

Monitoring & Evaluation Brief

Somali Eye Health Alliance (Local) — Program Monitoring Brief

Prepared for: Somali Eye Health Alliance (SEHA)

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Executive summary

This monitoring brief provides a practical, detailed Monitoring & Evaluation (M&E) framework for the Somali Eye Health Alliance (SEHA) to track, measure, and learn from eye health activities at the community and facility level. It explains key indicators, data sources, data-collection tools, roles and responsibilities, data-quality assurance methods, analysis and reporting formats, and a simple implementation timeline and budget considerations. This document is written so local teams can adapt the templates and begin routine monitoring immediately.

1. Background

Somalia faces significant challenges in eye health, including limited access to screening, treatment services such as cataract surgery, and rehabilitation. SEHA's program focuses on increasing access to basic eye care, strengthening referral linkages, improving surgical services, and raising community awareness.

2. Program objectives (sample)

- Increase the number of people screened for eye conditions in target districts.
- Increase the number of cataract surgeries completed with good visual outcome.
- Improve referral completion rates from outreach screenings to facility-based care.
- Strengthen data use and learning at district and facility levels.

3. Monitoring & Evaluation Framework

This section defines the indicators to track progress across four levels: - Impact indicators (long-term population-level change) - Outcome indicators (program-level results) - Output indicators (services delivered) - Process indicators (how activities are implemented) Below is a sample indicator matrix you can adapt.

Type	Definition / Numerator	Method / Source	Frequency	Report	
Output	Count of people screened at outreach & facilities	Screening registers; outreach summary	Monthly	MoM	
Output	Count of completed cataract surgeries	Surgical logbooks; theatre registers	Monthly	HoM	
6/18	Outcome	Number of operated patients with post-op VA $\geq 6/18$ at 6 weeks; patient follow-up	18 weeks post-operated; patient follow-up	Quarterly	Clinical
	Outcome	Number of referred patients who reached the facility	Referral forms, facility intake records	Monthly	Referrals
	Process	Count of community awareness meetings conducted	Activity reports	Monthly	Community
	Process	Proportion of monthly reports received on time	Email / DHIS2 / WhatsApp logs	Monthly	Management

4. Data collection methods & tools

Recommended methods: - Routine service registers (screening, surgery, referrals) - Outreach summary forms - Post-operative follow-up forms - Patient exit interview / satisfaction short form - Quarterly data quality audits (DQA) Templates are included in the annex (indicator matrix and data collection form).

Sample: Outreach screening register (columns)

Field	Description / Notes
Date	Date of screening (YYYY-MM-DD)
Location / District	Name of camp or facility
Screening ID	Unique ID per person or household
Age	Years
Sex	M/F
Visual acuity R	Presenting VA - right eye
Visual acuity L	Presenting VA - left eye
Diagnosis / Finding	e.g., cataract, RE, trachoma, other
Referred (Y/N)	If yes, referral ID
Treatment provided	e.g., glasses, medication, referral
Follow-up date	If scheduled
Notes	Additional info

5. Data quality assurance (DQA)

Key steps: - Use standardized forms and definitions (create a brief M&E; manual with indicator definitions). - Train data collectors and clinicians on how to complete registers and referral forms. - Conduct monthly spot-checks and quarterly audits comparing registers to aggregated reports. - Review outlier and implausible values and follow up with source sites. - Digitize data into a simple system (Excel, DHIS2, or a cloud spreadsheet) with access control and backups.

6. Data analysis & use

- Produce monthly dashboards (key indicators, trends) for program managers. - Use simple visuals: counts and trend lines for screenings and surgeries; pie charts for diagnoses. - Present a quarterly learning brief highlighting successes, challenges, and action points. - Use monitoring data to inform outreach site selection, community messaging, and supply planning.

7. Roles & responsibilities

- Project Manager — overall oversight and decision-making.
- M&E Officer — leads data collection, aggregation, QA, and reporting.
- Outreach Lead — organizes community camps and ensures forms are completed.
- Clinical Lead / Surgeon — ensures clinical data quality for surgeries and outcomes.
- Referral Coordinator — tracks referred patients until completion.
- Data Entry Clerk — digitizes records and maintains backups.

8. Implementation timeline (sample, 12 months)

Activity	Months 1-3	Months 4-6	Months 7-9	Months 10-12
Set up M&E tools & train staff	X			
Monthly outreach screenings	X	X	X	X
Cataract surgery camps / facility lists	X	X	X	X
Quarterly DQA	X	X	X	X
Quarterly learning briefs		X		X

9. Budget considerations (categories)

Major cost categories to plan for monitoring: - Staff time (M&E; Officer, data entry, supervisors) - Printing forms and registers - Transport for supervisory visits and outreach - Data entry tools (laptop / tablet) and internet - Trainings and DQA workshops - Minor costs for patient follow-up (phone credits) A modest M&E; budget of 5–10% of total program costs is common for small local programs — adjust to local prices.

10. Learning & adaptive management

Schedule quarterly reflection meetings where managers and clinicians review monitoring results and agree on corrective actions (e.g., change outreach sites, adjust referral pathways). Document decisions and track implementation in subsequent months.

Annex A: Indicator matrix (CSV-ready sample)

You can copy the table below into Excel or a CSV file to start digital recording quickly. Columns: Indicator, Type, Definition, DataSource, Frequency, Responsible, Target.

Type	Definition / Numerator	Method / Source	Frequency	Responsibility
Output	Count of people screened at outreach & facilities	Screening registers; outreach summary	Monthly	Monitoring
Output	Count of completed cataract surgeries	Surgical logbooks; theatre registers	Monthly	Hospital E
Outcome	Number of operated patients with post-op VA $\geq 6/18$ / Number of patients posted up check at 6–8 weeks; patient follow-up	Number of patients posted up check at 6–8 weeks; patient follow-up	Quarterly	Clinical L
Outcome	Number of referred patients who reached the facility / Number of referred patients	Referral forms, facility intake records	Monthly	Referral C
Process	Count of community awareness meetings conducted	Activity reports	Monthly	Community
Process	Proportion of monthly reports received on time	Email / DHIS2 / WhatsApp logs	Monthly	M&E Office

Annex B: Sample outreach screening form fields

Use the fields provided earlier to make a paper or electronic form. Keep the form short to ensure completeness.

Contact & next steps

If you want, SEHA can:

- Adapt this brief to your exact targets and districts.
- Convert the sample tables into an Excel dashboard template.
- Create simple mobile data collection forms (e.g., ODK / Kobo) for outreach.

Replace placeholders (targets, dates) with your program's specific numbers and share existing forms so we can adapt them precisely.