The COVID-19 pandemic has caused devastating disruption to fragile health care systems and wide-scale havoc to economies in Africa. The limited testing capacity, shortage of trained healthcare personnel, inadequate ICU facilities, and lack of funds all contributed to Africa's susceptibility to the pandemic. Governments implemented “lockdown” regulations that severely curtailed people’s movement, which created threats to livelihoods, amplified inequalities, multiplied the number of unemployed, and exacerbated chronic health and social welfare conditions.

Civil Society Organizations (CSOs) have also been severely affected by the crisis brought on by the pandemic. Some field interventions had to be halted, leaving communities with no services nor support during lockdown periods. At the same time, CSOs including Voluntary Organizations for Professional Evaluation (VOPEs) have also been challenged to step up during this crisis period. It was anticipated that VOPEs would contribute towards Monitoring and Evaluation (M&E) and promoting credible evidence to be used to fast-track decision-making processes. On the basis of a discussion event organized by the African Evaluation Association, this article reflects on how VOPEs in Africa measured up as CSOs to promote the role and value of M&E to generate knowledge for use on interventions responding to the pandemic as well as their ability to be and remain focused and relevant. It finds that VOPE activities in Africa during the pandemic appear to have been piecemeal and uncoordinated. Adaptation to new modes of engagement was slow and limited in many cases. However, individual VOPE members have been instrumental in championing social programs geared to aid the poorer members of society. It is anticipated that the lessons learned from the current crisis will help VOPEs to develop readily available tools and techniques to be used during crisis scenarios.
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Key Messages

- The role of VOPEs in promoting the value and values of M&E to generate knowledge for use about interventions.
- The pandemic exposed the desperate state of health services in most African countries and their inability to service the poor and rural communities.
- During the pandemic many CSOs released their capacities through synergies in partnerships and coalitions of interest at the national level, sharing information, providing services to individuals, and aiding vulnerable communities.
- VOPE activities in Africa during the pandemic appear to have been piecemeal and uncoordinated.
- In order to assume the mantle of championing evaluation and good governance, VOPEs must consistently provide knowledge of the local population groups in relation to policies.

Introduction and overview

Civil Society Organizations in Africa

CSOs in Africa have been severely affected by the crisis brought on by the pandemic. As frontline operators, their actions, normal activities, and survival have been under threat and undermined to the point of closure for some. Some field interventions had to be halted because of the pandemic, and communities were left with no services and no support during lockdown periods. While the demand for services increased, staff of NGOs and CSOs could not deliver and had to adapt to a constantly changing environment that was also life-threatening. A survey of more than a thousand CSOs in African countries revealed that the sudden appearance hit them hard and forced them to make immediate organizational changes. The findings describe two types of adaptability on the part of the CSOs. Firstly, the overwhelming majority managed to reorient their activities and sources of funding – either self-funding or appeals to local private donors. Secondly, many CSOs released their capacities through synergies in partnerships and coalitions of interest at the national level, sharing information, providing services to individuals, and aiding vulnerable communities (Sesmiasons, 2020). CSOs were compelled to step in to support where governments were unable, incapable of, or unwilling to help. There are numerous examples of community action networks in South Africa, Kenya, Nigeria, Ghana, and other countries, relying on the generosity of local and external donors that managed to support vulnerable and marginalized communities. Many CSOs are continuing in this role.

Methodology

In February 2021, in partnership with the Centre for Learning on Evaluation and
Results (CLEAR) for Anglophone Africa, the African Evaluation Association (AfrEA) hosted a discussion on the state of VOPEs in Africa based on the tentative findings of an ongoing study. The participants of the online event expressed their gratitude for the high quality of the inputs, with their comments and discussions indicating a high appreciation of the initiative. Because of the overlap with this paper, we (the authors) seized the opportunity to engage some of the participants after the meeting around two questions: (1) How have VOPEs in Africa responded (during the pandemic) to health and socio-economic challenges? And (2) Would you say your VOPE (or VOPEs in general) has contributed towards generating or providing information about best M&E practices learned during this crisis? This accorded us a qualitative approach to this paper.

Bryman (2014) defines qualitative research as a strategy that promotes the usage of words as opposed to quantification in the collection and analysis of data. Due to time limitations, a convenience sampling strategy targeting representatives of VOPEs in the region was opted for. Overall, feedback was solicited from seven respondents (for further details, please see acknowledgments at the end of the article). To this effect, emails coupled with follow-up messages sent via WhatsApp (a messaging app) were sent to the participants who were known to the authors of this article. Following this, a thematic content analysis mode was used to synthesize the findings elicited from the VOPE representatives.

A brief outline of the health and socio-economic challenges associated with the COVID-19 pandemic and as experienced in African countries, is presented below. It highlights the devastation caused by the pandemic and provides a sense of the scale of the challenges that governments and CSOs in Africa are required to respond to. This is followed by reflections on reports of how VOPEs responded during the pandemic.

Health challenges

The COVID-19 pandemic has caused devastating disruption to fragile health care systems and wide-scale havoc to economies in Africa. The health care systems in Africa were ill-prepared for the testing regimes required to monitor and treat the spread of the coronavirus. This is despite Africa not being a stranger to epidemics. In August 2014, the World Health Organization (WHO) declared a public health emergency of international concern (PHEIC) in response to the West Africa Ebola epidemic that went on for over two years (Staunton, Swanepoel and Labushaigne, 2020). The late onset of the pandemic in Africa, months later than in other regions in Europe and Asia, allowed African governments time to put in place diverse forms of ‘lockdown’ regulations to slow the spread of the virus. But countries like Egypt and South Africa, with their relatively stronger travel connections to global hotspots in Asia and Europe, had steep rises in cases initially. The limited testing capacity, shortage of trained personnel required for diagnostics and intensive care units (ICU), inadequate ventilators and ICU facilities, lack of personal protective equipment (PPE) for healthcare workers, and lack of funds all contributed to Africa’s susceptibility to the pandemic (Lone and Ahmad, 2020).

Africa’s high disease burden and high poverty levels add to the health concerns generally as it is estimated that there are 26 million people infected with HIV, 2.5 million with tuberculosis, 71 million with hepatitis B or C, and 213 million with malaria in the Africa region (Lone and Ahmad, 2020). Furthermore, people’s immune systems have been compromised with a double burden of non-communicable diseases such as cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes.

South Africa has had the highest number of reported infections in Africa, with just over 2 million cases reported as of July 2021. However, the number of new daily cases (1,911) had decreased significantly since the beginning of January 2021, when the...
infection rate was at 20 000+ per day. Other African countries reported smaller overall case numbers with Morocco 480 000; Tunisia 226 000, Egypt 176 000, and Nigeria with 150 000. The WHO suggested that testing in Africa was still low compared to other regions, and there was a concern that inadequate testing may conceal the actual spread of the virus. The constraints in enhancing transparency and access to information about COVID-19 are due in part to limited resources. However, the Tanzanian government stopped reporting cases at the behest of its president. The latter declared that the pandemic was finished in his country due to the power of prayer and the effectiveness of traditional remedies. Fast forward to May 2021, a new policy shift that promotes compliance to international standards such as wearing masks, testing, and quarantine for travelers etc., has been adopted by the Tanzanian government.

In general, most governments on the continent have heeded the advice from the WHO and the Africa Centre for Disease Control (CDC). Apart from a few countries like South Africa and Morocco, the infection rates in Africa have been relatively low compared to a region such as North America. However, science experts have warned of a possible resurgence in the future due to virus mutation. A new variant of the coronavirus e.g., DELTA, originated in India, has emerged in South Africa, and identical infections have been recorded elsewhere in Africa, such as Botswana, Ghana, Kenya, Comoros, Zambia, Zimbabwe, and Mozambique. The pandemic has also exposed the desperate state of health services in most African countries and their inability to service the poor and rural communities. Therefore, health warnings remain, and people are encouraged to get tested, even where the governments’ pace of testing has been slow. The use of hand sanitizers and the wearing of facemasks are universally promoted. While the rollout of vaccines is only beginning in countries in Africa, social distancing is still being practiced and, in some instances, legislated through regulations pertaining to the number of people that can attend events such as funerals or church services.

**Socio-economic challenges**

The pandemic continues to bring pain and suffering that have been very real to those who have lost loved ones, relatives, and friends, whether there were underlying health conditions or not. Medical practitioners, doctors, nurses, community health workers have not been spared, and they continue to risk their lives in the face of this global threat to our well-being. In most parts of the world and in Africa, governments implemented “lockdown” regulations that severely curtailed people’s movement. (Hamann et al., 2020). For example, the hard lockdown in South Africa implemented in late March 2020 required all people, except those providing essential services, to stay at home. Similar lockdown regulations occurred in Kenya, Nigeria, Uganda and Mauritius, where governments restricted the movement of people, banned gatherings such as markets and enforced the closure of schools, universities, and both internal and national borders. The lockdown regulations in South Africa, Nigeria, Uganda, and Zimbabwe were accompanied by allegations of excessive force and human rights abuses (Hamann et al., 2020). This was the most prominent governmental response to the pandemic that has also had the most crucial economic and social consequences.

Hamann et al. (2020) highlight a few aspects where large sections of society were adversely affected because a solution intrinsic to lockdown measures was created and borne out in China and Europe with significantly different socio-economic conditions. The shelters of small and overcrowded shacks in sprawling informal settlements of South Africa and other African countries could not manage the “stay-at-home” mandate, and many had no access to water and basic services. The stay-at-home regulations also
created threats to livelihoods, and they increased the risks of malnutrition and starvation among children. Job losses have become a reality, and domestic violence has increased where, for example, in South Africa, gender-based violence (GBV) has been named the second pandemic. The adverse effects on children from time loss in formal schooling must still be assessed going forward. Overall, indications are that the mental well-being of many households—young children and adults alike—has been severely compromised. The impact of the pandemic has also been exacerbated by other disasters such as the locust invasion in Kenya, along with droughts and flooding in several parts of Africa.

Developed countries in the North have been able to cushion, to some extent, some of the threats outlined above through economic stimulus packages. Some countries on the African continent such as Egypt, Ghana, Kenya, Nigeria, and South Africa etc., have, to a varying extent, introduced economic stimulus packages to ease the impact of the pandemic. In addition, the International Monetary Fund (IMF) provided financial assistance and debt service relief, to the tune of $16 million, to member countries facing the economic impact of the COVID-19 pandemic. However, this is borrowed money that must be repaid, and countries have had to commit to undertake governance measures that promote accountable and transparent use of these resources. Very many countries in Africa were not able to support citizens with the loss of income caused by the pandemic, as depicted below:

The pandemic exposed Africa’s underbelly, it amplified inequalities, it multiplied the number of unemployed, it exacerbated chronic health and social welfare conditions, and as stated by the President of South Africa in May 2020, “COVID-19 has brought about the destruction of the economy” (PWC, 2020). However, he...
did add to this statement that it was the collective responsibility of everyone to rebuild and reposition the economy. The crisis gave rise to the growth in some places of spontaneous civil society organizing. These non-state actors filled the gaps left by constrained government responses to the social crisis (Hamann et al. 2020). Community action networks applied their experiences from the Ebola epidemic to pioneer establishing “community care centers,” which are community-based self-isolation facilities for those infected, “to balance out a clinical approach to the pandemic with a social one.”

VOPEs in Africa and their responsiveness to the above-cited challenges

VOPEs are CSOs or groups created around a body of knowledge concerning relevant theories, methodologies, or policy instruments. VOPEs also provide relevant ways of acquiring knowledge of Monitoring & Evaluation, and participants have an interest in maintaining the integrity of their body of knowledge. Global initiatives, such as the Sustainable Development Goals (SDGs) and the African Union's acceptance of a results-based approach to its efforts have contributed to the nature and content of the focus of M&E in Africa, with VOPEs being informed by these developments (Abrahams, 2017). A VOPE is an umbrella body for people interested in advancing evaluation as a profession. It can function at regional and national levels as it brings together evaluation practitioners from government, academia, and NGOs. As professional associations, VOPEs have a significant contribution in making countries engender good governance. More specifically, as CSOs, they are challenged to:

- Provide knowledge of localities and population groups relevant to policy.
- Provide information about good practices or how problems have been addressed in other places.
- Provide an understanding of fundamental factors that affect success – provide theory.
- Do an ongoing assessment of the claims of other actors in the debate of good governance. Provide venues/platforms for stakeholders to carry on the necessary discussions. (Chalmers, 2000)
AfrEA was founded in 1999 as an umbrella organization of VOPEs in Africa. Its mission is to promote robust evaluation through its members. There are currently more than 40 country-member VOPEs associated with AfrEA. These members were invited to an online discussion in February 2021 on the state of VOPEs in Africa based on an ongoing study initiated by the Centre for Learning on Evaluation and Results (CLEAR) and Anglophone Africa. Some of the feedback and sentiments during this discussion are presented below. In addition, there was follow-up engagement with key informants who shared their views, perceptions, opinions, and interpretations of how VOPEs in Africa responded during the pandemic to social, economic, and health challenges.

The online presentation in February 2021 revealed that VOPEs had been adversely affected by the pandemic. There was a general slow-down in activities and visibility. VOPE activity during the initial stages of the pandemic was presented as ‘non-existent in most countries in Africa; 'weak and not focused' in a few countries; and 'directed at evidence building' in only two countries. The strict lockdown measures prohibited adequate coordination, interaction, and communication. Funding for VOPE activities also dwindled as partner countries were affected and refocused their support on other priorities. Technology and the possibilities presented by the online environment as well as engagement with other civil society organizations, created opportunities for VOPEs to communicate and collaborate. However, the overall conclusion was that VOPEs did not deploy monitoring, data visualization, evaluation tools to add M&E evidence into the policy debate. Where VOPEs did manage to respond to some of the challenges, it was considered isolated occurrences in one or two countries.

The respondents also indicated that VOPEs in Africa did not maximally respond to the socio-economic challenges presented by the pandemic. According to them, the challenges of lockdown, the health risks, and the lack of funding for VOPE activities contributed to the lack of initiative. However, some responses were more nuanced such as the following anecdotes:

"The COVID-19 pandemic offered both a challenge and an opportunity for associations to convince policymakers and society of the inestimable value of M&E evidence in helping countries navigate the complex problems that they face."

"There are two areas of focus, which were championed by the VOPE during this crisis. This includes (i) experimenting with the use of technology or online platforms to deliver several of their program activities, and (ii) advancing humanity as change drivers. We have conducted five capacity-building activities through Zoom, and this has helped us reach more members. Our average attendance has been around 90 in all our meetings."

The adaptability of VOPEs has been minimal, according to most of the respondents. VOPEs, according to them, showed that very little value was happening around COVID-19 and there appeared to be a lack of responsiveness and agility by VOPEs during the pandemic. Beyond the non-responsiveness and lack of agility by VOPEs, respondents further explained the reasons behind this phenomenon. One of the respondents argued that "most of the evaluators are independent consultants who generally respond to a Request for Proposal (RFP). Very few evaluation consultancies will initiate looking for money/funding nor can they do that as profit-making entities". This implies that most evaluators in the M&E landscape are independent consultants instead of linked to institutions. They are contracted to execute ad hoc projects and programs on behalf of their clients and are probably preoccupied with meeting their clients' expectations on deliverables and timelines. This could mean that very few funded projects aimed at growing the
body of knowledge of evaluation were undertaken. A different but similar point was made by another respondent speaking on behalf of the younger constituency. This respondent conceded that “Just like most associations involved with the implementation of evaluation activities, the Young and Emerging Evaluators (YEEs) have also found this period to be a challenging time. For example, the YEEs did not have any single physical activity up until February 2021. For almost a year, only two online capacity-building workshops were delivered, neither being well attended. This is because YEEs lacked laptops, good internet connection, and a poor mindset about online studying”.

This points to structural barriers that could have contributed to the lack of an adequate and coordinated response witnessed during the pandemic.

During the AfrEA webinar, it was mentioned that there had been a gradual move to technology use among VOPEs to deliver their various programs of action in servicing their constituencies. One interesting phenomenon observed from this presentation was that there was an understanding that VOPEs’ members are first members of the society (communities) and citizens of their respective countries who are accountable for the upkeep of these communities. Consequently, these professionals heeded the call to support social interventions delivered by governments, CSOs, and NGOs in the region. This point was eloquently made by one of the respondents who mentioned that “financial resources and feeding schemes for poorer people were lobbied for and distributed to those in need.” Another said, “VOPE members volunteered their time to help communities spread prevention measures and create awareness such as wearing masks, social distancing, handwashing, and checking people’s temperatures.” The general sentiment that emerged from the respondents was that the members of the VOPEs, in their communities, acted as change agents during this crisis.

There are indications that some VOPEs attempted to produce M&E-related information intended to influence decision-making during the pandemic. One of the VOPE members conducted a study focusing on the impact of COVID-19 on the public and the use of indicators. Another member generated COVID-related data by surveying M&E practitioners using messaging apps, namely Telegram and WhatsApp. We believe this useful information will strengthen our profession in dealing with the crisis in the unforeseen future. These are indications (supported by general feedback provided by the respondents) that some VOPEs did investigate the impact of the COVID-19 but have yet to use these datasets to inform decision-making in the current crisis. It appears that most VOPEs were mainly inward-looking as opposed to producing knowledge systems that could be used in the broader national evaluation ecosystem. It is anticipated that the lessons learned from the current crisis will help VOPEs to develop readily available tools and techniques to be used during crisis scenarios, including the utility of evidence discourse.

Conclusion

VOPE activities in Africa during the pandemic appear to have been piecemeal and uncoordinated. As with most CSOs in Africa, VOPEs were forced to reorient and respond to local and immediate needs, they had to work in partnership with other organizations, and they had to adapt to new modes of engagement. The adaptation, according to respondents, was slow and limited in many cases. Many VOPEs have explored technology to advance a hybrid of activities, and although many more people are connecting online, it is still limited. Most significant. However, this exercise noted that individual VOPE members (from their convictions and not necessarily mandated by their VOPEs) have been instrumental in championing social programs geared to aid the poorer members of society.
The preponderance in Africa of independent consultants that is, M&E activities responding to specific RFPs has been signaled as a concern. The concern relates to the lack of space for knowledge generation as the contracts prescribe the scope and focus of the exercises that are generally in the interest of clients calling for the evaluation. The creative use of technology is encouraging, but there is recognition technology that may exclude many people from the learning or development process. The YEE example alerts us that even young(er) people have limited access to technology.

The state of VOPEs in Africa is far from ideal, and there are many challenges related to sustainability and growing evaluation as a discipline in Africa. Be it a response to the pandemic or assuming the mantel of championing evaluation and good governance, VOPEs must consistently provide knowledge of the local population groups in relation to policies, as suggested by Chalmers (2000) articulated in the ‘Made in Africa’ initiative.

As a guide to professionals, VOPEs must strive to provide information about good practices or how problems have been addressed in other places. For example, what measures worked best to protect the health of individuals during the Ebola epidemic? What local mechanisms best served local communities and why? What are the emerging best practices in the health, welfare, education, economic sectors at local and national levels? How will VOPEs ensure that they are focused and that they are relevant? VOPEs should learn from the experiences of other CSOs in Africa during this period, where the full use of networked communities to pool resources and ideas was applied. VOPEs must contribute to transparent governing structures and policies. Our resource-constraint environments suffer under the strain of corrupt practices that prosper when protected by policies that restrict and limit the rights and voices of citizens. While in pursuit of methodological and technological solutions to the health and social problems associated with the pandemic, VOPEs should recognize that evaluation is more than the application of technical skills. It is also about reflecting on how evaluation evidence best serves democratic aims and social justice in Africa.
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References


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