

# Editorial

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We are very pleased to present this Special Issue: Health Evaluations in Africa of the African Journal of Evaluation – the first of its kind. This issue features articles on evaluations conducted in different regions of Africa, authored by both emerging and seasoned evaluators. The launch of the African Evaluation Journal in 2014, followed by this special issue dedicated to health evaluations in Africa, is a testament to the growing importance and appreciation of evaluation on the continent and comes at an exciting time within the discipline of monitoring and evaluation. Indeed, 2015 has been declared the Year of Evaluation, and this special issue contributes to the celebrations by providing a forum for evaluators to share their knowledge of and experiences with conducting evaluations in Africa.

We are grateful to the authors for their willingness to share their work with the wider evaluation community and for contributing to building the body of knowledge in this field. We are also very grateful to the Africa Bureau of the United States Agency for International Development (USAID) for providing support to the preparation of this special issue through its Africa Strategies for Health (ASH) Project.

This special issue contains eight interesting articles (with two in French) that highlight the diversity of evaluation types underway in the health sector on the continent, the issues faced, lessons learned, results achieved, and the use of results to inform decision making at the programme and policy level. We have also included a review of the Health Evaluation Strand held during the 7th Biennial African Evaluation Association (AfrEA) Conference in Yaoundé, Cameroon in March 2014 – also supported by USAID's Africa Bureau, through the ASH Project.

The first article showcases an assessment of Egypt's commitment to implementing The Maputo Plan of Action – a commitment endorsed by 48 African countries to work towards the goal of universal access to comprehensive sexual and reproductive health services by 2015. The qualitative study made use of in-depth interviews with physicians and other key informants as well as focus group discussions with beneficiaries. The assessment showed an absence of coordination amongst actors providing sexual and reproductive services in Egypt, namely, the public sector, NGOs and private sector, and that SRH services in all sectors focussed mainly on family planning and maternity care, and targeted married women with limited, if any, attention paid to married men and the youth. The author concludes that universal access to comprehensive sexual and reproductive health services in Egypt requires the establishment of partnerships between the relevant sectors and a broadening of the focus to include men and youth.

The second article discusses an evaluation of Post-Exposure Prophylaxis (PEP) guidelines in reducing the risk of health workers (HWs) to HIV infection. The study, conducted in Tanzania, employed a cross-sectional mixed methods baseline study including a structured questionnaire, in-depth interviews and walkthrough observations. The study found that occupational exposures were common in hospitals but that health workers under-report them and sub-optimally use PEP services. It concludes that health worker safety programmes should establish functional systems of reporting occupational exposures and ensure adherence to PEP procedures. It recommends that future research be conducted to determine factors affecting compliance to PEP procedures.

The third article presents an evaluation of Epidemic Appraisals (EAs) to better understand the nature of HIV transmission amongst Most at Risk Populations (MARPs) in selected states of Nigeria. The EAs involved mapping of MAPRs, which generated information of the size, typology, and locations of MAPRs, identified venues previously not considered high transmission areas, and provided insight into risk behaviours and sexual networking in rural villages. The findings were used to refocus the state's HIV prevention efforts by prioritising areas with MARP coverage of 70% – 80% targeting high-risk segments of the general population. The authors note that Nigeria is now implementing EAs in the remaining states to effect greater impact of its HIV prevention programme.

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The fourth article is an evaluation that examined whether children in Uganda had knowledge of their rights and could inform decisions at community level in accordance with the Convention on the Rights of the Child (UNCRC). The article focusses on children's awareness of and access to timely, quality health care. The study design was qualitative phenomenological field research that used action research as its main approach. The findings showed that although children were aware of their right to quality health services, there was a lack of clear guidelines in schools and health facilities to support children needing medical attention for sudden illnesses and life threatening circumstances. The article calls for the development of policies with specific and strong linkages between educational, health and other service institutions to promote, protect and respect children's rights. Furthermore, it recommends the training of relevant stakeholders to elicit children's perspectives in decisions that affect them.

The fifth article features an evaluation of health communication programmes in Nigeria. The evaluators conducted an electronic survey using purposive sampling and a two-staged Delphi technique and the P-Process model to collect data from key stakeholders, including donors, government, civil society organisations, research institutions, education and training institutions, and communities. The findings showed low technical capacity of key stakeholders in health communication, limited resources for organisations to implement activities, lack of a strategic framework to guide the implementation of health communication programmes, and minimal collaboration with stakeholders. The study highlights the need to strengthen health communication programmes across Nigeria to improve uptake of health services and health outcomes.

The sixth article explores the effect of external health actors in strengthening national health systems – particularly in the context of fragile states. The article illustrates this by discussing an evaluation of a project implemented by an international NGO in South Sudan to improve maternal, neonatal, infant and child health (MNCH) outcomes. Using mixed methods including in-depth interviews, focus group discussions and observations, the evaluation found that increasing the number and performance of the health

workforce and strengthening operational linkages between community structures and local health services resulted in increased coverage of MNCH services, and improved availability of medical supplies and commodities. The project also informed policy at district and national levels and positioned MNCH for scale up.

The first of two French articles, is an evaluation of the availability of qualified personnel in maternal and neonatal health in Madagascar. The study utilised a cross-sectional assessment of public health facilities in two-thirds of Madagascar's regions. The evaluators used a modified version of WHO's Service Availability and Readiness Assessment (SARA), and found that most referral hospitals and basic health centres lacked general practitioners, and that obstetricians and gynaecologists were mainly available in hospitals to provide caesarean section but not for other maternal and neonatal services. The study also found that public health facilities in more than half the surveyed regions had a low proportion (< 20%) of skilled health workers to provide maternal and new-born health services. The evaluators conclude by highlighting the need to address the capacity and availability of skilled health personnel within public health facilities if meaningful results are to be achieved in reducing maternal and neonatal mortality.

The second French article discusses the recent unprecedented Ebola outbreak in Western Africa. The authors observe the differences in the nature and scale of this outbreak compared to previous instances. They also point out that currently available scientific publications mainly focus on the nature of the virus and its clinical management whilst few publications discuss the management of (response to) the epidemic at a population level. In an effort to contribute to building the body of knowledge in this area, the authors share their experiences in managing (responding to) the outbreak in Guinea. The article discusses some of the public health considerations affecting such a response and identify lessons learned which could strengthen future responses.

We extend our heartfelt thanks to the peer reviewers, editors and those on the editorial board who contributed to the realisation of this special issue and without whose dedication and tireless effort none of this would have been possible.