COUNTY ASSEMBLY OF BOMET
DIRECTORATE OF RESEARCH & BUDGET

RESEARCH DEPARTMENT

Analysis of the
Bomet County Comprehensive Eye HealthCare Policy

2025

TABLE OF CONTENTS

FORWARD

Eye health is a critical component of public health, significantly impacting the overall well-being, economic productivity, and quality of life of a community. In recent years, counties across Kenya have increasingly recognized the need for structured policies to address preventable blindness and vision impairment, ensuring equitable access to quality eye care services. The Bomet County Eye Policy 2025 represents a commendable effort to enhance eye healthcare services, aligning with national and global strategies for universal eye health coverage.

This analysis of the Bomet County Eye Policy 2025 serves as an in-depth evaluation of its content, effectiveness, originality, and alignment with best practices in public health policy formulation. The review highlights the policy's strengths, including its comprehensive scope, robust institutional framework, and strategic objectives, while also identifying key areas for improvement, such as financial sustainability, workforce development, and public awareness strategies.

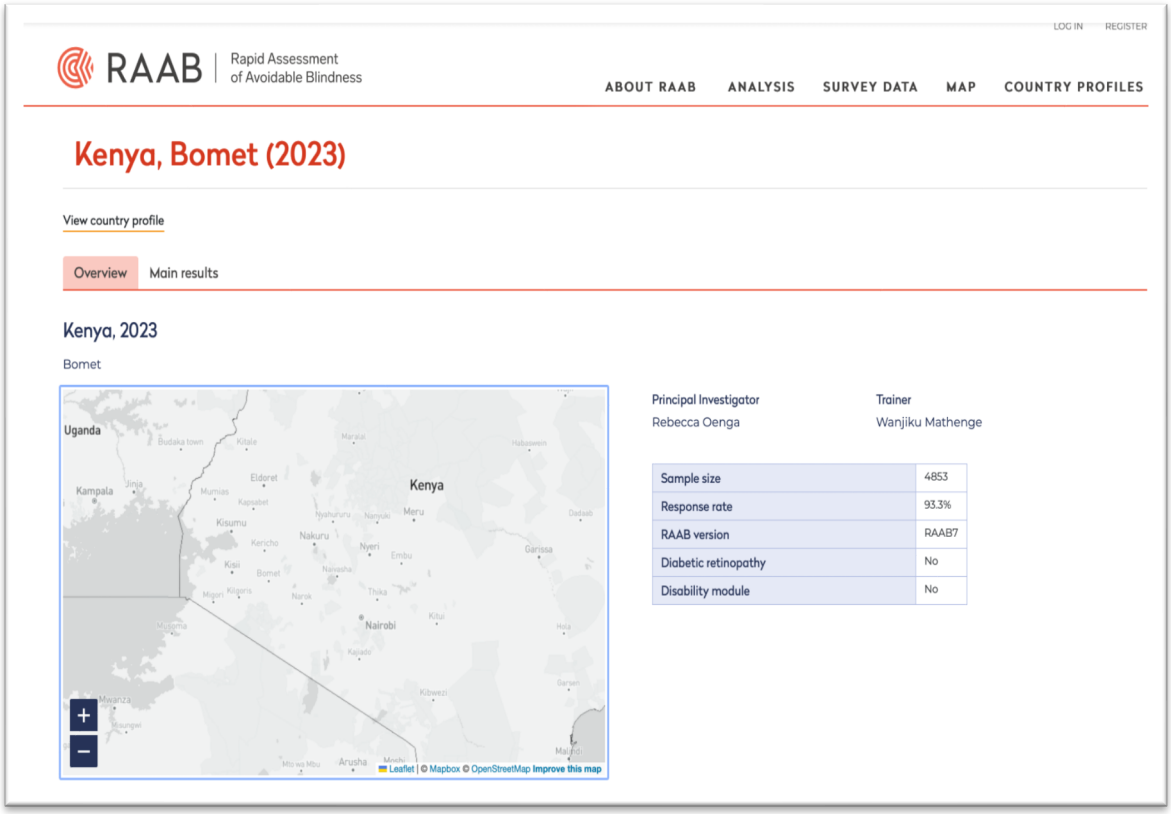
A critical aspect of this analysis is the assessment of originality and plagiarism concerns. The findings indicate significant textual and conceptual similarities between sections of the policy and publicly available documents, including the Kenya National Eye Health Strategic Plan (2020-2025), World Health Organization (WHO) Reports, and International Agency for the Prevention of Blindness (IAPB) publications. While referencing global best practices is necessary for policy coherence, proper citation and adaptation to the local context are essential to maintain credibility and ethical integrity.

The Bomet County Eye Policy 2025 holds immense potential to transform eye healthcare services in the county, reducing the burden of preventable blindness and improving the quality of life for its residents. With strategic refinements and adherence to ethical policy formulation standards, Bomet County can position itself as a leader in eye healthcare innovation and service delivery.

ANALYISIS OF THE EYE HEALTH SITUATION ANALSYSIS

Before examining the Bomet County Eye Policy 2025 in detail, it is essential to first review Chapter Two-Eye Health Situation Analysis to assess whether the policy was warranted and if it effectively addresses emerging eye healthcare issues within the county.

The global, African, and Kenyan eye health statistics cited in the policy are generally consistent with publicly available data. However, regarding the eye health situation in Bomet County, the policy primarily references the Rapid Assessment of Avoidable Blindness (RAAB) survey conducted in 2023. Although the policy accurately presents the findings from this survey, it incorrectly cites the report as dated 2024. According to the RAAB official website, the survey's results are dated 2023, as illustrated below.



A notable concern is the absence of empirical data that reflects the real-time eye health situation in Bomet County. Since this policy originates from the Department of Health and Medical Services, the situation analysis could have been further validated by incorporating data from health facilities, including patient diagnosis records, treatment patterns, and hospital visits. Such information would

provide a more comprehensive and localized perspective on the county's eye healthcare needs.

The policy could benefit from including recent data on the prevalence of uncorrected refractive errors and other emerging eye health challenges. By incorporating real-time clinical data alongside survey findings, the policy would provide a more accurate and evidence-based foundation for decision-making and resource allocation.

A notable concern is the absence of empirical data reflecting the current eye health situation in Bomet County. Since this policy originates from the Department of Health and Medical Services, the situation analysis could be further substantiated by including data from health facilities, such as patient diagnosis records, treatment patterns, and hospital visits. This information would provide a more comprehensive and localized view of the county's eye healthcare needs.

Additionally, the policy could be improved by integrating recent data on the prevalence of uncorrected refractive errors and other emerging eye health challenges. Including real-time clinical data along with survey findings would offer a more accurate and evidence-based basis for decision-making and resource allocation.

ASSESSMENT OF ORIGINALITY AND PLAGIARISM CONCERNS

After a thorough analysis of the Bomet County Eye Policy 2025, several sections that closely resemble content from publicly available sources. Below is a detailed comparison:

A. ALIGNMENT WITH NATIONAL STRATEGIES

- Bomet County Eye Policy 2025: The policy emphasizes the integration of eye care into the broader health system, adopting a people-centered approach to ensure universal health coverage.
- Kenya National Eye Health Strategic Plan 2020-2025: This plan serves as a guide for understanding eye health priorities, emphasizing a people-centered eye care approach and integrating eye care into universal health coverage.

Findings-The Bomet County policy's language and concepts closely mirror those in the national strategic plan, suggesting a strong alignment but also indicating potential direct borrowing without citation.

B. GLOBAL EYE HEALTH STATISTICS

- Bomet County Eye Policy 2025: The policy states that globally, at least 2.2 billion people have a vision impairment, with at least 1 billion cases being preventable or unaddressed.[i]
- World Health Organization (WHO) Reports: WHO reports indicate that globally, at least 2.2 billion people have a vision impairment, with at least 1 billion cases that could have been prevented or are yet to be addressed.

Findings-The statistics presented in the Bomet County policy are directly taken from WHO reports. While using such data is common, proper attribution to WHO is necessary to maintain academic integrity.

C. CHALLENGES IN EYE CARE

- Bomet County Eye Policy 2025: The policy outlines challenges such as inequalities in service coverage and quality, a shortage of trained eye care providers, and poor integration of eye care services into the health system.
- World Report on Vision (WHO): The report highlights challenges including inequalities in coverage and quality of services, a shortage of trained eye care providers, and poor integration of eye care services into health systems.

Findings-The challenges described in the Bomet County policy closely reflect those outlined in the WHO report, indicating that the content may have been directly borrowed without appropriate citation.

D. STRATEGIES FOR EYE CARE INTEGRATION

- Bomet County Eye Policy 2025: The policy advocates for making integrated people-centered eye care, embedded in health systems and based on strong primary health care, the model of choice.
- World Report on Vision (WHO): The report proposes making integrated people-centered eye care, embedded in health systems and based on strong primary health care, the care model of choice and scaling it up widely.

Findings: The Bomet County policy's strategic approach mirrors the WHO's recommendations, suggesting direct adoption of the language and concepts without proper attribution.

SWOT ANALYSIS OF THE POLICY (CHAPTER 1-4)

STRENGTHS OF THE POLICY

1. Comprehensive Scope

   - The policy addresses all key aspects of eye healthcare, including governance, financing, service delivery, human resources, infrastructure, and data management.
   - It aligns with global and national health strategies, such as the National Eye Health Strategic Plan 2020-2025 and WHO's recommendations.

2. Strong Institutional Framework

   - Clear roles and responsibilities for different stakeholders, including the Executive Subcommittee on Eye Health, County Eye Healthcare Technical Committee, and Facility Technical Committee.
   - Inclusion of development partners, faith-based organizations, and private sector stakeholders improves collaboration.

3. Strategic Objectives and Implementation Plan

   - The document outlines eight key objectives with detailed strategies for financing, service delivery, research, and infrastructure development.
   - The monitoring and evaluation (M&E) matrix is well-structured, providing measurable indicators for tracking progress.

4. Inclusion of Data-Driven Decision-Making

   - The policy emphasizes the need for data collection, reporting, and analysis to improve service efficiency.
   - Adoption of electronic medical records (EMR) and telemedicine enhances service delivery and accessibility.

5. Equity and Inclusivity Focus

   - Recognizes the need for accessibility for persons with disabilities (PWD).

- Gender mainstreaming and protection of vulnerable groups are embedded in the guiding principles.

6. Financial Sustainability Considerations

- Proposes the establishment of a dedicated budget line for eye healthcare.
- Encourages resource mobilization from social health insurance schemes and partnerships with NGOs.

WEAKNESSES AND AREAS FOR IMPROVEMENT

1. Lack of legal framework in the Policy Document. The Policy can be further justified by incorprating the legal backing from the Constitution, Helath Act etc.
2. Role Overlap and Bureaucratic Complexity

The presence of multiple committees with overlapping roles (County, Sub-County, and Facility-level teams) may lead to-

- Slow decision-making due to excessive consultation layers.
- Delays in policy implementation due to lack of direct accountability.

Lack of a Central Coordinating Unit – While the policy establishes various committees, it does not designate a single entity responsible for synchronizing activities, avoiding duplication, and ensuring interdepartmental collaboration.

3. Weak use of Empirical Data to Justify the Policy

Limited County-Specific Data – While the policy discusses global and national statistics, it lacks sufficient real-time, county-specific data to demonstrate the actual situation in Bomet. The policy could have included data from local health facilities, past eye screenings, and hospital records to strengthen its justification. The poliocy heavily depends on the Rapid Assessment of Avoidable Blindness (RAAB) survey as its primary data source.

4. Lack of Clear Timelines

While objectives and strategies are well-outlined, the policy lacks a clear implementation timeline for achieving each target.It would be beneficial to specify short-term, medium-term, and long-term goals based on the available resurces.

5. Limited Analysis of Underlying causes of poor eye health services

No Detailed Discussion on Barriers to Eye Care – While the policy mentions the prevalence of blindness and visual impairment, it does not adequately explore the root causes of poor access to eye care services in Bomet County. Some key missing factors include-

- Financial barriers – High cost of treatment, lack of a dedicated budget for eye care.
- Limited specialist availability – The shortage of ophthalmologists and optometrists in the county.
- Inadequate outreach programs – Lack of eye screening and awareness campaigns in rural areas.
- Cultural beliefs and myths – Some communities associate eye conditions with curses or witchcraft, discouraging medical intervention.

6. Financial Sustainability Uncertainty

- The policy calls for a dedicated budget line, but it does not specify how much funding will be allocated or how it will be sustained in the long term.
- It does not address cost-reduction strategies such as subsidies for essential eye care services.

7. Lack of Measurable Targets and Performance Indicators

Objectives Are Too Broad Without Specific Outcomes – While the strategic objectives are well-defined, they lack clear Key Performance Indicators (KPIs).

Example of Weak Objective- A case in point in this policy
"Improve Eye Healthcare Service Delivery in Bomet County."

This objective does not specify how improvement will be measured (e.g., increased cataract surgeries, reduced blindness rates, expanded outreach services).

While strategic objectives are clearly defined , they lack key performance indicators for ease of evaluating the outcome.

Recommendation-The policy should introduce SMART objectives (Specific, Measurable, Achievable, Relevant, and Time-bound) with quantifiable targets.
Example of an Improved Objective:
"Increase the number of cataract surgeries from X to Y by 2026 to reduce avoidable blindness by 30%."

8. Weak Financial Sustainability Framework

No Concrete Funding Strategy – The policy acknowledges the need for financing but does not outline-

- How much funding is required annually for full implementation.
- Sources of funding (e.g., county treasury, partnerships, donor support, insurance schemes).
- Long-term sustainability measures (e.g., revenue-generating activities, cost-sharing models).

A dedicated section on financial planning should be included, detailing-
-Estimated annual funding needs for key interventions.
-Potential funding sources and strategies (e.g., public-private partnerships, insurance coverage).
-Mechanisms for tracking financial accountability.

Weak strategy for eye health financing at scale- while policy recognizes funding gaps, it does not provide a clear model for sustained financial support beyond county allocation. For example, the County government can explore SHIF as a

sustainable financing model and donor funding, PPPs and CSR initiatives as alternative sources of funds.

9. Absence of a clear policy implementation plan

- No Timeline for Implementation – The policy does not specify when different interventions will be carried out.
- Unclear Roles for Implementation – While the Policy mentions policy goals and guiding principles, it does not outline who is responsible for executing each objective.

Recommendation-

-Refine the implementation matrix to link each strategic objective to responsible agencies and timelines (e.g., short-term, medium-term, and long-term goals).

-Specify which department(s) will oversee implementation (e.g., County Health Department, County Assembly, private sector, NGOs).

10. Limited Focus on Public Awareness Campaigns

While community engagement is mentioned, there is no specific strategy for sustained public awareness campaigns to encourage early detection and treatment.

11. Shortage of Specialized Personnel

The policy acknowledges a severe shortage of ophthalmologists and trained personnel, but it does not provide a clear roadmap for recruiting and retaining specialists. Incentives for specialists (such as scholarships, training sponsorships, or salary improvements) are not explicitly mentioned.

12. Weak approach to addressing eye health equity

Limited Strategies for Vulnerable Groups – While the policy acknowledges the importance of inclusivity, it lacks detailed interventions for marginalized groups such as-

- Children in schools (school-based screening programs).
- Elderly populations (age-related vision loss interventions).
- People with disabilities (PWDs) (tailored eye care services).

Recommendation-
Develop targeted interventions for specific vulnerable groups, including-

- Free school eye screening programs for children.
- Mobile outreach services for rural areas.
- Eye health subsidies or SHIF coverage for low-income households.

13. Inconsistent Policy Review Mechanism

The policy states that it will be reviewed every three years or as needed, but it does not specify who will conduct the review or what parameters will determine the necessity of an early review.

SWOT ANALYSIS OF MONITORING AND EVALUATION FRAMEWORK-CHEPTER 5 OF THE POLICY

STRENGTHS

1. Inclusion of an M&E Matrix

Well-Structured M&E Approach – The chapter presents a Monitoring and Evaluation Matrix, which outlines-

- Objectives for different thematic areas.
- Key activities for implementation.
- Indicators to measure progress.
- Means of verification (e.g., reports, audits, records).

Categorization of M&E Components – The chapter covers different aspects of M&E, such as-

- Leadership and Governance Monitoring – Tracking the establishment of governance structures.
- Health Financing Monitoring – Evaluating funding sources and budget allocations.
- Human Resource Monitoring – Assessing the number of trained and deployed eye healthcare professionals.
- Infrastructure and Supply Chain Monitoring – Ensuring the availability of eye care facilities and medical supplies.

2. Commitment to Regular Policy Review
    - Periodic Review Framework – The policy specifies that it will be reviewed every three years or whenever necessary.
    - Stakeholder Involvement in Review Processes – It includes government entities, private sector partners, faith-based organizations, and the community in the review process

WEAKNESS AND AREAS FOR IMPROVEMENT

1. Lack of Baseline data for perfomance measurement

No Reference Baseline Data – The M&E framework does not establish a baseline against which progress will be measured. Without a starting point, it is impossible to determine whether improvements are occurring.

Recommendation-
Include baseline statistics on-

- Number of people with vision impairment in Bomet County.
- Current coverage of eye healthcare services.
- Availability of trained eye care specialists.

2. Absence of Clear Performance Targets

No Specific Targets for Key Indicators – While the M&E matrix lists indicators, it does not set specific, quantifiable targets (e.g., "Increase cataract surgeries by 30% over five years").

Example of Weak Indicator

"Number of cataract surgeries conducted."

This does not indicate the expected increase over time or the target population to be reached.

Example of Improved Indicator

- *"Increase the number of cataract surgeries from 500 to 1,500 annually by 2027."*
- *"Reduce blindness prevalence in Bomet County from 1.7% to 1% by 2028."*

3. Weak Financial Accountability Measures in M&E

No Clear Strategy for Financial Oversight and Accountability – The chapter does not outline mechanisms for tracking how funds allocated for eye healthcare are spent.

Recommendation-
Introduce a financial tracking system to ensure transparency in fund utilization and require quarterly financial audits from the internal audit on the budget allocated for eye healthcare services.

4. Unclear Roles and Responsibilities in M&E Implementation

Lack of Clarity on Who is Responsible for Data Collection and Reporting – While the chapter identifies multiple stakeholders, it does not specify who will be responsible for gathering, analyzing, and reporting data.

Recommendation-
Assign specific roles to different agencies as follows-

- County Health Department – Lead agency responsible for data collection.
- Hospitals and Eye Clinics – Provide service delivery reports.
- Community Health Workers – Conduct field surveys and screenings.
- Finance Department – Track budget allocations and expenditures.

5. Lack of Community Engagement in M&E

No Mechanism for Public Feedback – The M&E framework does not specify how patients and communities will be engaged in assessing eye healthcare service quality.

Recommendation-
Introduce patient satisfaction surveys and community feedback forums to evaluate service delivery.

6. No Digital Data Management Strategy

Lack of Integration with Health Information Systems – The chapter does not mention the use of technology (e.g., Electronic Medical Records (EMRs), telemedicine, or data dashboards) to track eye healthcare indicators.

Recommendation-

- Integrate eye health data into the Kenya Health Information System (KHIS) for real-time monitoring.
- Develop a digital dashboard for tracking policy progress.

RECOMMENDATIONS FOR STRENGTHENING THE POLICY

GENERAL RECOMMENDATIONS

1. Include the legal framework provided for in Article 43 of the Constitution and Part 2 of the fourth schedule to the Contitution, Section 4 of the Health Act, National eye Strategic Plan, Vision 2030 etc.
2. Streamline Coordination Structures and improve stateholder role definition and coordination mechanism
    - Reduce unnecessary bureaucracy by defining clear, non-overlapping roles for committees.
    - Establish a central coordination unit under the County Department of Health to act as the link between committees, stakeholders, and funding partners.
    - Introduce a stakeholder engagement framework with clear roles and responsibilities.
    - Define how coordination will be facilitated (e.g., through quarterly stakeholder meetings).

3. Strenghten Justification of the Policy with more local data

    Include Bomet County health facility data on-

    - Annual patient visits for eye-related conditions
    - Availability of eye care specialists and resources
    - Referral patterns for complex eye conditions
    - Current service coverage
    - Treatment rates

4. Expand Discussion on Barriers to Eye Healthcare Access

    - Address financial, cultural, geographical, and systemic barriers.
    - Propose strategies to improve service accessibility

5. Refine the the targets to be measurable and introduce clear perfomance indicators

Define specific, quantifiable goals for each strategic objective.

Example: *"Increase the number of trained eye care specialists from X to Y by 2027."*

6. Define Clear Timelines and Implementation Phases

    - Introduce an implementation plan with timelines, responsible agencies, and monitoring mechanisms
    - Introduce a roadmap with short-term (1-2 years), medium-term (3-5 years), and long-term (5+ years) milestones.
    - Specify deadlines for key initiatives, such as infrastructure development and data system upgrades.

7. Establish a Clear Financial Plan

    - Outline a clear financial framework, detailing funding needs, sources, and sustainability strategies
    - Provide estimated budget allocations and identify sustainable funding sources. Additionally define the 'Eye program' in the department's itemized budget and allocate resources to various line items relayed to eye health.
    - Include cost-sharing mechanisms for low-income patients.

8. Expand Public Awareness Programs and enhance eye health equity and access for vulnerable groups

    - Collaborate with local media, schools, and community health workers to improve early diagnosis rates.
    - Conduct annual awareness campaigns on preventable blindness and common eye conditions.
    - Develop specialized programs for school children, elderly populations, and PWDs

9. Strengthen Human Resource Development Strategies

    - Introduce incentives for specialists, such as scholarships for ophthalmology students, competitive salaries, and allowances.

- Establish exchange programs with national and international eye care institutions.

10. Enhance Review and Evaluation Mechanisms

- Define a dedicated review body and specific evaluation criteria.
- Specify how feedback from stakeholders (especially patients and healthcare workers) will be incorporated into future reviews.

11. Introduce Community Participation in M&E

Implement patient feedback surveys and community engagement forums.

12. Integrate M&E with Digital Health Systems

Utilize Electronic Medical Records (EMRs) and digital dashboards for real-time data analysis.

RECOMMENDATIONS TO ADDRESS PLAGIARISM CONCERNS

1. Proper Attribution-Ensure that all borrowed content, data, and concepts from external sources are appropriately cited within the policy document.
2. Original Language-While aligning with national and global strategies is essential, strive to paraphrase and present ideas in original language to reflect the county's unique context and avoid direct copying.
3. Consultation with Legal and Ethical Guidelines-Review academic and policy-writing standards to understand the importance of originality and proper citation in policy documents.