effective solutions such as cataract surgeries and corrective eyeglasses. However, many people have limited access to eye healthcare services due to the cost of accessing care, the unfelt need of seeking for services, and lack of awareness about treatment opportunities for cataract (KNESP 2020-2025, RAAB Report 2024).

The RAAB report 2024, highlights several critical challenges in Bomet County, including a high prevalence of preventable and treatable eye conditions. The prevalence of blindness in the county is 1.7% with 13.5% of the population experiencing varying degrees of visual impairment. The leading causes of blindness in the county are untreated cataracts (56.6%), glaucoma (15.7%), and corneal opacities (12%) (RAAB Report, 2024).

Figure 2. 1: Percentage of major causes of blindness in Bomet County as per RAAB Report 2024.

Over the past three years, Bomet County has made notable progress in strengthening human resource HReH for eye health through training and capacity-building initiatives. In partnership with CBM, AGC Tenwek Hospital, and other stakeholders. The county has trained the following HReH

Table 2 1Trained HReH

	Cadre	No.
1	Ophthalmologist	2
2	Ophthalmic Cataract Surgeons:	7
3	Ophthalmic Nurses	9
4	Advanced Refraction and Low Vision Therapists	2
5	Primary Eye Care Workers - OSUC	27
6	Functional Low Vision	2
7	Cataract Surgeons trained in PHACO	2

Despite these achievements, the county continues to face a severe shortage of human resources for eye health, as illustrated in the table below:

Table 2 2: Eye healthcare professionals trained in Bomet County

Cadre	WHO Recommended HReH Ratio	Country current situation	Existing HReH		HReH Gaps
			Public	Private/FBO	
Ophthalmologist	1:250,000	145	2	1	2

Ophthalmic Cataract Surgeon	1:125,000	176	10	4	0
Ophthalmic Nurses	1:50,000	187	10	4	8
Optometry Technologist	1:250,000	47	2	2	2
Low Vision Therapists	1:100,000	25	3	2	0
Primary Eye Care Workers	1:100,000		3	2	3
Functional Low Vision	1:100,000		2	0	0

Bomet County offers eye care services from Level 1 to tertiary level. The referral system within the last three years has been primarily from community units, dispensaries, health centres, sub-county hospitals, the county referral hospital, and tertiary-level facilities. However, there is a need for more structured integration and coordination across these levels to optimize the delivery of eye health services.

Currently, eye health services in Bomet County are funded through general facility allocations from the county treasury and Facility Improvement Fund, which are lumped together with other services. There is no specific budget line dedicated for eye care services, which affects the availability of resources dedicated solely to addressing eye health needs.

Bomet County needs a robust strategic records information system specific to eye healthcare, which will enhance efficient tracking of eye healthcare data, service delivery, and resource allocation. Utilizing a comprehensive information system would significantly improve planning, monitoring, and reporting in eye healthcare programs.

While Bomet County has made significant strides in improving eye healthcare through capacity building and collaborations, there remains a critical shortage of trained eye healthcare professionals, funding, and infrastructure. Addressing these gaps is essential to reducing the burden of preventable blindness and visual impairment and ensuring that residents have access to quality eye healthcare services.

2.2 SWOT Analysis

The SWOT analysis looks at cross-cutting issues such as finance, equity, inclusivity, capacity development, and research for evidence creation. The SWOT helps to understand the county situation and what is required to ensure the policy objectives are achieved.

Strengths

1. Improved Eye Healthcare Workforce- Currently we have consultant ophthalmologists, Ophthalmic Clinical Officers/Cataract Surgeons,

Weakness

1. Lack of county eye healthcare policy and strategic plan which has contributed to suboptimal eye healthcare service provision

Ophthalmic Nursing Officers, Optometrists, and Ophthalmic Skills Upgrade Course graduates and Community Health Assistants
2. Existence of all levels of health facilities i.e. primary, secondary, tertiary; the renovated and equipped eye healthcare facility at LCRH and Sub-county Hospitals.
3. Leverage on existing technology such as telemedicine for remote diagnosis and eCHIS for community screening and referral.
4. Existing personnel trained on primary eye health care who can be deployed during staff rationalization to level 3 facilities to ensure equity on eye care services provision.
5. Integration of eye healthcare indicators into other existing checklists for support supervision and mentorship by SCHMT and CHMT.

2. Sub-optimal data capture and reporting in the Kenya Health Information System due to inadequate reporting tools, parallel systems. Poor Eye Health Seeking Behavior also contributes this –for instance 31.2% of respondents RAAB report, 2024 said they did not feel the need to seek eye treatment.
3. Lack of sub-specialty in Ophthalmology in the county – currently most cases that require specialized treatment are referred to tertiary facilities and inadequate number of trained Biomedical personnel to maintain eye equipment.
4. Absence of a defined Budget line for Eye care services i.e. for equipment, Health Products and Technologies, trainings, capacity Building, support supervision and mentorship, waivers and exemption for Vulnerable cases, and improvement of eye healthcare infrastructure at the health facilities.
5. Governance gaps in coordination of eye healthcare services.

Opportunities

1. Continued partnership and collaboration with local and international development partners, i.e. KSB, CBM, Peek Vision Ltd, Salus Oculi, CHAI, and existence of AGC Tenwek Hospital - Eye Health care Department as tertiary level facility.
2. Existence of Social Health Authority (SHA) that facilitates access to eye

Threats

1. Misinformation and Disinformation in the community about eye conditions on eye healthcare services provision and overreliance on traditional medicine.
2. Cultural practices that negatively affect eye health-seeking behavior such as usage of human breast milk to cure eye infection, and myths and

care services.

3. Existence of National Eye Health Strategic Plan 2020-2025.
4. RAAB Report 2024 and its findings that provided baseline data for decision making on matters eye health. VIP has become an eye opener on the demand of eye healthcare services in Bomet County.

misconception, for example congenital cataracts and squint thought to be as a result of a curse or witchcraft.

3. Climate Change that has contributed to the increase of climate related eye health conditions such as allergic conjunctivitis, climatic droplet keratopathy and corneal ulcer.
4. Increased cases of sexual and gender-based violence and child abuse.
5. Emerging technologies such as electronic gadgets leading to increased early presbyopia, myopia and dry eye syndrome.

2.3 Stakeholder Mapping

To ensure that the Policy is implemented seamlessly, the County will have a multi-sectoral approach. Various players and actors from different sectors will be included in the coordination mechanism and will play a critical role in mainstreaming Eye health Policy within their varied areas of programs and activities. The table below sets out the stakeholders relevant to eye health care to different sectors and highlights potential key areas of responsibility:

2.4 Role of Stakeholders

Stakeholder	Roles
1. County Government of Bomet (Executive)	● Provision of primary, secondary and tertiary eye healthcare services. ● Policy formulation, monitoring, evaluation and learning. ● Supervise and coordinate eye healthcare service provision. ● Human resource for eye health recruitment, capacity building, deployment and career progression. ● Resource mobilization. ● Allocation of resources for eye healthcare services. ● Research and innovation.

2.	Bomet county Assembly	● Legislation and policy approval ● Budgetary approval ● Oversight ● Advocacy
3.	Faith-Based Organization	● Provision of secondary and tertiary eye health care services. ● To bridge the gap for unmet needs in eye health care services ● Training and capacity building ● Research and sector strategies ● Collaboration in resource mobilization
4.	Development and Implementing Partners	● Provide financial and technical support for eye health care service ● Support development and improvement of infrastructure and equipment ● Supplement supply chain for health products and technologies ● Support the development and implementation of policies ● Support skills and technological transfer ● Collaboration in eye health care service delivery ● Advocacy on eye health care.
5.	National Government	● Policy and guideline development. ● Capacity building ● Regulation ● Research and training ● Resource mobilization
6.	Community: Community-based organization Religious leaders Opinion leaders Community groups Organization of persons with disabilities Traditional leaders and systems	● Recipients of services ● Advocacy ● Awareness creation, and eye health education
7.	Government Agencies	Kenya Medical Supply Authority ● Supply chain management for health products and technologies National Council for Persons with Disability ● Protecting the interests of Persons with Disability

		Kenya Society for the Blind ● Support provision of optical and low-vision devices ● Support improvement of infrastructure ● Support capacity building and technical assistance ● Habilitation and rehabilitation services
8.	Other county departments ● Social services ● Department of Education ● Department of Finance ● Department of transport and public works ● Office of the County Attorney ● Lands Department	Collaboration and technical support in service delivery
9.	Private sector	● Collaboration in eye health care service delivery ● Corporate Social Responsibility
10.	Academia	● Training and capacity building ● Research ● Innovation and technical skills transfer

CHAPTER THREE: POLICY FRAMEWORK

3.1 Policy Vision

A county where all residents have equitable access to quality, affordable, safe and comprehensive eye healthcare services.

3.2 Policy Mission

To reduce the burden of eye diseases, eliminate avoidable blindness and mitigate the social and economic impact.

3.3 Policy Mandate

To develop appropriate and responsive policies and strategies, standardize, coordinate and harmonize the provision of sustainable quality eye health care services.

3.4 Policy Values

This policy is guided by the following values: Integrity, Justice, Fairness, Transparency, Quality of care, Innovation, Sustainability, Flexibility, Excellence and Inclusivity

3.5 Policy Goal

To reduce prevalence of visual impairment and avoidable blindness.

3.6 Policy Statement

To promote access to quality and affordable eye care services by providing preventive, promotive, curative and rehabilitative services aimed at reducing the prevalence of avoidable visual impairment, which will enhance quality of life amongst the residents of Bomet.

3.7 Guiding Principles

- Collaboration and partnerships.
- Comprehensive eye health care management.
- Disability Inclusive Development, Accessibility, and Universal Design.
- Safeguarding of children and vulnerable adults.
- Equitable sharing of resources.
- Evidence-based decision making.
- Effectiveness and efficiency in eye care service delivery.
- Multi-sectoral approach in the provision of eye health care services.
- Gender mainstreaming.

- Environmental protection and conservation.
- Respect for cultural diversity and ethics.
- Inclusivity - political, religious, elderly, ethnic, youth, and marginalized groups.
- Accountability and transparency.
- Regular monitoring and evaluation of the quality of eye health care services.

3.8 Strategic objectives

The eye health care strategic objectives are based on the health systems strengthening building blocks and focuses on comprehensive eye healthcare service provision in line with Universal Health Care. There is need for coordination and collaboration by various relevant stakeholders in order to achieve the strategic objectives

Objective 1: Strengthen Eye Health Care Sector Governance and Leadership in Bomet County

Strategies to ensure achievement of this objective.

Objective	Strategies	Outcome
To Strengthen Eye Health Care Sector Governance in Bomet County	i. Improve Governance structures in eye health care ii. Strengthen eye health partnerships through guidelines formulation and MOUs iii. Strengthen eye health technical working group and have a representation of eye coordinator in CHMT iv. Ensure Continuous Quality Improvement and Assurance	i. enhanced coordination of eye health care services ii. Effective & Efficient Eye Health Care Service provision

Objective 2: Enhance Eye Health Care Financing in Bomet County

Strategies to ensure achievement of this objective.

Objective	Strategies	Outcome

Enhance Eye Health Care Financing in Bomet County	i. Have a specific budget line allocated to eye health care services in the county and FIF. ii. Enhance resource mobilization for eye health through new partners in eye health iii. Increase resource mobilization through Social Health Insurance Fund to eye health care and the mobilization of residents to enroll in SHIF iv. Lobby for expansion of tariff under SHA for eye health.	i. Increased funding and resources for provision of eye health care services ii. Increased access to eye health care services

Objective 3: Improve Eye Health care Service Delivery in Bomet County

Strategies to ensure achievement of this objective.

Objective	Strategies	Outcome
Improve Eye Health Care Service Delivery in Bomet County	i. Scale up inclusive and integrated strategies for management of eye care diseases. ii. Enhance community awareness and empowerment on eye health iii. Reduce the burden of visual impairment through delivery of integrated patient services iv. Provide rehabilitative care for the visually impaired through the provision of low vision services. v. Promote surgical outcome monitoring and service quality Assurance vi. Improve eye health referral path ways vii. Enhance regular outreach services that includes community screening and school eye health programs viii. Involvement of CHPs in prevention strategies on eye services	i. Improved early detection and intervention leading to reduction in avoidable blindness in Bomet county ii. Improved Access of Eye Healthcare Services in Bomet County iii. Improved quality of life and client satisfaction iv. Improved eye health seeking behaviour in the County v. Improved learning experience

Objective 4: Strengthen Human Resource for Eye Health in Bomet County

Strategies to ensure achievement of this objective.

Objective	Strategies	Outcome
Strengthen Human Resource for Eye Healtl care in Bomet County	i. Recruit adequate HReH at all levels of the eye health care system. ii. Continuous capacity building for eye heath care staffs including sub-specialties. iii. Equitable distribution of eye health personnel in the facilities. iv. Expand staff establishment for ophthalmic services. v. To continuously train eye health care workers on sign language.	i. Increased access to eye health care service and distributed workload in eye health care. ii. Improved quality of eye care services in Bomet County. iii. Enhanced timeliness of eye care services in Bomet County.

Objective 5: To improve Eye Health Information Systems in Bomet County

Strategies to ensure achievement of this objective.

Objective	Strategies	Outcome
To improve Eye Health Care Management Information Systems in Bomet County	i. Enhance collection and reporting of eye health data at all levels of facilities offering eye health care service. ii. Improved quality of data at all levels through regular support supervision, routine data quality assessments and training of records officers. iii. Promote utilization of data at all levels in decision making and planning. iv. Promote data privacy and protection through awareness creation and	i. Enhanced data-driven decision making and planning of eye health care services. ii. Improved data protection in eye health care in Bomet County. iii. Available accurate, reliable, timely data for decision making. iv. Policy guideline on assimilation of technology and innovation in eye healthcare service provision in Bomet

	compliance with existing Data Protection Law 2019. v. Enhance monitoring and evaluation of data management process. vi. To strengthen existing HMIS to cover all eye care services from screening, diagnosis, treatment, follow-up, and reporting vii. To strengthen reporting systems for eye care data	County.

Objective 6: To enhance Consistent Supply of Eye Health care Products and Technologies in Bomet County

Strategies to ensure achievement of this objective.

Objective	Strategies	Outcome
To enhance Consistent Supply of Eye Health care Products and Technologies in Bomet County	i. Advocate for specific budget line for eye health products in CIDP and other budget areas. ii. Leverage on innovation and technology in eye healthcare service provision , data capture and reporting. i. In-cooperate other supply chains to supplement supplying entities i.e. KEMSA. ii. Leverage on FIF to procure drugs and consumables to supplement other Supplies. iii. Ensure optimal and timely reporting of eye health products and technologies consumption at the facilities. iv. To conduct quarterly forecasting and quantification of eye health products and technologies.	i. Improved availability of eye Health products in all health facilities ii. Improved visibility of eye healthcare data at the facility, sub county, county and at the national level. iii. Improved stocking of eye health products and technologies by supplying entity. iv. Reduced commodity stock outs in facilities and less wastage. v. Improved visibility and accountability. vi. Enhanced efficiency and hence improved service delivery.

Objective 7: Improve eye health care infrastructure

Strategies to ensure achievement of this objective.

Objective	Strategies	Outcome
To establish functional and Improve existing eye health care infrastructure in all levels 3, 4, and 5 facilities	i. Continuous maintenance of the eye unit building, furniture, plumbing work, and any other supporting infrastructure ii. Expand the unit to include integrated and supportive services e.g. diabetes clinic, Social Health Insurance Fund, revenue, waiting bays, optical workshop, low vision department pharmacy, and other auxiliary services iii. Establishment of functional eye units in all level 3 & 4 facility iv. Optimize the use of available eye health equipment through inventory management and audits v. Planned preventive maintenance of eye care equipment vi. To construct ramps with recommended elevations vii. To ensure	i. Conducive work environment for healthcare providers and clients. ii. Comprehensive service provision. iii. Reduced patient waiting time and improved client satisfaction. iv. Improved revenue collection. v. Increased availability of resources. vi. Improved accessibility to quality, affordable, and people-centered eye healthcare services. vii. Consistent availability of functional equipment. viii. Optimized use of eye care equipment ensuring streamlined service delivery. ix. Improved accessibility by persons with disability. x. Effective and efficient eye care service delivery. xi. Improved availability of eye

doorways are wide enough for wheelchairs and corridors are obstacle-free

viii. Improve accessible restrooms with grab bars and non-slip floors

ix. To ensure easy readability, use clear, large-print signs with Braille and high-contrast colors, along with screen readers and voice recognition software

x. Leverage on telemedicine technology to provide eye care services remotely

care services at all levels.

xii. Fully functional ICT infrastructure.

Objective 8: Health research and Innovation

Objective	strategies	Outcome
Inspire Health Research and innovation	● Conduct baseline studies on eye health conditions. ● Conduct Operational researches on eye healthcare services. ● Document best practices in provision of eye healthcare services. ● Incorporate new technological innovation. ● Establish a framework for client feedback applications. ● Develop partnership agreements with training / relevant institution.	● Improved patients care. ● Provide evidence-based interventions. ● Bridge the knowledge gap in eye health.

Strategies to ensure achievement of this objective.

CHAPTER FOUR: POLICY COORDINATION STRUCTURES

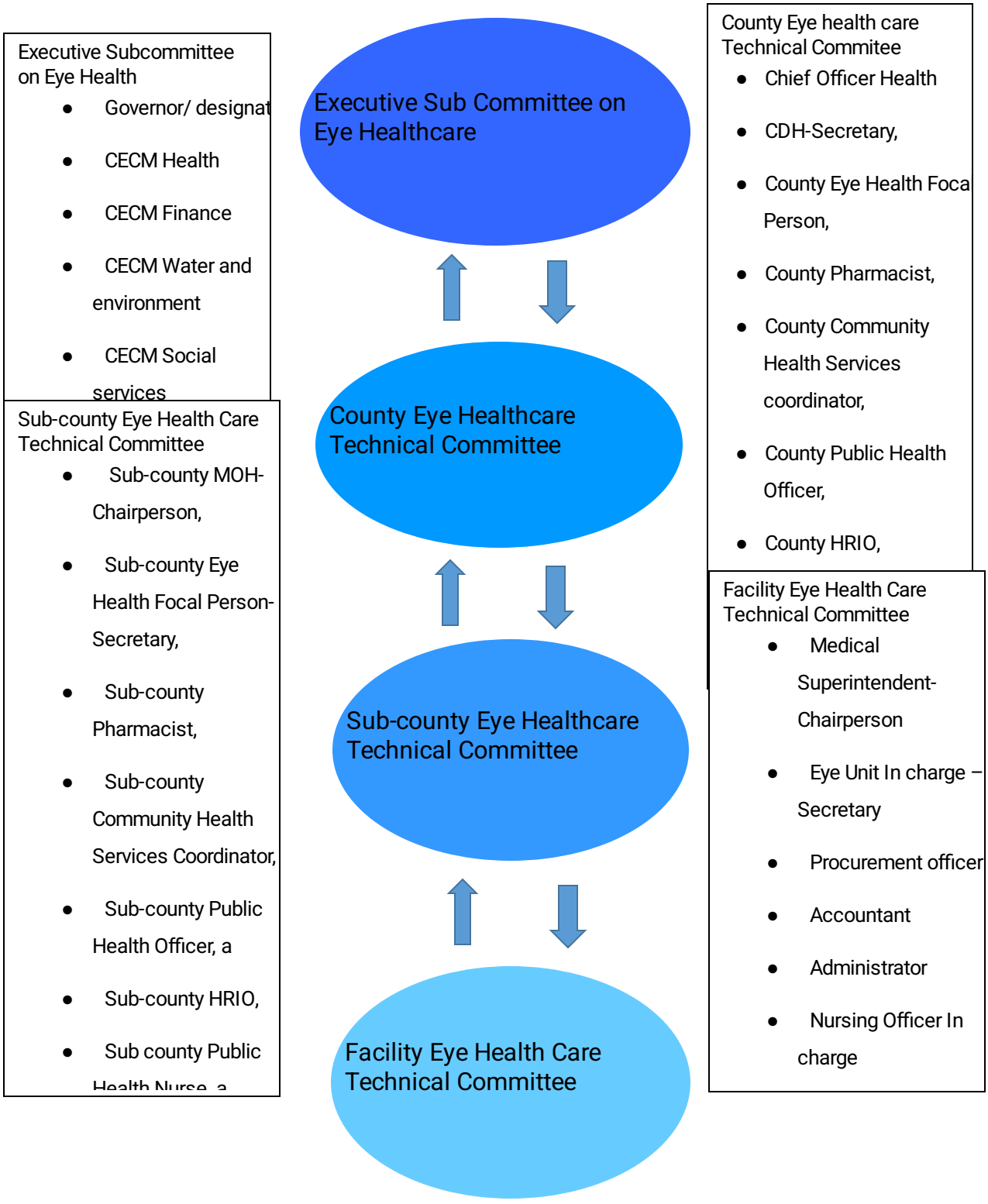
4.1 Institutional Framework

The Constitution of Kenya 2010, part 1 of the 4th Schedule mandates the institutions to set standards, quality assurance and develop national policies on issues to do with health. The department of health services in the County establishment is mandated to coordinate health care services.

4.2 Coordination and implementation mechanism

There is need for coordination for the policy to be effective. On the overall, eye health care is multi-sectoral in approach and therefore there is need for other relevant departments to give equal participation. Implementation of the policy however shall be actualized through existing leadership and management structures at all levels of the participating departments.

The diagram shows the coordination structure



4.2.1 Executive Subcommittee on Eye Health

Executive Sub-committee on Bomet County Comprehensive Eye Healthcare Policy is the apex body that leads the coordination of Eye Healthcare in the county, the Governor heads the committee or his designate.
The functions of the committee are:

i. Provide leadership for effective coordination of Comprehensive Eye Healthcare.
ii. Oversight on implementation of all Eye Healthcare development plans for coherence and efficient use of available resources;
iii. The committee also support resource mobilization for additional resources from partners
iv. Oversight performance by each participating departments in the implementation of eye healthcare.
v. Provide oversight on accountability of financial resources provided for eye healthcare.
vi. Provide guidance on comprehensive eye healthcare policy and legislation.

4.2.2 County Eye Health Care Technical Committee

At the County Level, there shall be County Eye Health Care Technical Committee. The CECM shall appoint the following as members: Chief Officer Health or his/her designate-Chairperson, CDH-Secretary, county Eye Health Focal Person, county Pharmacist, County Community Health Services coordinator, county Public Health Officer, County HRIO, County Public Health Nurse, a representative from development partners implementing eye health care services and any other co-opted member based on need.
The functions of the committee will include:

i. Ensuring that eye health care services are integrated in development plans including County Integrated Development Plans, Midterm plans expenditure framework, annual plans and annual fiscal strategy paper and department annual Budget Estimates submitted to the County Assembly.

ii. Support resource mobilization from development partners.

iii. Ensure ring-fencing and timely disbursement of funds committed for eye health care services.

iv. Ensure accountability of financial resources allocated for eye health care services.

v. Conduct support supervision and mentorship.

vi. Advocacy and lobbying resources from National government and other development partners.

vii. Forecasting and quantification of eye health care products and technologies.

viii. Support supply chain of eye health care products and technologies.

ix. Ensure equitable rationalization of primary human resource for eye care.

x. Health Promotion.

Frequency of the meetings: The committee will conduct quarterly meetings.

4.2.3 Sub-county Eye Health Care Technical Committee

At the Sub county level, there shall be Sub County Healthcare Technical Committee. The CECM shall appoint the following as members of Sub-county Eye Health Care Technical Committee: Sub-county MOH- Chairperson, Sub-county Eye Health Focal Person-Secretary, Sub-county Pharmacist, Sub-county Community Health Services Coordinator, Sub-county Public Health Officer, a Sub-county HRIO, Sub county Public Health Nurse, a representative from Development Partners implementing eye health care services and any other co-opted member based on need.

The functions of the committee will include:

i. Oversee implementation of eye healthcare services at the Sub-county level.

ii. Undertake advocacy on eye healthcare.

iii. Capacity building on eye healthcare

iv. Conduct regular support supervision and mentorship.

v. Provide linkages to other stakeholders supporting eye healthcare.

vi. Forecasting and quantification of eye healthcare products and technologies .

vii. To implement the decisions and directives from the County Eye Healthcare Technical Committee.

viii. To take part in public participation.

ix. Resource Mobilization.

x. Prepare and submit quarterly and annual reports to County Eye Healthcare Technical Committee.

xi. Health Promotion.

Frequency of the meetings – The committee will conduct quarterly meetings.

4.2.4 Facility Technical Committee

There shall be establishment of facility committee.

The Members will include:

i. Medical Superintendent- Chairperson

ii. Eye Unit In charge – Secretary

iii. Procurement officer

iv. Accountant

v. Administrator

vi. Nursing Officer In charge

vii. Hospital pharmacist

viii. HRIO in charge

ix. CHA

The roles of this committee include:

i. To implement the decisions and directives from the County and Sub-County Eye Healthcare Technical Committee.

ii. Prepare and submit quarterly and annual reports to County and Sub-County Eye Healthcare Technical Committee.

iii. To take part in public participation.

iv. Link facilities to the community.

CHAPTER 5: MONITORING AND EVALUATION FRAMEWORK

For this policy to be effective and serve its intended purpose, a structured monitoring, evaluation, learning and research framework has been put in place.

5.1 Monitoring And Evaluation Matrix

Thematic Areas	Objectives	Activities	Indicator	Mean of Verification	Frequency
Leadership and Governance	To Strengthen Eye Health Care Sector Governance in Bomet County	Policy formulation	Number of eye health policies developed and implemented	Policy document, meeting minutes, attendance list	Once
		Development of county eye health strategic plan	Existence of Eye health care strategic plan	Eye health care strategic plan document	Once
		Improve Governance structures in eye health care	Number of functional Eye Health care Committee	Meeting Minutes and attendance list	Quarterly
		Strengthen eye health partnerships through guidelines formulation and MOUs	Number of MOUs executed -Number of guidelines document formulated -Number of partners engaged	Signed MOUs, Guideline document in place Meeting minutes, attendance list	Annually Quarterly
		Strengthen eye health Technical	Number of functional		

2. Eye Healthcare Financing	Enhance Eye Health Care Financing in Bomet County	working group and have a representation of eye coordinator in CHMT Ensure Continuous Quality Improvement and Assurance	CEHTWG, SCEHWG) Sessions of quality audit conducted Number of supervisory visits conducted	 Audits forms, minutes and attendance Checklist,	Quarterly -Quarterly
		Enhance resource mobilization for eye health through new partners in eye health	Number of public-private partnerships established for eye health financing and MOUs	Partnership agreements	Annual
		Increase resource mobilization through Social Health insurance Fund to eye health care	Number of people utilizing Social Health Authority funding to access Eye Care services	List of registered members from SHIF portal HMIS reports	Monthly
3. Eye health human resource	Strengthen Eye Health Care Human Resource in Bomet County	Recruit adequate HReH at all levels of the eye health care system	Number of personnel recruited and deployed to various eye health care facilities Ratio of eye care professionals to	HR database Appointment letters	Annually

			population		
		Continuous capacity building for eye heath care staffs and Community health workers (CHAs& CHPs)	Number of eye health personnel trained on Primary eye care	HR database, training certificates issued	Quarterly
		Equitable distribution of eye health personnel in the facilities	Number of eye health personnel distributed per facility	HR records,	Quarterly
		Expand staff establishment for ophthalmic services	Expanded Staff Establishment	County Public Service Board Approvals	Annual
4. Eye Health Information Systems in Bomet County	To improve Eye Health Information Systems in Bomet County	Enhance collection and reporting of eye health data at all levels of facilities offering eye health care services.	29 Facilities (100%) reporting rates on KHIS	KHIS complete reports	Monthly
		Improved quality of data at all levels through regular support supervision, routine data quality assessments, and training of records officers.	Number of data quality audit (DQA) conducted	DQA reports and minutes	Quarterly
			Number of support supervision conducted	Support supervision minutes and reports	Quarterly
			Number of on-job training, mentorship,	Attendance sheets and training reports	Bi-annual

			and training conducted		
		Promote data privacy and protection through awareness creation and compliance with Data Protection Law	No. of data protection law sensitization conducted	Attendance sheets and training reports	Quarterly
		Enhance monitoring and evaluation of the data management process	No. of monthly data review meetings conducted	Monthly review meeting reports	Monthly
		Promote utilization of data at all levels in decision-making and planning	No. of quarterly performance review meeting	Performance review meeting minutes	Quarterly
			No. of research utilizing county secondary data	Research using secondary county data approved	Annually
6. Improve eye health care infrastructure	To establish functional and Improve existing eye health care infrastructure in all levels 3, 4, and 5 facilities	Continuous maintenance of the eye unit building, furniture, plumbing work, and any other supporting infrastructure	No. of renovations done in existing eye unit structures	. Inspection reports	Yearly
		Expand LCRH Eye Unit to include	No. of functional integrated	Inspection reports	Yearly

	integrated and supportive services e.g. diabetes clinic, Social Health Insurance Fund, revenue, waiting bays, optical workshop, low vision department, pharmacy, and other auxiliary services	and supportive services offered within the eye LCRH Eye Unit		
	Establishment of functional eye units in all level 3 & 4 facilities	No. of eye units established at levels 3 &4 established	. Complete and functional eye units	Yearly
Ensure consistent supply and maintenance of appropriate eye health care equipment for each level	Optimize the use of available eye health equipment through inventory management and audits	No. of inventory audits conducted	. Inventory reports	Annually
	Planned preventive maintenance of eye care equipment	No of routine preventive maintenanc e conducted on eye equipment	. Service cards signed	Bi-annually
To improve disability accessibility of all facilities offering eye	Construct ramps with recommended elevations	No. of eye unit with functional ramps	. Accessibility audit report	Annually
	Ensure	No. of eye	. Accessibility	Annually

health care e.g. ramps, rails, washrooms	doorways are wide enough for wheelchairs and corridors are obstacle-free	units with recommended wide doorways and obstacle-free corridors	audit report	
	Improve accessible restrooms with grab bars and non-slip floors	No. of eye units with an accessible restroom with grab and non-slip floors	. Accessibility audit report	Annually
	Use of clear, large-print signs with Braille and high-contrast color to ensure easy readability along with screen readers and voice recognition software	No. of eye unit with clear, large-print signs with Braille and high-contrast color, screen readers, and voice recognition software	Accessibility audit report	Annually
	continuously train eye health care workers on sign language	No. of eye units staff trained on sign language	Training reports/ certificate	Annually
To leverage on information, communication, and technology to improve service delivery	Strengthen existing HMIS to cover all eye care services from screening, diagnosis, treatment, follow-up, and	No. of eye units with functional EMR	Availability of functional EMR technology	Annually

		reporting			
		Leverage on tele-medicine technology to provide eye care services remotely	No of eye unit accessing and using tele-medicine.	Annually	Leverage on tele-medicine technology to provide eye care services remotely
8.Eye Health care Service Delivery	To improve Eye Health care Service Delivery in Bomet County	-Scale up inclusive and integrated strategies for management of eye care diseases in level 3, 4 and 5 facilities	Number of level 3 and 4 facilities offering eye care services. Number of eye facilities offering integrated health services	Completed reports submitted to KHIS Availability of patients registers and summary reports	Monthly
		Enhance community awareness and empowerment on eye health care	Number of eye health action days conducted	Reports on Action days conducted Attendance lists	Monthly
	Reduce the burden of visual impairment through delivery of integrated patient services	Issuance of Spectacles, Iincrease in number of surgeries done by50% conduct screening and outreaches	Number of spectacles issued Number of surgeries done Number of people screened	MOH 735 reports MOH 735 reports e-CHIS reports	Monthly

	Provide rehabilitative care for the visually impaired through the provision of low vision services.	Number of visually impaired persons provided with low vision services Number of facilities offering low vision services	MOH 735	Monthly
Promote cataract surgical outcome monitoring and service quality assurance	Conduct Cataract Surgery Outcome Monitoring.	The percentage of good visual cataract surgical outcome	Cataract Surgical Outcome Monitoring Reports	Monthly
To improve eye health referral path ways	Sensitization of CHPs on Eye Health conditions and availability of eye care services in level 3, 4 and 5 facilities. -Enhance community and school eye screening and sensitization -Continuous sensitization of primary health care workers	Number of CHPs sensitized Number of clients seeking eye health care services Number of clients referred for eye health care services. Number of community members and learners screened	Attendance lists Reports MOH 100 referral tools reaching facilities MOH 416 MOH 700 MOH 735	Monthly

			and sensitized on		
Eye Health care Products and Technologies in Bomet County	Advocate for specific budget line for eye health products in County Integrated Development Plans, Annual Development Plans, Annual Work plan, Annual Budgetary Estimates	Forecasting and quantification of eye health products and technologies	Visibility of eye healthcare budget line	Provision of eye health budget in the County approved estimates -Annual Increment of budgetary allocation towards eye health care.	Annual
	Optimize supply of consumables for the new and existing eye units through budgeting, appropriate procurement & stock control as per demand.	Improve supply chain for eye health products and technologies	Number of Framework contracts in place for supply of eye health products and technologies Fill rates for eye healthcare products and technologies.	Signed Framework agreements Supply Chain Documents Three-way Matching	Quarterly
Research and Innovation	Enhance prevalence studies on eye health condition in Bomet county.	Conduct baseline studies on eye health conditions,	Number of research studies conducted	Publications reports	3 years
		Conduct Operational	Number of Operational	Research report and	2 years

	researches on eye services	researches done	abstract	
	Document best practices in provision of eye services	Number of abstract documented	Best practice reports / abstract	Annually
Investing on eye health innovation and Research	Incorporate new technological innovation	Number of new technological innovation adopted	The Existence of cutting-edge technology	Annually
	Establish a framework for client feedback applications	Number of feedbacks received from clients	Feedback report	Quarterly
To provide baseline for research partnership, collaboration and support	Develop partnership agreements with training / relevant institution	Number of MOUs signed	MOU agreements	Annually

5.2 Policy Review

This Policy is subject to periodic review every three years or as when and where circumstance permits. Review by stakeholders ensures that the policy remains relevant and effective in addressing the eye healthcare needs of the county.
Stakeholders involved in the review process will include government entities, private sector partners, faith-based organizations, development partners, Organizations for Persons with Disability and the community. These stakeholders will assess the progress made towards achieving the policy's objectives and outcomes, identify any challenges encountered, and recommend necessary adjustments to enhance the Policy's impact.

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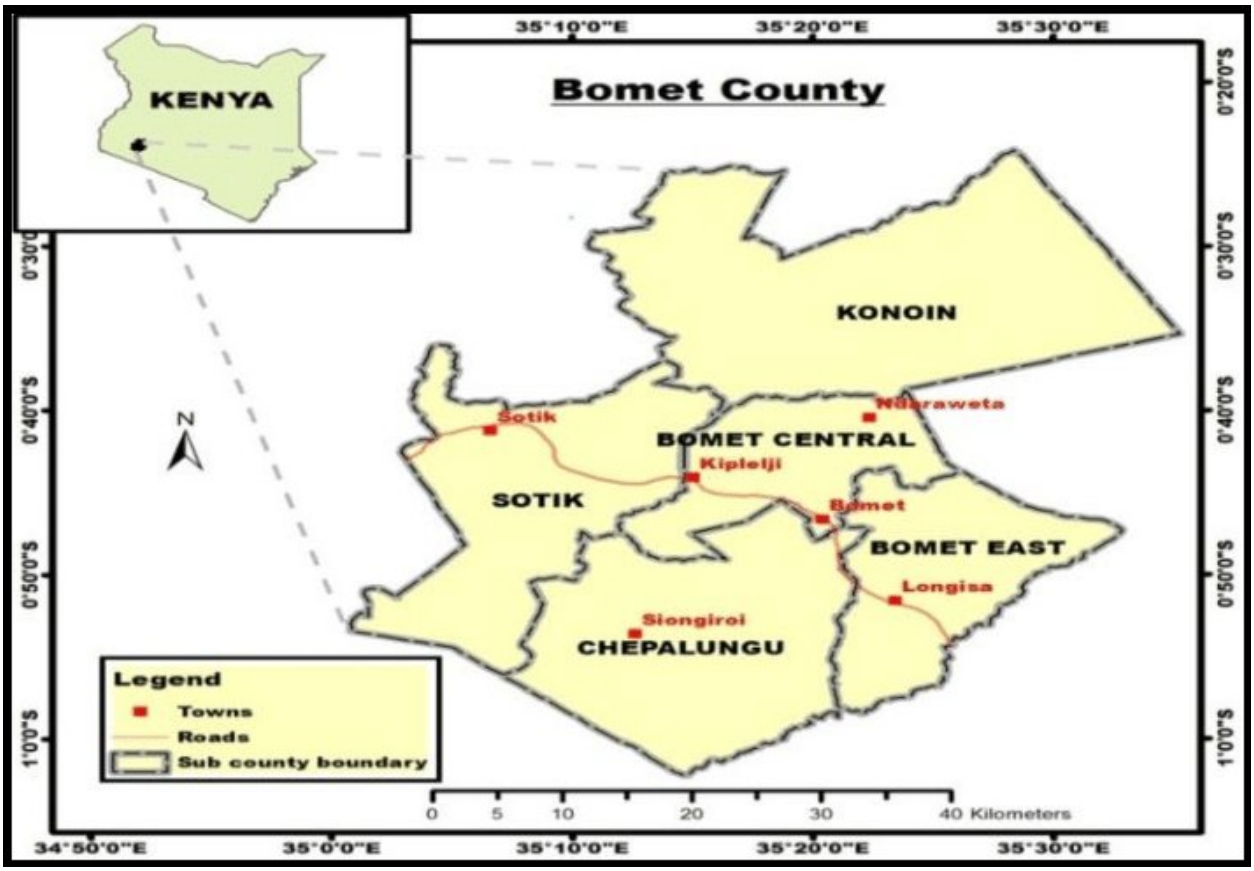
ANNEXES

Annex I: List of Contributors

S/NO	NAME	Designation
1.	Hon Dr. Joseph Sitonik	CECM- Health Services
2.	Mr. Felix Langat	Chief Officer- Health Services
3.	Dr. Benard Sowek	Director Health Services
4.	Dr. Ronald Kibet	Consultant Family Physician
5.	Dr. Joyce Tonui	Director Partner Liason Bomet County
6.	Dr. Mahad Aboud	Ophthalmologist - LCRH
7.	Dr Warom Buoro Michael	Sub County Pharmacist - Bomet Central
8.	Ms. Faith Langat	Program Manager- CBM/VIP
9.	Mr. Samwel Chirchir	Education and Rehabilitation Officer - Bomet
10.	Ms. Betty Tonui	Program Officer - CBM/VIP
11.	Mr. Dominic Ngeno	Monitoring and Evaluation Officer -CBM/ VIP
12.	Mr. Mathew Towett	Data Officer- CBM/VIP
13.	Mr. Raymond Ngeno	Accountant - CBM/VIP
14	Mr. Benard Kipkirui Koech	Ophthalmic Nurse - LCRH
15.	Ms. Lily Rono	Ophthalmic Nurse - LCRH
16.	Mr. Kiptoon Godfrey	Ophthalmic Clinical Officer - LCRH
17.	Mr. David K. Soi	Community Health Focal Person- Bomet County
18.	Ms. Consolata Wafula	Disability Services Officer – Bomet NCPWD
19	Mr. Kipngeno Byegon	Subcounty HRIO- Bomet Central
20.	Mr. Koech Cosmas	County Legal Officer
21.	Mr. Yegon K Gideon	County ICT Officer

Annex II: Map of Bomet County



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