



EVALUATION OF THE SUDA PROJECT

«Strengthen, Use, Develop, Augment»

(Mali - Niger - Senegal)

Final Report



**Société d'Etude et de Recherche en Santé
Publique (SERSAP)**

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Acknowledgement

This evaluation was conducted by a team of experts from **Société d'Étude et de Recherche en Santé Publique** (SERSAP), which was composed as follows:

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EXECUTIVE SUMMARY

Background and Rationale

Humanity & Inclusion has been implementing the SUDA Project (Strengthen, Use, Develop, Augment) in Niger, Mali and Senegal since April 2016. With an initial duration of 22 months, the USAID-funded project has a budget of USD 1,245,550 and has two goals: strengthen physiotherapy associations in the fields of governance, management and leadership, and support schools regarding the development of strategies for the accreditation of the physiotherapy training programmes and the integration of wheelchair training in their curricula.

Specifically, the project has four objectives:

- 1) **Strengthen** 3 national physiotherapy associations in Mali, Niger and Senegal
- 2) **Use** the WCPT (World Confederation of Physical Therapy) standards to help the 3 physiotherapy training programmes in the target countries move up one step in the WCPT accreditation continuum
- 3) **Develop** a discussion paper on the issue of physiotherapy assistants
- 4) **Augment** wheelchair training in the physiotherapy sector

The implementation of the project involved HI as the consortium lead, WCPT as the lead for Objectives 1, 2 and 3, and MOTIVATION as a service provider for the implementation of Objective 4 in Senegal.

At the local level, the main beneficiaries are physiotherapy associations, namely AKN in Niger, ASKIR in Senegal, and AKIMA in Mali, as well as physiotherapy training schools, specifically ENDSS in Senegal, INFSS in Mali, and ESPAS in Niger.

Terms of reference and conduct of the evaluation

The general objective of the evaluation is to measure the level of achievement of the planned results as well as the effects of the project, taking into account the issues of synergies, strategies, partnerships, relevance, effectiveness, efficiency and sustainability.

In order to achieve this general objective, four specific objectives were defined: 1) Evaluate the design and implementation of the project; 2) Evaluate and analyse the project strategy; 3) Evaluate the level of completion of the action plans of the partner associations and training schools; and 4) Formulate specific and concrete recommendations relating to the analysis and based on the lessons learned.

The evaluation firm “**Société d'Études et de Recherche en Santé Publique**” (SERSAP SARL **Burkina Faso**) searched for reliable data and conducted a coherent analysis in order to define the criteria to be used by the evaluation team to form its judgement on the project.

This required a combination of adapted methods and a relevant approach with the following key stages: **(i)** Exchange meeting with the Humanity & Inclusion Regional Coordinator for a harmonization of viewpoints; **(ii)** Literary search and development of an interview guide; **(iii)** Data collection in the field; **(iv)** Writing and submission of the provisional report; **(v)** Submission of the final report taking into account the amendments made following the presentation of the findings.

For the data collection, the mission used a mixed qualitative and quantitative approach, with individual interviews, focus group discussions, e-mails, and telephone exchanges. To this end, the firm sent 3 consultants to Niger (from 15 to 20 January 2018), 2 consultants to Mali (from 22 to 27 January 2018) and 1 consultant to Senegal (from 29 January 2018 to 02 February 2018).

Stakeholders surveyed: Humanity & Inclusion project team in each country and at regional level; staff of the three associations and the three physiotherapy schools; national partners, namely representatives of the Ministry of Health and the Ministry of Higher Education; the WCPT mentors. The interviews also involved the international partner for the implementation of 3 objectives (WCPT) and the service provider (MOTIVATION).

Main findings

(i) **The project is considered relevant both in its design and in its intervention logic.** However, it appears that the project design process was too short and not very inclusive. Indeed, the beneficiaries of the project (the schools and the associations) were involved only in the identification of activities for their action plans; the other stages of the design process were already completed (baseline study, strategic orientations, and definition of the funding levels per target).

(ii) **The baseline study used for the design of the project was not sufficiently exhaustive in that it left out relevant stakeholders** present in the region and failed to take into account the specificities of the target groups. Thus, the West African Health Organization (WAHO), which was strongly involved in the review of the curricula for the training of health professionals, was not targeted at the outset. Similarly, the analysis did not sufficiently take into account the profile of the different beneficiaries, for instance the difference between private schools and state schools in terms of motivation and decision making.

(iii) **Although the intervention logic was coherent overall, it was somewhat fragmented.** Certain areas of activity, in particular the activities about physiotherapy assistants (Objective 3) and wheelchairs (Objective 4), cannot be clearly linked to the key results of the project. It would have been more coherent to integrate the wheelchair component (Objective 4) into the support for the three schools, and address the issue of the physiotherapy assistants (Objective 3) with the associations. This would have increased the critical mass of the stakeholders involved, who could have shared their needs. Moreover, although the mentor-based approach was highly appreciated by the beneficiaries, it did not make use of local expertise; involving national counterparts would have allowed local capacity building and closer support.

(iv) **The implementation of the activities of the 4 objectives is satisfactory both in terms of completing the planned activities and reaching the target groups,** as evidenced by the participation of the physiotherapists in the various activities and the dynamics of the accreditation processes. However, there is a need to follow on the WCPT accreditation process for its completion.

(v) As far as efficiency is concerned, **the level of achievement of the 4 project objectives is satisfactory,** and unforeseen effects have been observed, such as the regional dynamics that have developed progressively with the implementation of the SUDA project.

(vi) A number of factors have been identified by the evaluation as **likely to limit the sustainability of the project's achievements:**

- 1) The low operational and financial capacities of the associations constitute a high risk for the completion of the remaining activities (finalization and adoption of protocols in Niger, follow-up of the WCPT membership application and continuation of consultations

at AKIMA, updating of the website, updating of the physiotherapist database, finalization of the 2018 action plans to provide the associations with relevant advocacy tools, etc.).

- 2) The case of AKN (which was already a member of WCPT at the beginning of the SUDA project) is quite illustrative of the risk for the associations to gradually fall back into lethargy if measures are not taken. Thus, beyond the membership process, support measures must be clearly defined to prevent the associations that have joined from falling back into the old practices. The sub-regional dynamics initiated by the SUDA project and the WhatsApp discussion and sharing forum can contribute to limiting this risk for the associations.
- 3) Regarding educational structures, the lack of consideration of rehabilitation issues at the political and programmatic levels by government is a threat to the achievements. Indeed, in many countries, the issue of rehabilitation is not always a priority on the political agenda, and this limits the mobilization of human, material and financial resources for rehabilitation.

After this external evaluation conducted in January 2018 in the three countries, we can draw the following conclusion: ***“Despite the complexity of its institutional set-up and its very ambitious character, the SUDA project has reached a good degree of efficiency in achieving the expected results within the implementation period”.***

Main recommendations:

Several recommendations have been made, both general recommendations and recommendations concerning specific targets. Only the general recommendations are mentioned here.

- Several elements indicate the need for continued support to the beneficiary structures. The overall level of the schools was very low when the project started. These elements include the following:
 - 1) For each of the project's targets, there have been achievements at the end of the project but these achievements need to be consolidated through support (protocols for AKN in Niger, advocacy with various stakeholders, finalization of the 2018 action plans, etc.).
 - 2) The implementation of the SUDA project has raised expectations at the level of the associations and the schools. The support should not be stopped now if these expectations are to be met (as indicated above, there is a need to consolidate governance: for example, getting a head office and acquiring equipment for AKIMA, continuation of the membership process for both AKIMA and ESPAS, etc.).
 - 3) The regional dynamics that have been building up beyond the three countries as a result of the SUDA project suggests a need for support to develop sub-regional expertise;
- Several options can be considered depending on the preferences of the key actors (HI and WCPT).
 - As regards the continuation of the SUDA project, adjustments should be made taking into account the analyses of this evaluation:

- Develop a process that is more inclusive of all stakeholders at the different stages of project design (and devote more time to analysis). This will enable the consideration of contextual specificities;
 - Maintain the periodic consultation with the various actors involved in the implementation of the project. This would allow the flow of information to all stakeholders, even in the event of movements of implementing stakeholders.
 - Conduct research at the regional and pan-African levels to identify available mentors in order reinforce the synergy of action with WAHO for the curricula review and draw up skill reference data.
- HI and by WCPT should consider targeted support outside SUDA 2 in specific areas of activity:
 - For WCPT, monitoring the accreditation and membership processes undertaken by the schools and the associations, and defining support strategies for the associations that have become members;
 - For HI, supporting the associations in terms of advocacy and strengthening their operational capacities; facilitating the liaison between the associations and HI projects; facilitating the synergy of action between the schools and the associations; maintaining collaboration with rehabilitation partners in the sub-region (WAHO, WHO Regional Office for Africa , RAPAF, WCPT, OADCPH, etc.); building on the experience gained in Senegal in the field of wheelchair provision to promote the availability of wheelchairs through advocacy towards the Ministries of Health and national rehabilitation centres.

LIST OF ACRONYMS

AKIMA	Association des Kinésithérapeutes du Mali
AKN	Association des Kinésithérapeutes du Niger
ASKIR	Association Sénégalaise des Kinésithérapeutes et Rééducateurs
CNAO	Centre National d'Appareillage Orthopédique
CNAOM	Centre National d'Appareillage Orthopédique du Mali
CPD	Continuing Professional Development
CSCOM	Community health centres
CSREF	Referral health centres
DOS	Direction de l'Organisation des Soins
EB	Executive Board
ECOWAS	Economic Community of West African States
ENDSS	Ecole National de Développement Social et Sanitaire
ESPAS	Ecole de Santé Publique et de l'Action Sociale
HI	Humanity & Inclusion
INFSS	Institut National de Formation en Sciences de la Santé
LMD	Licence Master Doctorat
OADCPH	Organisation Africaine pour le Développement des Centres des Personnes Handicapées
PM	Project Manager
PO	Project Officers
PT	Physical Therapy
RAPAF	Rassemblement Physiothérapeutes de l'Afrique Francophone
SERSAP	Société d'Études et de Recherche en Santé Publique
SUDA	Strengthening – Using – Develop – Augment
USAID	United States Agency for International Development
WAHO	West African Health Organization
WC	Wheel Chair
WCPT	World Confederation of Physical Therapy – Project Partner

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INTRODUCTION

Since April 2016, Humanity & Inclusion has been implementing the SUDA Project (Strengthen, Use, Develop, Augment) in Niger, Mali and Senegal in partnership with WCPT and Motivation. The overall objective of the project is to address the need for professionalizing and strengthening rehabilitation care in conflict-affected developing countries.

The project receives financial support from the United States Agency for International Development (USAID) and is managed by World Learning in collaboration with Humanity & Inclusion USA (HI/US).

It aims to strengthen the capacities of physiotherapy associations in the three countries and enable two of them to join WCPT, use the WCPT standards to develop the three physiotherapy training schools, and augment wheelchair provision training, especially in Senegal.

After 22 months of implementation, SERSAP (Société d'Études et de Recherche en Santé Publique), which is based in Ouagadougou, Burkina Faso, was selected by Humanity & Inclusion to conduct the final evaluation of the project.

SECTION 1 | TERMS

1.1 OBJECTIVES AND EXPECTED RESULTS

The general objective of the evaluation is to measure the level of achievement of the planned results as well as the effects of the project, taking into account the issues of synergies, strategies, partnerships, relevance, effectiveness, efficiency and sustainability.

To achieve this general objective, four specific objectives were selected:

Specific Objective 1: Evaluate the design and implementation of the project with regard to its partnership development strategy and its potential to reach the objectives and achieve the expected results (relevance).

Specific Objective 2: Evaluate and analyse the project strategy as well as the implementation, monitoring and evaluation mechanism with regard to the support provided to the three associations and three partner training schools through the mentors, and identify the challenges, successes, constraints and lessons learned (efficiency).

Specific Objective 3: Evaluate the level of implementation of the action plans of the partner associations and training schools, and assess their participation (active or non-active) and their contribution to achieving the results (effectiveness and efficiency).

Specific Objective 4: Formulate specific and concrete recommendations based on the analysis made and lessons learned (findings, shortcomings, failures and successes), and present the prospects (sustainability and efficiency).

1.2 METHODOLOGY AND IMPLEMENTATION

The methodology is based on a mixed qualitative and quantitative evaluation. The analysis deals with both the macro level (country team) and the micro (direct beneficiaries).

In accordance with the ToR of the mission, the evaluation firm searched for reliable data and conducted a coherent analysis in order to define the criteria to be used by the evaluation team to form its judgement on the project. This required a combination of adapted methods and a relevant approach with the following key stages: **(i)** Exchange meeting with the Humanity & Inclusion Regional Coordinator for the harmonization of viewpoints; **(ii)** Literature review and development of an interview guide; **(iii)** Data collection in the field; **(iv)** Writing and submission of the provisional report; **(v)** Submission of the final report taking into account the amendments made following the presentation of the findings.

Phase 1: Preparing the evaluation: The regional project coordinator and the consultants held briefing meetings. During these meetings, the approach to be used for a successful conduct of the mission in the field was presented. These meetings also led to an agreement on the content of the mission as well as its duration, allowing practical arrangements to be made in terms of organisation. Taking into account the time limits set for the evaluation process, a mechanism was defined during these preliminary contacts in order to cover the three countries. Thus, it was decided to send all the members of the evaluation team to Niamey first to kick off the process; then the team was split up: two members went to Mali, and another to Senegal.

Phase 2: Document exploitation: The literature review provided information on the content, schedule and resources of the project. The data collected were related to project planning, implementation and monitoring. The following documents were consulted: **i)** The terms of reference of the external evaluation of the project; **ii)** The SUDA regional project document; **iii)** The action plans of the three training schools and the three physiotherapy associations in Niger, Mali and Senegal; **iv)** The national health development plans of Niger, Mali and Senegal ; **v)** The progress reports on the implementation of the project by the three training schools and the three physiotherapy associations in Niger, Mali and Senegal; **vi)** The statutory documents of the associations; **vii)** The table for monitoring the activities of the partners' action plans; **viii)** The mid-term internal evaluation report.

Phase 3: Data collection and analysis: For the data collection, the mission used a mixed qualitative and quantitative approach, with individual interviews, focus group discussions, e-mails, and telephone exchanges. To this end, the firm sent 3 consultants to Niger (from 15 to 20 January 2018), 2 to Mali (from 22 to 27 January 2018) and 1 to Senegal (from 29 January 2018 to 02 February 2018). The following stakeholders were surveyed (Annex1):

- The Humanity & Inclusion project team in each country and at the regional office;
- The staff of the three associations and the three physiotherapy schools;

- The national partners, namely the representatives of the ministries in charge of health and higher education;
- The mentors recruited by WCPT;
- The WCPT Management Team;
- The Motivation focal point.

In accordance with the terms of reference of the mission, the analyses covered the following aspects:

- The relevance of the project;
- The effectiveness of the interventions;
- The efficiency of the approach;
- The effects induced by the project;
- The sustainability of the interventions.

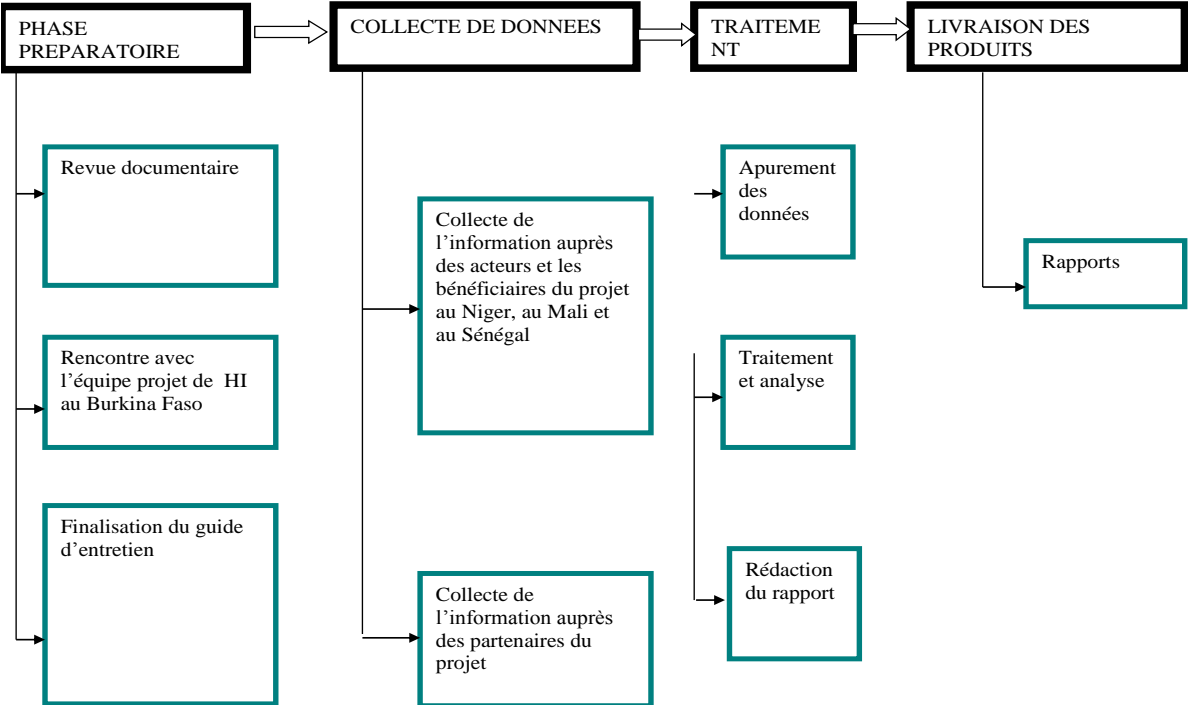
Phase 4: Production of deliverables

The evaluation process produced two key deliverables:

- An interim evaluation report at the end of the field mission, which contains an executive summary with the key findings, lessons learned and recommendations;
- A final report in French, including a mandatory summary of a few pages; both an electronic copy and a hard copy of the report was sent to each country of intervention.

The different stages are summarized in the following diagram:

Figure 1: Summary of the approach



SECTION 2 | BACKGROUND

2.1 SUDA PROJECT INTERVENTION COUNTRIES

Figure 2 : SUDA project intervention sites



The countries of intervention are Mali, Niger and Senegal, which are represented in grey on the map above.

2.1.1 MALI

2.1.1.1 General context

Mali is a West African landlocked country with an area of 1,240,342 km². It is composed of eight administrative regions. Mali has a specific health system. The public health system consists of community health centres (CSCOM), referral health centres (CSREF), regional hospitals, and 3rd level public referral hospitals.

The key stakeholders in the functional rehabilitation sector in Mali are the State, the semi-public sector, the private sector, and NGOs. The coordination of these stakeholders is ensured by the Steering Committee of the Community Based Programme (CBR).

It should be noted that there is a growing number of massage and acupuncture practices run by Chinese nationals in some of the country's major cities.

2.1.1.2 Malian Association of Physiotherapists (AKIMA)

The Malian Association of Physiotherapists (AKIMA) was created with the support of 2 international physiotherapists, Mary Denham and Elain Leijser. AKIMA was recognised by the

Ministry of Territorial Administration and Security in 1993 (Regime No. 010103 of 23 December 1993).

It remained lethargic for several years. AKIMA had no bank account and had virtually no financial or material resources (books, computers, printers...). According to its texts, members have to pay a monthly contribution of about 500 CFA francs (US\$ 0.95). However, these contributions were rarely paid. Over the past five years, the political instability in Mali has hindered the initiatives to revive the activities of the association.

About 100 physiotherapists in Mali are members of AKIMA. Most of them work in the capital, Bamako. The average age is 35-40 years, and about 35% of the physiotherapists are women.

There are 2 categories of physiotherapist in Mali. According to the AKIMA terminology, there are i) “senior physiotherapy technicians” (3 years of higher education = bachelor’s degree), and ii) “*kinésithérapeutes de maîtrise*”, also called “medical assistants” (5 years of higher education). About 75% of the total physiotherapist population in Mali is in the second category¹.

2.1.1.3 Institut National de Formation en Sciences de la Santé (INFSS)

The Institut National de Formation en Sciences de la Santé (INFSS), which was created by Ordinance No. 04-032/P-RM of 23 September 2004 and ratified by Act No. 04-065 of 08 December 2004, results from the merger of the training schools that train health personnel for the first level of the health pyramid in Mali. Its fundamental mission is to contribute to making quality health professionals available in adequate numbers for the implementation of the country's sectoral health policy. INFSS trains about twenty physiotherapists annually. Many of them work in private practices and clinics.

2.1.2 NIGER

2.1.2.1 General context

The Republic of Niger is located in Sub-Saharan Africa. Niger is one of the largest countries in West Africa, with an area of 1,267,000 km². It is also a landlocked country. In 2016 the *population of Niger* was estimated at 19,865,066 inhabitants, with 50.2% of women.

The country has a health development plan (PDS) adopted in March 2017 and covering the period 2017-2021.

The Ministry of Social Development and the Ministry of Health are in charge of rehabilitation issues.

2.1. 2.2 Niger Association of Physiotherapists (AKN)

The Niger Association of Physiotherapists (AKN) brings together functional rehabilitation professionals. It is a non-profit, non-political organization. It was created in November 2010 and

¹ Projet WCPT-MALI Rapport de la première mission ATELIER DE LANCEMENT DU PROJET + MISSION INITIALE DE DIAGNOSTIC Michel D. Landry Octobre 2017

officially recognised in 2011 by Order No. 215/MISD/AR/DGAPJ/DLP. Its bodies are the General Assembly, which meets in ordinary session every four years, and the Executive Committee, which meets every month. AKN has approximately 83 members. AKN has been a member of WCPT since 2015.

AKN's vision is to become a reference professional association that addresses the challenges of functional rehabilitation by offering physiotherapy services at all levels of the Niger health pyramid. Its objectives are formulated as follows:

- Promote physiotherapy;
- Provide physiotherapy care;
- Participate in health promotion;
- Contribute to building the capacity of all functional rehabilitation professionals.

2.1.2.3 École de Santé Publique et de l'Action Sociale (ESPAS)

The École de Santé Publique et de l'Action Sociale (ESPAS) is a private training institution for public and private sector health professionals. It was created on 15 October 2003. It offers initial training and continuing professional development training. Entrance levels range from the bachelor's degree to master's degree. The school has 128 faculty positions, i.e. 16 tenured lecturers and 122 part-time lecturers. Its areas of training include nursing, obstetrics, human nutrition, epidemiology and community health. A bachelor's degree level training program in physiotherapy was opened in 2007.

The school has partnerships with institutions such as national hospitals, health programmes and projects, hygiene and sanitation services, social security funds, and NGOs involved in functional rehabilitation (CBM and Cure).

2.1.3 SENEGAL

2.1.3.1 General context

Senegal is a West African country located in the Sudano-Sahelian zone; it covers an area of 196,722 km². The country has 10 administrative regions divided into 30 departments.

According to the latest General Population and Housing Census (RGPHAE, 2013), Senegal's population was estimated in 2013 at 13,508,715 inhabitants with an average density of 47 inhabitants per km². The urban population represents almost 43% of the total population. Senegal's health system forms a three-tiered pyramid: (i) the peripheral level corresponding to the health district. The health district is an operational zone comprising at least a health centre and a network of health posts; ii) the regional level; iii) the central level includes the Minister's Office, the General Secretariat, the Directorates and the Support Services.

Specifically, the Directorate of Health Care Facilities and the Directorate for the Promotion and Protection of Persons with Disabilities are the supervisory authorities for functional rehabilitation.

2.1.3.2 ASKIR

The Senegalese Association of Physiotherapists (ASKIR) was established in the 1990s. It adopted legal texts right from the start. During physiotherapy meetings, which are usually held annually,

there are reflections on the need to modify the texts and adapt them to the changing environment so as to enable professional development. By restructuring its governance, the Association intends to conform to international standards. ASKIR is open to any Senegalese national who holds a State diploma in physiotherapy or any other diploma recognized as equivalent. It has the following objectives:

- Promote physiotherapy;
- Protect the profession;
- Ensure the continuing education of its members;
- Develop partnerships;
- Facilitate access to functional rehabilitation care;
- Promote the acquisition of equipment for functional rehabilitation services;
- Facilitate the management of human resources in the physiotherapy sector;
- Ensure that the profession's ethics and professional conduct are respected;
- Affirm and uphold the material and moral rights and interests of its members;
- Promote professional relationships nationwide and globally.

The bodies of the Association are the Board of Directors, the National Executive Board, the General Assembly, and the National Congress. ASKIR has about 120 members to date.

2.1.3.3 ENDSS

The École Nationale de Développement Sanitaire et Social (ENDSS) was created by Decree 92-1400 of 07 October 1992. ENDSS was created by merging six paramedical and social training schools to enable better integration and a more effective coordination of curricula. Following Decree No. 96-634 of 18 July 1996, the School was restructured and departments were created. Courses are divided into 18 sections and 3 departments according to the level of study:

- The Department of Basic Health Science Studies;
- The Department of Specialized Health Science Studies;
- The Department of Social Science Studies.

ENDSS offers initial training and continuing education courses. For initial training, State diplomas are issued, whereas certificates are issued to professionals who have received further professional training. The Department of Specialized Health Science Studies (DESSS) accommodates the Physiotherapy section. It issues senior health technician diplomas in physiotherapy - 5 years of higher education).

2.2 THE SUDA PROJECT

2.2.1 Objectives and expected results

The SUDA project is a response to the need for professionalizing and strengthening rehabilitation care in conflict-affected developing countries.

The project pursues four objectives:

- Strengthen 3 national physiotherapy associations in Mali, Niger and Senegal

- Use the WCPT (World Confederation of Physical Therapy) standards to help the 3 physiotherapy training programmes in the target countries move up one step in the WCPT accreditation continuum
- Develop a WCPT discussion paper on physiotherapy assistants
- Augment wheelchair training courses in the physiotherapy sector

These objectives have remained unchanged throughout the implementation of the project.

2.2.2 Design process

The SUDA project is an initiative of Humanity & Inclusion and the United States Agency for International Development (USAID). A funding agreement has been signed between HI US and World Learning (an intermediary agency) to formalize the relations between the two parties.

A project document describing the core principles of the project is available and includes the rationale of the project, the criteria that guided the selection of the countries, the roles of the stakeholders involved, the budgetary allocation, and the reporting process.

The project idea, the identification of the targets, the institutional set-up and the implementation mechanism have been largely worked out by the designers of the project.

2.2.3 Intervention strategy

To achieve the objectives, an intervention logic has been developed at the project design stage. The intervention logic suggests a causal relationship and is based on the specific objectives of the project:

- Objectives 1 and 2: The main input is the mobilization of mentors to create processes that can enable the selected associations and educational institutions to meet the desired standards. This includes advocacy for the profession, providing learning and professional development opportunities for members, communication about the benefits of being a member, and working with volunteers to ensure sustainable leadership. *“If physiotherapists receive good quality and internationally accredited pre-service training and continuing professional education, then they will be able to provide rehabilitation services that are person-centred, evidence-based, professional, and efficient”.*
- Objective 3: The main input is the provision of a discussion paper to initiate significant changes in the status of physiotherapy assistants and in how they work. The assumption is that *“if the issue of support for professionals in general and physiotherapy assistants in particular is discussed at the international level and a common solution is reached and validated, then a policy paper can be submitted to WCPT for approval. This policy paper can then be used by physiotherapists, service providers and associations in their advocacy for the development of physiotherapy in their respective contexts”.*
- Objective 4: The availability of skilled health personnel and physiotherapists can improve people’s access to quality wheelchairs. The project is based on the assumption that *“if the training of health workers, including physiotherapists, incorporates key technical aspects, is of high quality, culturally appropriate and person-centred, then people in need of*

wheelchairs will be well advised and will receive wheelchairs that are more appropriate and satisfying”.

At the organisational level, Annex 4 (internal organisational diagram) and Annex 5 (external organisational diagram at partnership level) illustrate the system put in place as well as the hierarchical and functional links between the various stakeholders involved.

2.2.4 Monitoring and evaluation system

The project document defines the monitoring and evaluation mechanisms as well as the required tools and the consultation frameworks. Reports are submitted on a quarterly basis and the project document includes a schedule for technical and financial reporting.

Several tools are used for data collection and project reporting. They are kept at different levels of the chain and transmitted based on reporting relationships and within time limits set by the project. The main tools are:

- ✓ The SUDA PM Box (planning, monitoring, evaluation tool);
- ✓ The monitoring table for local partners' action plans;
- ✓ The monthly information sheets;
- ✓ The quarterly project reports;
- ✓ The performance indicator tracking table.

A mid-term self-evaluation and a final external evaluation have been planned. An audit is also planned; the audit date will be specified during the implementation period.²

2.2.5 Budgetary resources

The total estimated amount of the project is USD 1,258,654.

The table below provides details on the budget estimates contained in the project document.

Table 1: Budget breakdown by target (in US dollars)

	Year1	Year2	Total	Budget %
Mali	47,932	57,380	105,312	8%
Niger	39,279	57,161	96,440	8%
Senegal	75,096	99,543	174,639	14%
Reg. Coord	437,251	445,012	882,263	70%
Total	599,558	659,096	1,258,654	100%

Source: French translation of SUDA Framework Document, USAID GRANT: Spans#035

² SUDA Project Framework Document, USAID Grant: SPANS #-035, P6

SECTION 3 | RELEVANCE ANALYSIS

The relevance analysis focuses on answering a series of questions that may allow a judgement on the interest of the project. The main questions are addressed below. They are clearly stated in the terms of reference of this mission.

- To what extent was the project design and approach adapted to the context, needs and priorities of key stakeholders?

- ✓ *The support to 3 associations and 3 schools by a pool of WCPT mentors;*
- ✓ *The strategy for the training of trainers on WSTP standards;*
- ✓ *The multi-country regional approach;*

- Is the project relevant and adapted to the context, needs and priorities of the direct beneficiaries (schools, associations)?

How did the project coordinate and manage the whole process? Were the roles clearly identified, and did everyone play their role in the implementation process (success, failure, lessons learned)?

Was the WCPT mentor approach effective?

3.1 TO WHAT EXTENT WAS THE PROJECT DESIGN ADAPTED TO THE CONTEXT, NEEDS AND PRIORITIES OF KEY STAKEHOLDERS?

3.1.1 Relevance of the project and the implementation strategy

The project was designed without using a large participatory process in the sense that the project idea, the selection of countries and targets, and resource allocation were carried out by the decision-making bodies at their respective headquarters, namely HI and WCPT, in collaboration with USAID.

Thus, the baseline analysis prior to the formulation of the objectives hardly involved the target countries (HI office) and local partners.

However, based on a generic analysis of the situation of West African countries in terms of disability management, the project seems relevant overall in the light of the needs of these countries. The main needs identified during the baseline analysis were largely confirmed by the evaluation mission and are summarised as follows:

- Low value of the physiotherapy profession in the eyes of public authorities, and sometimes no institutional anchorage at the ministry level;
- Difficulty of developing initiatives through professional associations;
- No public knowledge of what services physiotherapist can offer to meet health needs;
- Poorly developed physiotherapy training programmes;
- Difficulties related to managing the careers of physiotherapists.

However, it should be noted that the baseline analysis failed to highlight some relevant elements of the context, including the following:

- There is a weakness regarding the profile analysis of the direct beneficiaries:
 - Regarding the schools, their status is an important element that should also have been analysed for a better targeting of the interventions. The evaluation has observed a greater degree of flexibility and responsiveness at ESPAS due to its private status, compared to other educational organizations where decision-making follows heavy public administration procedures.
 - Also, the diversity of the training programmes (entry level, profiles, degrees) was not sufficiently taken into account from the outset to enable the identification of the challenges involved in moving up the WCPT accreditation continuum.
 - The specificities of the different associations have not been sufficiently taken into account either. For example, at the beginning of the SUDA Project, there were two different situations at the association level: AKN, a member of WCPT since 2015, had a level of development relatively similar to that of the other two associations that were seeking WCPT membership. A better targeting of the interventions taking these two cases into account would have allowed a better response to the support needs of each association.
- Some important stakeholders, including WAHO, were not initially targeted at the project design phase because the persons developing the project were unaware of WAHO's preparation of new curricula.

3.1.2 Definition of intervention priorities, main lines and activities

The countries of intervention were chosen according to certain criteria: post-conflict context; presence of HI; existence of a physiotherapy association; existence of a physiotherapy training institution; and absence of a significant grant from another technical and financial partner.

As mentioned above, the prioritization of the strategic directions and interventions was not very inclusive. The direct beneficiaries were involved at a stage when some key options were already defined, including the amounts allocated to the different beneficiaries as well as key strategic options (mentoring, WCPT membership application).

The role of the beneficiaries was therefore marginal and limited to the identification and implementation of activities according to main lines already defined.

3.1.3 Allocation of resources

Given the weak involvement of direct beneficiaries in the design of the project, the level of funding for the various fields of interventions was predefined according to criteria that are not explicit.

The systematic alignment of funding levels (see Table 1 above) seems logical given that the analyses did not take into account the specificities of the different beneficiaries. The consideration of these specificities would have made it possible to determine amounts based on

actual needs, even if this would have meant revising the amounts later on according to the funds available.

3.1.4 Monitoring and evaluation system

The SUDA project's monitoring system was designed and implemented based on the Work Plan; it includes data collection, reporting, and monitoring and evaluation tools used at various levels by project stakeholders:

Baseline data collection: The baseline data collection is ensured by the project focal points for each target; activity reports are sent to the SUDA Project Managers at HI. These reports are validated by the Executive Board (associations) or the department heads (schools), who meet on average once a month.

Compiling, processing, analyzing and updating the database: These duties are carried out by the SUDA Project Managers at HI in each country. They keep a monitoring tool (PMBox) where the collected data are compiled, processed and analysed. This tool provides for target-based planning, indicator monitoring, and self-assessment. The Project Managers send quarterly narrative reports to the HI Technical Coordinators in the country of intervention.

Validation and transmission of the quarterly reports to the Country Directors and to the Regional Coordinator: The project narrative reports are validated by the country technical coordinators and then transmitted to the Country Director and the SUDA Regional Coordinator. The quarterly WCPT report based on the mentors' visit reports, as well as the reports on the implementation of the action plans are transmitted to the Regional Coordinator who is in charge of compiling and synthesizing all the reports (countries and partners).

Regional coordination and monitoring-evaluation: These are the duties of the SUDA Regional Coordinator based in Niamey, Niger. She centralizes the reports by country and prepares a global narrative report submitted to HI US for the donor. The financial reports are compiled at the regional office by the management controller.

Mentors' periodic technical support: In addition to the reports produced at the target and HI levels, the WCPT and Motivation mentors produce reports for each of their visits and submit them to HI.

Project evaluations: Under the SUDA project, there were quarterly reviews by the HI project managers, periodic evaluations by the mentors, a mid-term evaluation by the SUDA Regional Coordinator and the WCPT Programme Manager, and a final external evaluation by SERSAP.

This mechanism allowed HI to have internal data per country. However, the evaluation notes that one of the major challenges of the mechanism was related to keeping information and ensuring continuity. For instance, in Mali, there were staff movements and all the reports and project information were not transmitted to the new position holder; consequently, the incumbent had limited knowledge of a specific period that was essential in the analysis.

3.2 TO WHAT EXTENT IS THE PROJECT RELEVANT AND ADAPTED TO THE NEEDS AND PRIORITIES OF THE DIRECT BENEFICIARIES (ASSOCIATIONS AND SCHOOLS)?

The World Health Organization estimates that 15.3% of the world's population lives with some form of disability³. In countries affected by conflict, the prevalence of disability is considered to be higher. As highlighted in the 2011 WHO report, the situation of people suffering trauma is often compounded by relatively long delays in obtaining emergency care and long-term rehabilitation care.

In these contexts, several main lines are recommended:

- Reforming public policy and legislation
- Removing barriers related to funding and affordability
- Removing barriers to service delivery
- Filling data and research gaps (WHO, 2011)

This situation is further aggravated by poverty.

Many countries in the subregion have different stakeholders working in the rehabilitation sector, including: CBM and the ICRC in Mali; CBM, Lilian Foundation and the ICRC in Niger; and Plan Bobath and the Order of Malta Hospital in Senegal. However, we note that the support provided is often fragmented and does not take into account the systemic development of the rehabilitation sector. The SUDA Project therefore appears to be a good opportunity and the content proposed by the project appears to be relevant in several respects:

(i) Support for the training schools: Supporting three training schools is highly relevant in the context of the three countries; it makes training programmes and teaching tools available in the short term, and ensures that these programmes comply not only with sub-regional plans (WAHO), but also with international standards (WCPT). In the long term, the school support process will produce competent personnel for rehabilitation in general and for wheelchair service provision in particular.

Indirectly, the strengthening of the schools for the training of more physiotherapists also makes it possible to reinforce the physiotherapy associations through various partnerships between these associations and the training schools.

In Mali, according to the managers of the physiotherapy department at INFSS, the support of the SUDA project has given more visibility to this “marginalized” department of the training institution that also receives other categories of health professionals.

(ii) Support for the physiotherapy associations: This option appears to be relevant with regard to the experience in other countries where the dynamics of the physiotherapy associations have allowed the development of the profession through continuing education and more visibility. In the short- and medium-term, this dynamic has an impact on the demand for care and services, and on public policies. According to stakeholders from the Ministry of Health in Niger, the media activities organized by AKN have been very well received by the public even if this has not yet led to specific decisions on health policy or regulations. In Senegal, the physiotherapy congress

³ WHO, World Report on Disability 2011

was very popular nationally and in the sub-region, with the participation of Niger, Mali, Côte d'Ivoire and Benin.

From our discussions with institutional stakeholders, namely the Director of ENDSS and the Director of Health Facilities in Senegal, it appears that initiatives are emerging following the advocacy actions carried out by ASKIR. These include the production of a document on the creation of a functional rehabilitation division within the Directorate of Health Services, and the holding of meetings in preparation for the transition to the LMD system, which is now a requirement for WAHO member states.

(iii) **Question of the physiotherapy assistants:** Many countries targeted by the SUDA Project and other countries in the sub-region have been addressing the question of physiotherapy assistants. As a matter of fact, many rehabilitation service providers with diverse backgrounds are identified as physiotherapy assistants. Some are trained on the job, and others are trained in schools that exist in some countries. Given the scarcity of physiotherapy professionals with a Licence or Master qualification, these assistants constitute an essential resource in the offer of services, but they do not receive adequate technical supervision, neither are they legally recognized and valued. This option of the SUDA project appears to be relevant, as it will eventually make competent rehabilitation personnel available.

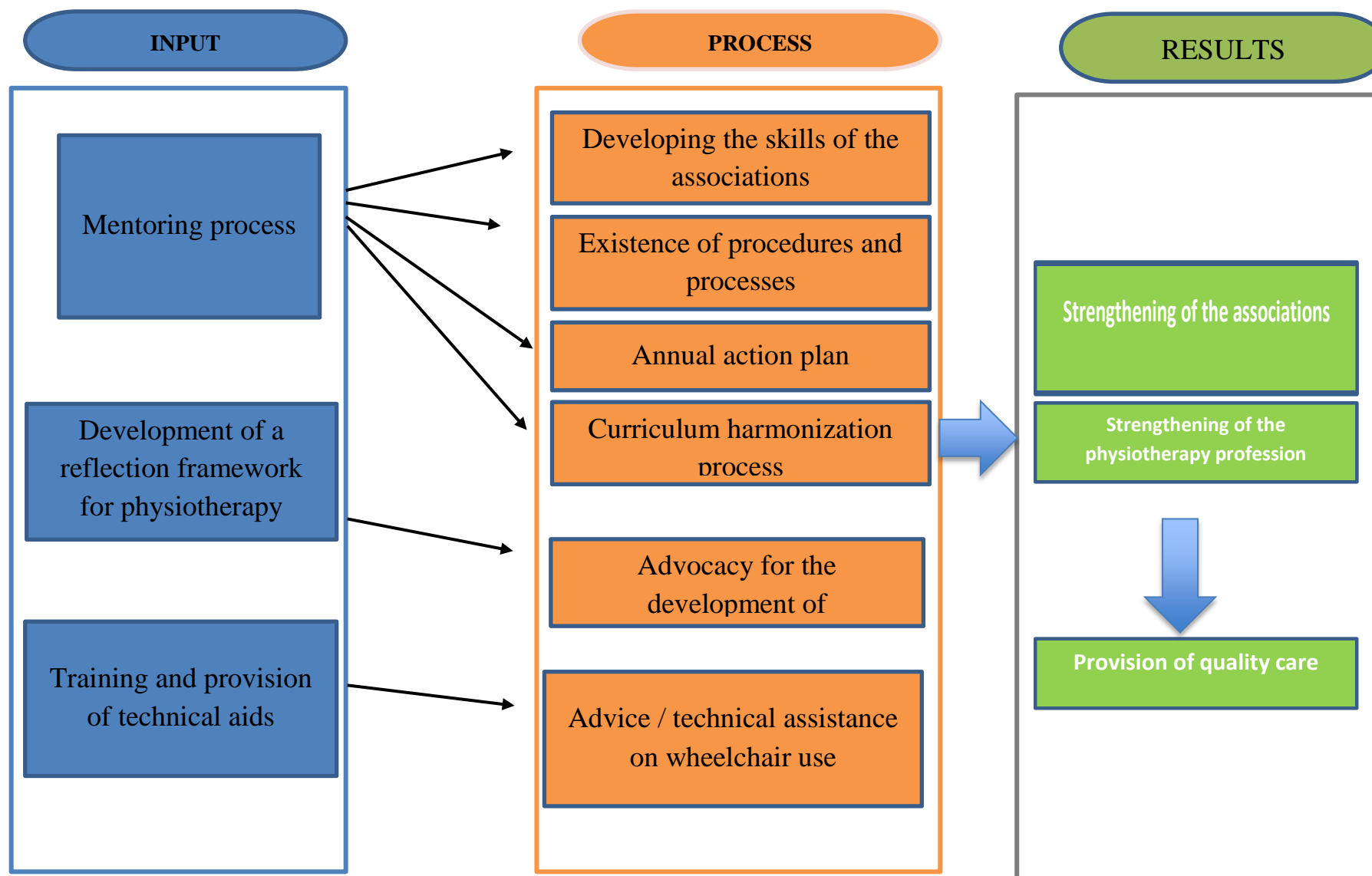
(iv) **Promoting the availability and rational use of wheelchairs:** The availability of wheelchairs and their rational use have identified as a need in the different areas of intervention of the project. Although addressing this issue under the SUDA project seems relevant, the evaluation team questions the relevance of targeting a single country when the capacity building process could have been integrated in the support to the three schools. This would have allowed each country to have wheelchair expertise at the current stage of project implementation.

The evaluation team formulated the implicit theory of intervention from the analysis of the main lines of the project, which have been listed above.

The intervention logic of the SUDA Project is associated with its two goals: strengthen physiotherapy associations in the fields of governance, management and leadership, and support schools regarding the development of strategies for the accreditation of their physiotherapy training programmes and the integration of wheelchair training.

Figure 3 summarizes the intervention logic, which reflects the spirit that guided the design of the project.

Figure 3 : Inferred intervention logic



This approach intends to evaluate the short, medium and long-term results of the intervention or certain effects attributed to specific components of the intervention. It also facilitates the identification of the adaptations made in order to achieve the objectives, as a result of new elements in the context.

3.3.1 A relatively fragmented intervention model

As noted above, there is a strong link of causality between the planned interventions and the expected outcomes. However, there is an apparent fragmentation of the intervention model used. Although the mentoring process ultimately makes it possible to achieve the objectives of the project through the strengthening of the associations and the training schools, the link with the production of a reflection document on physiotherapy assistants is not very obvious and appears very distant from the expected outcome of the project. It should also be noted that the reflection process as envisaged under the project does not involve key stakeholders from the outset, such as the human resources departments of relevant ministries, which have decision-making powers.

Furthermore, while wheelchair training is relevant, the single-country approach offers little opportunities for scaling up in the medium and long term. A more integrated approach with some of the schools targeted by the project would have offered a better potential for expansion.

3.3.2 A model oriented towards a sub-regional dynamic

In its design, the SUDA project targets three francophone countries in West African. Although this option is not explicitly presented as a central approach, the evaluation notes that it is relevant. According to the stakeholders met, the opportunities offered by the visit to Mali (for the launch of the project) and the participation of members in the activities organized by the associations or the schools in the countries of intervention were beneficial in terms of experience sharing.

Beyond the project's member countries, this regional dynamic has also made it possible to involve non-member countries such as Cote d'Ivoire, Morocco, Benin, Cameroon, etc.

3.3.3 A relatively complex model partially anchored to local contexts

The institutional set-up of the project appears to be relatively complex given the multiplicity of stakeholders involved in the implementation. Annexes 4 and 5 highlight the complexity of the hierarchical and operational links between the different stakeholders.

There are several indications that the anchoring of the project is relatively weak at the local level:

- The evaluation team notes that certain local stakeholders that are considered as important links are not systematically included as mentors. Involving local mentors would have made local expertise available for future interventions. There could have been collaboration either with experts at HI (if their workload permitted) or in the country, or with stakeholders from national institutions;

- The local anchoring is also weakened by the communication process where English is often the language used by the mentors for the terms of reference and for the mission reports, even if translation efforts are sometimes made, but are not systematic;
- Moreover, the links with institutional organizations vary greatly from one country to another. In Niger, there are focal points within the Ministry of Health (Directorate of Human Resources Management, and Directorate of Care Management); in Senegal, the focal points are based at the Directorate of Health Services within the Ministry of Health and Social Action. On the other hand, the links are not explicit in Mali. As indicated above, with regard to the physiotherapy assistants, the involvement of the ministries in charge of human resources is essential from the outset for the ownership of the reflection outcomes.

SECTION 4 | PROCESS ANALYSIS

The process analysis deals with the following aspects:

- Review of the compliance of the implementation; (2) organization, management and monitoring of activities;
- Use of resources;
- Interaction between stakeholders.

I) Extent to which the activities contained in the SUDA project document have been implemented as planned (quality, quantity, modalities)

It is based on a qualitative approach, supported by the sharing of information from the sources of literature, interviews with stakeholders, and observations made on the project intervention sites.

4.1 COMPLIANCE OF THE IMPLEMENTATION

The analysis focuses on the implementation of the planned activities, on any changes that have occurred, and on the deviations from project plans.

4.1.1 For Objective 1: Strengthen 3 physiotherapy associations in Francophone countries affected by conflicts.

Several activities were planned in the different countries to achieve this objective:

(i) In Mali

The signing of Partnership Agreement E31-Conv/16/SUDA/001 of 1/12/2016 between HI and AKIMA constitutes the starting point for the formalization of the support that the SUDA project provides for AKIMA. Semi-annual planning was adopted; AKIMA therefore had two semi-annual plans implemented with the support of the WCPT mentors: a first plan from November 2016 to April 2017, and a second plan from May to December 2017.



The main activities planned and carried out for these two planning periods are as follows: (i) Census of physiotherapists at the national level with the technical support of the mentor (138 physiotherapists listed). This allowed: the creation of a database; the development of a process for becoming a member of the physiotherapy association; (ii) the holding of a general assembly to revitalize AKIMA, which had been going through a period of lethargy for about five years; (iii) the review of the basic texts of AKIMA in accordance with the regulatory provisions of the associative world; (iv) the writing and submission of the WCPT membership application; (v) the

development of a continuing professional development process for AKIMA members. The continuing education covered the main following areas: leadership, management, resource mobilization and project management, information and communication technology, and advocacy for the promotion of physiotherapy in Mali and worldwide. the strengthening of clinical and

technical skills for better care; (vi) the development of a communication process to give more visibility to AKIMA's actions. To this end, a website has been created (www.akimali.org); (vii) the organization of a national physiotherapy day (8 September 2017) coupled with an open physiotherapy day; (viii) the acquisition of equipment: tables, chairs, laptop and desktop computers, printer.

Main achievements, limitations and prospects: In general, the level of implementation of the two action plans is very satisfactory, as all planned activities were actually carried out. However, some adjustments proved necessary. The continuing education in leadership, management and use of the IT equipment continued beyond the period initially planned and was carried out by local specialists. The association received 5 mentor support visits instead of the 3 initially planned.

In addition to the strengthening of technical skills, the WCPT membership process resulted in the submission of the application; feedback was received from WCPT, and adjustments to the application have to be made. According to WCPT and other stakeholders met, the application has a relatively high potential for success. A dynamic has been created through several actions within the association: regular holding of the monthly board meetings, participation of 10 members in training activities in Dakar, participation of two members in training activities in Niamey, holding of feedback meetings on the training received by members, and participation in international meetings.

The support from the mentors is considered to be of good quality and beneficial for the association. According to the stakeholders, the fact that the mentors work in pairs strengthens the links between AKIMA and INFSS, which is responsible for the physiotherapy training.

In Mali, we can conclude that implementation compliance with regard to Objective 1 is satisfactory both in terms of the completion of the activities planned and the participation of physiotherapists in the various activities. However, there is a need to follow up the WCPT accreditation process to ensure its completion.

(ii) In Niger

For the implementation of the activities of the project, a partnership agreement (E11_NIAM_PAR0070 of 12 October 2016) has been signed between Humanity & Inclusion and the Niger Physiotherapy Association (AKN). The following main activities were selected: (i) Organize a training workshop on good governance and leadership; (ii) Acquire IT equipment (1 printer, 2 computers, and 1 camera); (iii) Organize an IT training workshop for the members of the AKN board; (iv) Organize the World Physical Therapy Day (health walk on 9 September 2017); (v) Organize advocacy sessions on “Walking rehabilitation for lower limb amputees” and “Physiotherapy, obstetric fistula and women's health”.

During the training on good governance and leadership, which gathered about fifteen participants and lasted 5 days, the statutory texts (internal regulations and articles of association) were

reviewed, and the governing bodies of the association were renewed, with a stronger representation of women (from 1 to 3)⁴.

The stakeholders said they appreciated the mentors' support. The evaluation team noted that AKN was already a member of WCPT. However, the association faces challenges, as it has no headquarters, no procedures manual, and no physical and financial resources.

In Niger, we can conclude that implementation compliance with regard to Objective 1 is satisfactory both in terms of the completion of the activities planned and the participation of physiotherapists in the various activities. However, the protocols still need to be validated before they can be disseminated nationally. In addition, a planning process is underway and an action plan for 2018 is being developed.



Meeting with members of the AKN Board

(iii) In Senegal

A financing agreement (E41DAK_PAR0225) has been signed between HI and ASKIR on 20 December 2016. Through the SUDA Project and its mentor approach, the Senegalese Physiotherapy Association (ASKIR) has undertaken to:

- 1) Provide the Association with legal texts, policies and strategies in line with international standards and procedures in order to initiate its WCPT accession process and strengthen its governance. To this end, it revised its articles of association and internal regulations, which were validated during the national congress held from 20 to 24 April 2017. In addition to these texts, other policy and governance documents have been developed and validated, including strategic plans, action plans for 2017, codes of ethics, and documents for the advancement of women.
- 2) Develop leadership, management and advocacy skills for the promotion and protection of the physiotherapy profession in Senegal, in the subregion and around the world by renewing the ASKIR bodies to make them more dynamic. Regarding the implementation in this expected outcome, we note that ASKIR's decision-making bodies have been renewed. These bodies are the Congress, the Board of Trustees, and the Executive Board. To date, we can see that these bodies are operational through the following elements: The Congress held its annual session in April 2017, and the Board of Trustees and the Executive Committee hold their statutory meetings regularly. Several capacity-building sessions were conducted during the National Physiotherapy Congress held in Dakar and Saly from 20-24 April 2017; the Congress was facilitated by the ASKIR mentor and focused on leadership, management and governance for the development of ASKIR, effective clinical decision-making, and advocacy.

⁴ Report on the training of AKN members on governance and leadership, undated

- 3) Develop internal and external partnerships, as well as strong lobbying (dynamic networking) to achieve the results: One of the strategies developed by ASKIR to share its vision of rehabilitation and give itself the means to achieve it is the search for partnerships. Thus, the Regional Coordinator of the SUDA Project gave training at the national Congress on “*understanding advocacy concepts, applying them to the context, and developing an advocacy plan*”. For the application of the acquired knowledge, ASKIR has developed an internal network at the national level bringing together all physiotherapists in Senegal to advocate with the Ministry of Health for better a consideration of rehabilitation, and with laboratories and certain technical and financial partners. Regarding the promotion of external partnerships, the association initiated a regional dynamic in Dakar by inviting members of sister associations to its Congress. This was an opportunity for the creation of an informal African physical therapy network (RAPAF). ASKIR also participated in the WCPT Congress held in Cape Town, South Africa from 2 to 4 July 2017.
- 4) Provide quality rehabilitation services through CPD and face to face capacity building. The objective of the continuing professional development is to upgrade the skills of ASKIR members with the aim of improving the quality of services offered to people with disabilities. So, in order to reach a critical mass of physiotherapists, face to face CPD was conducted during the national congress on the theme “*strengthen the skills of physiotherapists for evidence-based clinical decision-making and the application of reflective clinical practice or critical thinking*”.

The implementation rate of the ASKIR action plan is satisfactory (100%) and important achievements were recorded, such as the establishment of decision-making bodies and the preparation of governance and management documents. However, the evaluation notes that the main challenge will lie in maintaining the SUDA dynamic, and in the functioning of the bodies established.

4.1.2 For Objective 2: Use the WCPT standards and accreditation process to advance the three physiotherapy training programmes in the accreditation continuum

(i) In Mali

INFSS was targeted in Mali for this objective. Like for AKIMA, an agreement (E31-Conv/16/SUDA/001 of 01/12/2017) was signed between INFSS and HI.

With the support of the mentor, several activities were planned for the achievement of Objective 2. The aim of these activities was to create conditions conducive to progress towards WCPT and WAHO standards. From the outset, it was decided to organize CPD on teaching strategies and harmonize the programme with WAHO's vision. The following main activities were implemented:

- (i) Upgrading a practical training room. This activity was carried out, but with delay; the last equipment was installed at the end of January 2018. This is due, inter alia, to the mobility of

staff within the INFSS management, which, in the opinion of stakeholders, delayed the acquisition of the room to be equipped for the practical training.

(ii) Session on the evaluation document intended for the students, drafting and sharing of the terms of reference for the positions of Director of the physiotherapy department (*responsable de filière*) and the Head of the physiotherapy department (*chef de filière*), participation of the Director of the physiotherapy department in a professional development course. Besides, the teacher training on teaching strategies was conducted in January 2018. The training covered, among other things, the review of the curriculum in accordance with the standards of the Ministry of Higher Education and those of WAHO, the formulation of objectives, and the evaluation of the teaching methodology.

The main activity that was not carried out is the writing of the internship notebooks, as the emphasis finally shifted to lesson plans. Measures are being taken to ensure that the internship notebooks are developed with the support of the INFSS pedagogy unit based on the notebooks of the Nursing and Midwifery department.



Handover of equipment for the INFSS practical training room

Despite these achievements, the completion level is average in the sense that some activities have not been carried out, and others have been carried out only at the end of the project. Similarly, the training on lesson plans, which involved some twenty participants, was held from 25 to 26 January 2018⁵ (the project completion date is 31 January 2018) and resulted in recommendations whose implementation will necessarily take place outside the SUDA Project period.

(ii) In Niger

Concerning the School of Public Health and Social Action (ESPAS), the partnership agreement with Humanity & Inclusion was signed on 09 December 2016 for the implementation of the school's annual work plan. The work plan includes the following activities: (i) Review of the physiotherapy curriculum; (ii) Training of teachers on clinical reasoning and on the development of lesson plans and the internship notebook. (iii) Equipment of a practical training room and (iv) Access to adequate and up-to-date documentation.



The only activity that was not completed concerns the access to library materials for students and teachers. The strategy (which is being implemented) is to give students and teachers access to a digital library at a Canadian university.

At the end of the SUDA Project, ESPAS submitted an accreditation application to WCPT and another one to the Ministry of Higher Education. In the opinion of the Head of the “*Private Education Division*” of the Ministry of Higher Education, his department monitors the application of the revised curriculum

with the support of the mentor. He is also confident about the accreditation application. For the 2017-2018 academic year, the newly revised Master's level programme is already being implemented.

(iii) In Senegal

ENDSS has planned several activities as part of the partnership agreement with HI for the implementation of the SUDA Project and the coaching by the WCPT mentor. The following activities were conducted:

- 1) Identification of library resource needs: Working sessions were held between teachers, on the one hand, and with students, on the other hand, to identify the library resources needed for the teaching and for the students' work. A survey was then carried out at ENDSS, at the university and in surrounding centres and institutes to identify existing material. Our interviews with the teachers revealed that a list of needs was drawn up with a view to assessing the costs and seeking funding to acquire them.
- 2) Identification of equipment needs: WAHO's training programme requires quality training equipment. The identification of this equipment was entrusted to the teachers and students of ENDSS who drew up a list of the equipment needed.
- 3) Census of teachers and internship supervisors for the physiotherapy training programme Teachers and internship supervisors were listed using a form that was submitted to them. They were also introduced to the SUDA Project, its approach, and what is expected from each of the stakeholders.
- 4) Update the training plan: From the interview we had with the teachers of the physiotherapy department at ENDSS, it emerged that with the support of the mentor, the existing training plan was revised in line with the WAHO curriculum. The adopted training plan should issue bachelor and master level degrees.
- 5) Design a professional development plan for teachers and internship supervisors in order to have competent teachers and internship supervisors. To meet this requirement, a list of teachers and internship supervisors was drawn up through a participatory process and their continuing education needs were identified. A plan with a timeline and budget still has to be developed.
- 6) Acquisition of equipment: Thanks to the SUDA Project, ENDSS has acquired computer equipment (a laptop computer, a video projector, a printer and a mouse); this acquisition is important for maintaining the database of teachers, students, and courses.

ENDSS teachers



⁵ INFSS: Report of the physical therapy educational workshop of 26 January 2018

Through the activities of its action plan, ENDSS has made an important step in the accreditation process, even if it has not been able to apply for WCPT membership.

4.1.3 For Objective 3: Develop a WCPT guideline for physiotherapy assistants

The writing of the WCPT concept paper on physiotherapy assistants started as planned with the recruitment of a consultant. The consultant produced a document which was discussed at the WCPT Congress in Cape Town in July 2017 by participants from the different delegations. There is a relatively detailed methodology note that presents the discussion and document validation process. The Congress reports indicate the effective participation of WCPT member countries and even non-member countries in the Congress.

4.1.4 For Objective 4: Augment wheelchair training in the physiotherapy sector

This project objective concerned ENDSS in Senegal exclusively and was under the responsibility of HI, with the participation of MOTIVATION. The intervention of the project in this field was considered very relevant by the various stakeholders. This is probably why participants were highly available at all stages of the implementation of activities. In addition to ENDSS, several other partners such as CNAO and the Talibou Dabo Centre (CTD) actively participated in the process.



On the ground, this resulted in the following achievements:

- ✓ Situational analysis on wheelchair provision knowledge and skills carried out in October 2016 by Motivation and HI, during which a WHO WSTP1 training course was prepared;
- ✓ Holding of a 6-day WSTP 1 training session in November 2016 with 12 physiotherapists and orthoprosthethists, at the end of which 6 participants were selected for the training of trainers;
- ✓ Training of 6 trainers who in turn trained 11 participants on the WSTPb module under the supervision of the HI and Motivation mentors;
- ✓ Two beneficiaries of the Training of Trainers passed the WHO ISWP-Basic test.

To facilitate the assimilation of the modules, the trainers used practical methods that consisted in organizing working groups on different types of wheelchairs and fitting users who gave feedback on their devices. Applied pre-tests and post-tests enabled the trainers to affirm that, to date, 23 people in Senegal are able to transmit their wheelchair knowledge, 6 people have the capacity to facilitate wheelchair training, and 2 people (1 physiotherapist and 1 orthoprosthethist) have passed the WHO ISWP-Basic test.

Given the importance of the rehabilitation module, it was recommended that it be integrated into the physiotherapy curriculum. To this end, a workshop was organized from 18 to 20 October 2017 with the various stakeholders and an implementation action plan was validated.

The challenge remains the implementation of the ENDSS curriculum into which the module has been integrated, which requires additional resources.

4.1.5 For the common activities

Each target country of the project systematically developed a certain number of activities known as “common activities”. The table below gives indications on the implementation of these activities in each country.

Table 2 : Common activities

Activities	Implementation period per country		
	Niger	Mali	Senegal
SUDA Project kick-off	24-28 October 2016	24-28 October 2016	24-28 October 2016
Organization of a national physical therapy day	09 September 2017	08 September 2017	
National Congress / Conference	20-25 November 2017	29 April 2017	21-23 April 2017
General Assembly	20-25 November 2017	29 April 2017	21-23 April 2017
Participation in the WCPT Congress in Cape Town	2-4 July 2017	2-4 July 2017	2-4 July 2017
WCPT membership application	N/A	Application filed	Application filed
Visit from the WCPT mentors	Associations (5) and schools (5)	Association (6) School (5)	Association (4) School (3)

The completion level of the common activities is also good in each of the countries of intervention.

4.2 ORGANISATION, MANAGEMENT, MONITORING OF ACTIVITIES

4.2.1 Organization and management

The SUDA Project does not have a specific management unit, as it is generally the case in the design of certain projects. This seems to indicate a choice made by the designers of the project, namely a partnership between HI and the other stakeholders, WCPT (a partner) and Motivation (a service provider).

This positioning also seems to indicate the pursuit of efficiency through the complementarity of existing experts. It also builds on the opportunities offered by HI in terms of close relations and traditional partnerships with the local stakeholders involved in the project.

As indicated in the project document, this approach also helps to build a partnership that mutually strengthens the stakeholders. For example, WCPT “*will also be a beneficiary of the project, as it will strengthen its organizational capacity at various levels. Thanks to the partnership with HI, which has solid experience in managing such projects, WCPT will acquire direct experience in managing projects involving several countries in a post-conflict situation*”.

The major challenges in this type set-up are on the HI side where the staff worked part-time on the SUDA Project and therefore had to share their working time among several projects.

Although efforts were made to describe in a fairly clear manner the role of the different stakeholders, the evaluation team notes that the level of information and knowledge of the stakeholders involved in the project varied, and they sometimes had a limited knowledge of their respective roles. This is due to staff movements at different levels, which sometimes hindered continuity of information.

Communication between the direct beneficiaries and HI was very dynamic, mainly thanks to the proximity of the country project managers, their knowledge of the context and the long experience of collaboration with the associations and schools. To support the implementation of the project, each ministry appointed a representative, thus allowing public institutional stakeholders to be involved in project activities.

However, the evaluation notes that the flow of information between mentors, beneficiaries and HI is not always smooth. In Mali, for example, it was observed that the ToR and the reports of the mentor were not only in English, but also primarily intended for WCPT, their employer. While the principle is correct, it is important to note that the ToR and the end-of-mission reports are essential elements for the stakeholders involved.

A steering committee was set up, but it held only one physical meeting in Brussels in December 2016, as the SUDA Project did not have a budget for other physical meetings.

4.2.2 Monitoring of activities

The activities of the SUDA Project in the field were monitored mainly by HI, which put in place a regional operational mechanism and consistent tools at each level of the project's monitoring chain in collaboration with WCPT.

Several operational mechanisms were put in place:

- ✓ Focal points: In each beneficiary association or school / institute, a focal point is designated and is responsible for the implementation of activities, the transmission of reports and the justification of funds. They report to the country project managers at HI;
- ✓ Project managers: In each country, HI has a project manager working 50% on the SUDA Project (except in Senegal where there is a full-time project manager because of the monitoring of Objective 4);
- ✓ A regional SUDA Project Coordinator: From Niamey (Niger) where she is based, she jointly manages the SUDA Project (50%) and another project (50%) in the 3 target countries. She reports to the HI Regional Director in Dakar, Senegal.

- ✓ WCPT: a Project Manager (100%) based in London.

There are frameworks for consultation between the country teams that meet every 3 months to discuss and share information on the project. The WCPT PM also takes part in these meetings. As for the associations and schools, they generally hold monthly statutory meetings for the validation of data and the monitoring of their action plans, with the help of the mentors.

The mentors organize monitoring meetings on Skype (once a month in Niger, once a week in Mali, and once to three times a month in Senegal depending on the period). But unlike MOTIVATION that centralizes its data and information at HI in the countries, the mentors report directly to WCPT. Of course, the reports are transmitted to the HI country directors, but they are very often in English. According to the stakeholders, other consultation frameworks were used: monthly mentor meetings, and CPD advisory team meetings every two months with the mentors, the WCPT PM and the HI Rehabilitation Technical Advisor to discuss training priorities. The WCPT and HI steering committee met each month (remote Skype meetings) from July 2017.

4.2.3 Stakeholder responsiveness

Generally speaking, there is good responsiveness on the part of the stakeholders in charge of providing technical support: constant availability of the mentors, provision of financial resources in accordance with planned activities.

However, regarding the beneficiaries, the situation varies. There is greater responsiveness at the level of the associations with regard to the planning and conduct of activities, and this is mainly due to their level of autonomy. As far as the schools are concerned, the responsiveness of the ESPAS private school is satisfactory, whereas ENDSS and INFSS have less autonomy and are therefore less responsive.

At the operational level, there are two shortcomings in the mechanisms put in place for monitoring, data collection, reporting and information sharing:

- ✓ The schools and the associations use the tools but do not always update them in real time, nor do they archive them. The lack of archiving at the level of the associations appears to be a major challenge, as this is a performance indicator for organizations that receive technical management support and have computer equipment;
- ✓ While there are frameworks for consultation with beneficiaries at the country level, this is not the case at the regional level. The only SUDA Project meeting with the 3 countries took place in October 2016 at the launch of the project in Bamako, Mali. No further meetings with direct beneficiaries in the 3 countries were planned.

4.2.4 Implementation flexibility

The baseline analysis of the SUDA Project did not take into account the existence of certain organizations such as WAHO, which is the structure in charge of curriculum reform in the ECOWAS region. Nevertheless, for the implementation of activities, measures were taken to include this dimension in the reflection on the curricula.

4.3 USE OF RESOURCES

4.1.1 Human resources

The use of mentors by WCPT as a core strategy is unanimously appreciated in terms of quality. In the opinion of the mentors, taking up such great challenges in such a short time was quite an experience. However, they noted difficulties related to logistics during some of the country missions (car for travels, and hotel room reservations). It should be noted that these shortcomings were also pointed out by HI; some of its stakeholders encountered difficulties in working with certain mentors, which may be due to a lack of clear understanding of roles and responsibilities, despite the existence of a document. As a matter of fact, HI's role as the consortium leader was considered confusing, and the mentors felt that they only had to report to WCPT. The ToR and reports were not received on time and were mainly in English as already indicated above.

The expertise of the HI Rehabilitation Technical Advisor, who is based in West Africa, was not sufficiently put to good use. With the mentor approach, WCPT was designated as the main technical partner of the project (Objectives 1 and 2), relegating HI to a secondary technical role.

At the local level, the focal points in the schools, associations and State institutions played an essential linkage role in the implementation of the project. Their main observations relate to: 1) Difficulties in adapting their daily work schedule during the mentors' missions, especially when there were disruptions due to logistics (e.g. flight delays); 2) for the interviews with AKIMA, the ToR of the mentors' mission were not always available in French, which also raises problems of availability at the level of the association; 3) The schedules of the mentors' visits were too dense, making it difficult for practitioners to continue their clinical activities.

The above-mentioned idea of having “national counterparts” for the mentors addresses the need to have people who can carry on certain activities after the mentors' missions, thus allowing more harmonized activities before, during and after the missions. So, the fact of entrusting certain training courses to local organizations (firms of experts for the IT training, for example) was strongly appreciated. There were strong interactions, as well as flexibility in the schedules. However, this also poses a risk (delay in carrying out activities) if the mentors do not ensure monitoring, at least from a distance.

4.1.2 Material resources

Some of the project's beneficiaries received computer equipment to strengthen their operational capabilities. While the principle is relevant, the evaluation team questions the rational use of this equipment given that the associations in Mali and Niger do not have any head office. The optimal use of this equipment by the associations is not guaranteed. An illustration of this is the difficulty in making various documents available to the evaluation team.

4.1.3 Financial resources and duration of the project

One of the specificities of this project is that the responsibility for the implementation of the action plans lies entirely with the beneficiaries. The resources allocated to them were entirely paid into their bank accounts; they made the expenditures and submitted supporting documents.

The following difficulties were identified: 1) Weak control of financial reporting procedures, which some beneficiaries considered as too restrictive; 2) Delays in the justification of expenditures by some beneficiaries; 3) Pre-defined funding levels and systematic alignment of the levels for all beneficiaries; 4) Relatively short project duration.

Overall, the financial implementation rate at the beneficiary level is around 100%.

SECTION 5 | EFFECTIVENESS ANALYSIS

5.1 CONCERNING THE ACHIEVEMENT OF OBJECTIVES AND EXPECTED RESULTS

The evaluation of indicators is based on the logical framework of the project from which they are derived. For the project's 4 overall objectives, 16 indicators were defined.

Objective 1: Strengthen 3 national physiotherapy associations in Mali, Niger and Senegal

Table 3 : Objective 1: Monitoring of indicators

	Mali		Niger		Senegal		Overall
	Planned	Achieved	Planned	Achieved	Planned	Achieved	
Three physiotherapy associations have an action plan to strengthen their capacities in governance and leadership	1	1	1	1	1	1	100%
The implementation rate of the action plans is 70% minimum	70%	95%	70%	95%	70%	90%	93.3%
In collaboration with the mentors, each association organizes at least two continuing professional development courses (1 online and 1 face-to-face)	2	2	2	6	2	4	200%
At least 165 physiotherapists improve their clinical and management skills following the CPD courses	65	116 (178%)	25	74 (296%)	75	78 (104%)	162%
Three physiotherapy associations share the knowledge they have acquired	1	1	1	1	1	1	100%

Sources: (1) Literature review of the consultants (2) Reconstruction by the team members (3) Reconstruction by the team members (3) Reconstruction by the team members (4) Activity reports of the associations (5) Reports of the review meetings

Regarding the continuing professional development (CPD), although all the activities were carried out, the methodology changed a little. Contrary to what was planned (1 online and 1 face-to-face CPD), all the training sessions were conducted face-to-face. This change is due to poor Internet connection which did not allow for quality exchanges between mentors and participants.

Regarding the planned training of 165 physiotherapists, 268 physiotherapists eventually took part in the course. This was made possible by the efforts of the associations in the census of physiotherapists, and the creation of directories and communication networks that enabled a strong mobilization of members.

Objective 2: Use the WCPT (World Confederation of Physical Therapy) standards to help the 3 physiotherapy training programmes in the target countries move up one step in the WCPT accreditation continuum

Table 4 : Objective 2: Monitoring of indicators

	Mali		Niger		Senegal		Overall
	Planned	Achieved	Planned	Achieved	Planned	Achieved	
100 educators / teachers from the 3 training schools participate in the meetings organized by the SUDA Project.	30	19 (63.3)	30	20 (66.6%)	40	39 (97.5%)	78%
3 Physiotherapy training schools develop a Bachelor level training programme	1	0	1	1	1	1	67%
The level of implementation of the schools' action plans is at least 70%	80%	80%	80%	85%	80%	100%	88.3%
3 physiotherapy schools move up to the next step in the WCPT accreditation continuum	1	1	1	1	1	1	100%

Source: (1) Activity reports of the schools (2) Reconstruction by the team (3) Reconstruction by the team (4) Reconstruction by the team

Regarding the achievement of these indicators, it emerges that the planning did not take into account the actual number of teachers available in the physiotherapy sections / departments of the schools. Actually, the numbers were smaller than what was anticipated.

As regards the membership process, the criteria mainly concerned standards related to: (i) The educational institution; (ii) Faculty; (iii) Resources; (iv) The curriculum; and (v) The clinical teaching programme. Of the 3 schools, two schools (Niger and Senegal) revised their curricula, and one school (Niger) submitted a membership application to WCPT. Overall, all the schools made progress along the accreditation continuum.

Objective 3: Develop a discussion paper on the issue of physiotherapy assistants

Table 5 : Objective 3: Monitoring of indicators

Indicators	Results	
	Planned	Achieved
30 participants take part in consultations on the concept paper	30	100
15 organisations take part in the consultations	15	30
1 discussion paper is available	1	1

Source: (1) (2) Reconstruction by the team (3) Report of the consultant

The consultations about the document on physiotherapy assistants took place during the WCPT Congress in July 2017 in Cape Town, South Africa.

Objective 4: Augment wheelchair training in the physiotherapy sector

Table 6 : Objective 4: Monitoring of indicators

Initial indicators	Results		
	Planned	Achieved	Achievement rate
24 people are trained on the WHO Wheelchair Service Training Package - Basic level and take the ISWP Basic test	24	23	96%
6 people are trained as trainers and are able to conduct the 2nd basic level training	6	6	100%
24 people who have been trained are able to pass on their knowledge and skills on wheelchair service provision	24	23	96%
1 country (Senegal) is able to provide training on the provision of quality wheelchairs	1	1	100%

Source: MOTIVATION mentor report and HI Dakar Project Officer's report

To analyze the achievement of these indicators, we exchanged with ENDSS staff (the only beneficiary) and reviewed the activity reports of the MOTIVATION and HI wheelchairs technical advisors. Through this approach, 12 people (physiotherapists and orthoprosthetists) received training on the WHO Wheelchair Service Training Package - Basic level. Six of them were selected as trainers after passing the ISWP-b Test (International Society of Wheelchair Professionals). In turn, they trained 11 people on the same module under the supervision of HI experts. Finally, a second ISWP-b test was organized and 2 people passed it. Moreover, it was decided to integrate the wheelchair training module into the ENDSS training programme during a workshop held from 18 to 20 October 2017 in Dakar at the end of which an implementation action plan was adopted. In the end, the technical experts certified that Senegal had people with the required skills to provide wheelchair services and train other physiotherapists.

However, the evaluation team notes that there is a high risk of these trained professionals losing the skills they have acquired due to a lack of wheelchairs and support.

The project was implemented in an effective manner and achieved the following outcomes for the four objectives.

Table 7 : Project results by objective

Objective 1: Strengthen 3 national physiotherapy associations in Mali, Niger and Senegal	
Result 1	<ul style="list-style-type: none"> ▪ 3 out of 3 associations have reviewed their governance documents and renewed their governing bodies; ▪ 3 associations have implemented an action plan in 2017; ▪ 3 out of 3 associations have organized national physiotherapy conferences; ▪ 2 associations have filed a WCPT membership application; ▪ 3 associations have a temporary head office that has been equipped; ▪ 1 association has developed 2 clinical management protocols.
Objective 2: Use the WCPT (World Confederation of Physical Therapy) standards to help the 3 physiotherapy training programmes in the target countries move up in the WCPT accreditation continuum	
Result 2	<ul style="list-style-type: none"> ▪ 3 schools have revised their physiotherapy training curricula; ▪ 3 schools have equipped practical work rooms at their disposal; ▪ 1 school has filed a WCPT membership application.
Objective 3: Develop a discussion paper on the issue of physiotherapy assistants	
Result 3	<ul style="list-style-type: none"> ▪ A paper on the issue of physiotherapy assistants was discussed in Cape Town at the WCPT World Conference in July 2017; ▪ At least 15 organizations participated in the consultations; ▪ At least 30 people participated in the discussions.
Objective 4: Augment wheelchair training in the physiotherapy sector	
Result 4	<ul style="list-style-type: none"> ▪ 23 people have been trained on the WHO Basic Level training package ▪ 1 school has integrated a wheelchair module into its physiotherapy training programme ▪ 1 country has qualified wheelchair professionals

5.2 UNINTENDED RESULTS

The implementation of the SUDA Project has triggered a sub-regional dynamic in the physiotherapy sector. As a matter of fact, following the activities implemented by the target countries, many non-member countries expressed their interest and took part in the activities planned. This led to the creation of the *Rassemblement des Physiothérapeutes de l'Afrique Francophone* (RAPAF) at the end of the WCPT Congress in Cape Town; it is a discussion and sharing forum on WhatsApp initiated by WCPT, which brings together physiotherapists from 12 French-speaking countries.

SECTION 6 | EFFICIENCY ANALYSIS

The analysis of the efficiency of the SUDA Project focuses, among other things, on the extent to which the results have been obtained in the best possible economic conditions.

It is not a cost-effectiveness analysis, but an identification and analysis of factors that have or have not contributed to the achievement of the expected results.

i) To what extent were the costs of the activities acceptable? (ii) Could they have been conducted in a different manner?

(i) Overall, time management was a challenge for the project. The first agreements between the partners and HI were signed in December 2016, ten months after the indicative start-up period (April 2016). This partly explains the difficulties mentioned by some beneficiaries regarding the density of the mentors' schedules during their visits. In addition, a number of key activities were completed practically the day before project closure, leaving little or no opportunity for a follow-up. This was the case for the training on lesson plans for INFSS in Mali, and for the installation of the equipment for the practical training room.

(ii) The mentors' missions were very well appreciated by the beneficiaries, but the evaluation team did not have evidence to determine the optimal number of missions that should have been conducted. The involvement of resource persons at the local level combined with the use of remote means of communication by the mentor would have allowed for a better use of local expertise, better continuity in the support regarding aspects such as archiving, teamwork, monitoring the training and recommendations, etc.

SECTION 7 | SUSTAINABILITY ANALYSIS

i) Is the approach used by the SUDA Project sustainable? Can this approach be promoted in several other countries? Do the capacities of the stakeholders concerned enable them to continue the dynamics initiated by the SUDA Project?

Clearly, the achievement level of the SUDA Project is considerable. The central question is how these achievements can be maintained and to what extent they can be replicated, given the needs that exist in many other West African countries. Favourable factors as well as risks for the sustainability

of the achievements have been identified and analysed.

(i) Key favourable factors:

- Generally speaking, the SUDA Project's approach is based on targeting key stakeholders that can ensure, in the medium and long term, the provision of quality rehabilitation care. Thus, targeting training programmes allows countries to acquire equipment and train quality staff based on harmonized standards at the sub-regional level. The same is true for the associations, which need to be dynamic in order to support the initiatives of the government.
- The expertise and reputation of WCPT and HI, which provided support throughout the process, are also an asset in terms of sustainability. The accession to WCPT for the associations, and the accreditation of the curricula of the training schools can be perceived by the stakeholders concerned as signs of moral support and can contribute to the sustainability of the action.
- HI's presence in the field and the involvement of a permanent team such as the Technical Coordinators and the Technical Advisor will make it possible to keep the collaboration going in different forms and strengthen the achievements of the project. For example, HI and AKN are conducting a national advocacy action in Niger on the training of physiotherapists and the creation of a rehabilitation department within the Ministry of Health.
- The regional rationale of the SUDA Project offers space for action to stakeholders in their countries. This will also make it possible to continue the professional capacity development of physiotherapists and the sharing of the lessons learned regarding the functioning of the associations. The creation of the RAPAF network by WCPT will undoubtedly contribute towards the strengthening of collaborative links in the West African sub-region.

(ii) Sustainability risk factors:

A number of factors have been identified by the evaluation team as likely to limit the sustainability of the project's achievements.

- ***Are the beneficiary associations able to complete the remaining activities and maintain the achievements?***

- 1) One of the findings of the evaluation team is that AKN, which has been a member of WCPT since 2015, does not have a stronger development dynamic than the other two associations whose ambition is to become WCPT members. This situation is undoubtedly the result of several contextual and internal factors that have not been highlighted as areas for action by the SUDA Project. Particular follow-up should therefore be considered to identify the factors that are likely to make AKN stagnate or even regress after the SUDA Project. This can also help to identify aspects to be taken into account for ASKIR and AKIMA, which are aiming for membership.
- 2) Even if their statutory organs have been strengthened, the operational capacities of the associations still appear to be weak: absence of headquarters, obliging some associations to put the acquired computer equipment into storage; lack of archiving systems despite the acquisition of computer equipment and the training delivered; low financial capacities due to the very limited potential for mobilizing own resources, with the exception of ASKIR, which is able to mobilize own resources. There is a risk that residual activities will not be completed (finalization and adoption of protocols in Niger; updating of the website; updating of the database of physiotherapists; finalization of the 2018 action plans to provide the associations with relevant advocacy tools).

- ***Are the beneficiary educational institutions able to complete the remaining activities and maintain the achievements?***

Like for the associations, the evaluation team makes the following observations:

- 1) For ESPAS in Niger, while the process to help the physiotherapy training programme progress on the WCPT accreditation continuum is solid, the school is in a critical phase regarding the implementation of the new curriculum. Indeed, the application of the new curriculum entails additional financial costs that will have to be reflected in the registration fees. This is a risk for a private institution such as ESPAS because the number of applicants could decrease significantly if there is no subsidy. As a result, the risk of discontinuing the new curriculum is high. Access to the digital library is also an activity that needs monitoring in order to be effective.
- 2) At INFSS in Mali, the progress made and the steps completed are still basic. Progress is more challenging for INFSS because, unlike ESPAS, it is a public institution and decisions are made at the Ministry of Higher Education.
- 3) At ENDSS, *“the transition to the Bachelor/Master/Doctorate system is a requirement that no WAHO member country can escape”*. With this in mind, ENDSS is firmly committed to adopting the WAHO curriculum. The school, the Ministry of Health and Social Action and its partners are already working to this end. The risk to the sustainability of the achievements lies in possible changes at the head of the institutions involved, which could delay the process.

- *To what extent are the institutional stakeholders capable of maintaining the achievements of the SUDA Project in the long run?*

Focal points (persons appointed by the ministries to monitor project activities) do exist, but their level of commitment remains marginal, since they just take part in project activities. The evaluation team also noted that, in general, there are few programmatic measures at the ministry level regarding rehabilitation, thus limiting the possibilities of mobilizing financial resources for rehabilitation care.

KEY LESSONS LEARNED

The evaluation team draws several lessons from the SUDA Project:

- **Design of the SUDA Project**

- 1) Humanity & Inclusion and WCPT developed a relatively “atypical” project in its format, which involves several stakeholders, several countries, but with a relatively short duration;
- 2) Despite a low involvement of the direct beneficiaries in the project design, they nevertheless supported the project, probably because of high expectations and lack of funding sources. If the context had been different, for example if financial resources had been available, their support could not have been taken for granted.
- 3) The incompleteness of the baseline analysis constitutes a risk; we can mention for instance the omission of key stakeholders such as WAHO, the weak consideration of the contexts in which the HI country teams and the beneficiaries evolve, as well as the failure to involve institutional stakeholders (ministries) as project stakeholders.

- **Institutional anchoring and steering of the project**

- 1) Although the institutional anchoring is clearly defined in the project document, there have been ambiguities regarding the respective roles of WCPT and HI: different understanding of certain leadership roles, mobility of stakeholders, which hindered information continuity, language barriers due to the use of English as the reporting language in a predominantly French-speaking environment, sometimes with delayed translation or no translation at all.
- 2) While the principle of diversified partnership is considered beneficial for all stakeholders, many challenges arise in the implementation due to the difficulty of striking a balance between the specificities of the different organizations, their level of autonomy, and their traditional duties.

- **Regarding implementation**

- 1) Overall, the project has achieved its objectives. Most of the activities planned have been implemented, even if some of them have been completed in the final weeks of the project. At this stage, it is not possible to assess the effects of the interventions and the changes that may be induced at the level of the schools or the associations. A longer duration would have allowed the analysis of the effects induced by the achievement of project objectives.

RECOMMENDATIONS

Taking into account the strengths and weaknesses identified, the evaluation team has formulated recommendations. Some of the recommendations are addressed to specific stakeholders involved in the design and implementation of the project.

General recommendations related to the achievements of the project

- **Several elements indicate the need for continued support** to the beneficiary structures:
 - 1) At the level of each project organization, activities have been planned and carried out, but the achievements are not sufficiently consolidated (protocols for AKN in Niger, WCPT accreditation process for ASKIR and AKIMA).;
 - 2) The implementation of the SUDA project has raised expectations at the level of the associations and the schools. These expectations have not reached a level of maturity that would justify ending the support. For the associations, the expectations concern the development of their operational capacities with the acquisition of headquarters for some of them and the capacity to mobilize internal resources; for the schools, they concern the strengthening of the curriculum review dynamics in connection with WAHO;
 - 3) The regional dynamic that is building up beyond the three countries as a result of the SUDA project suggests a need for support to develop sub-regional expertise in order to support the associations and the schools;
- **Several options can be considered depending on the preferences of the key actors (HI and WCPT).** As regards the continuation of the SUDA project, adjustments should be made in the light of the analyses of the evaluation:
 - Adjust the duration of the project taking into account the need to create optimal conditions to ensure the sustainability of the achievements;
 - Develop a project design process that involves all stakeholders. This will enable the consideration of contextual specificities;
 - Reach a consensus on certain core principles such as information flow, the language of communication, etc.;
 - Explore the Africa region and identify available mentors;
 - Provide for a framework for consultation between countries in future multi-country interventions to enable a regular sharing of experiences and readjustments if necessary;

To the schools:

- The SUDA Project has helped to put the place and the role of rehabilitation training institutions on the agenda, as well as the many challenges they face. Considering WAHO's role in harmonizing the curricula for the training of health professionals, joint advocacy actions would enable the institution to contribute actively to the review of the schools' training curricula;
- It is recommended that all the schools take advantage of the achievements of the SUDA Project and the partnership dynamics with physiotherapy associations to intensify their advocacy towards the Ministry of Health and the Ministry of Education with a view to making human resources available in accordance with required standards;
- For ENDSS in particular: Ensure the effective implementation of the action plan for the integration of the wheelchair module into the physiotherapy training curricula.

To the physiotherapy associations:

- For all the associations, the major challenge is to maintain strong advocacy in order to have a head office. This advocacy should target the State, TFPs and NGOs working in the fields concerned. Having a head office is essential to strengthen the achievements of the SUDA Project, for example through the creation of a secretariat to maintain the institutional memory of the association. The prospect of having a head office must be considered through several strategic options: sharing premises with training institutions or national orthopaedic fitting centres, having one's own premises, etc.
- Strengthen internal financial capacities through the mobilization of membership fees or other contributions;
- Finalize the action plans for 2018 in order to have a reference framework for action, and to mobilize resources for the association;
- For AKN in particular: Taking into account the current progress in finalizing the protocols, we suggest that formal arrangements be made with the Ministry of Health, which already has a good knowledge of the project, to get the Ministry's support for the adoption and dissemination of the protocols. WHO is also a key stakeholder and the contact with the organization should be continued;
- For AKIMA and ASKIR: Ensure the systematic follow-up of the WCPT membership applications, and keep the websites up to date in order to use them as partners mobilization tools;
- For all associations: Create a computerized database of physiotherapists to allow periodic updates;
- For all associations: In partnership with the schools, institutionalize the organization of annual physiotherapy days to strengthen the advocacy work.

To HI and WCPT

- Continue the support to the schools and the associations: we recommended that HI and WCPT engage with the funding partner (USAID) or other funding sources to develop a second phase of the SUDA Project.

To HI

- Advocate with the governments to ensure that rehabilitation issues are taken into account in the priorities of the Ministries concerned, at the programmatic level and regarding the mobilization of the required resources. This will contribute to a lasting solution to the structural problems and challenges faced by the training schools and physiotherapy associations;
- Support the associations in the fields of advocacy and operational capacity building;
 - Promote relationships between the associations and other HI projects;
 - Promote synergy of action between the schools and the associations;
 - Maintain the collaboration with rehabilitation partners in the sub-region (WAHO, WHO Regional Office for Africa, RAPAF, WCPT, OADCPH);
 - Take into account the experience acquired in Senegal on wheelchair service provision;
 - Promote wheelchair availability through advocacy with the Ministries of Health and with national rehabilitation centres.

To WCPT

- WCPT membership for the associations constitutes an important project milestone, and ASKIR and AKIMA are on track. The experience of AKN clearly indicates that membership does not necessarily guarantee the long-term viability of an association. We therefore recommended that WCPT define and implement a support plan for member associations in order to bring them to an optimal level of autonomy;
- Continue to assist in the WCPT curricula accreditation process;
- Advocate with WAHO for active support for the educational institutions involved in the SUDA Project. This advocacy can be extended to all other educational institutions involved in the current sub-regional dynamics;
- The development of a harmonized curriculum by WAHO is only a starting point.
 - Have the curriculum validated by the States;
 - Address the issue of curriculum standardization (bachelor vs masters), the development of standards of competence and standard of practice in physiotherapy, and the production of teaching manuals, curriculum grids and lesson plans.
 - Provide training for the staff who will teach WAHO's curriculum, as most teachers currently teach at their own diploma level.

- Continue to develop the clinical skills of physiotherapists in the fields of clinical reasoning, treatment protocols, assessment tools, etc.
- Continue to promote the sub-regional dynamic for exchanges, continuing education, etc.

To MOTIVATION

- In view of the experience gained with the SUDA Project in Senegal and taking into account the existence of huge unmet wheelchair needs in the target countries and in the West African region, advocacy toward WAHO is recommended with a view to making wheelchair training an integral part of the agenda for the review of physiotherapy curricula.

To state institutions

The SUDA Project has highlighted structural issues at the level of public institutions, particularly with regard to the availability of quality human resources for the training of physiotherapists. At INFSS, the physiotherapy department could receive financial support from the DECLIC project funded by Canadian cooperation. This project, which does not currently cover the physiotherapy department, ends in September 2018 but another phase is being negotiated.

CONCLUSION

The evaluation has identified the strengths and weaknesses of the SUDA Project. It provides relevant elements on possible actions to be taken with regard to the project's achievements.

- Among the strengths of the project, the evaluation team notes that:
 - (i) The selection of the targets of the intervention is relevant, given the context and rehabilitation needs in general. The strategic orientations adopted are also relevant;
 - (ii) Implementation compliance is high overall, especially at the level of the associations, thanks to a strong motivation of the beneficiaries;
 - (iii) The project was implemented with some flexibility. In view of predictable difficulties in the implementation of certain activities, adjustments were made; thus, certain activities were dropped, and key target organizations were added, such as WAHO.
- The evaluation team has also identified areas for improvement.
 - (i) Uncomprehensive baseline analysis; some targets were not taken into account from the outset, and challenges associated with some elements of the context were underestimated;
 - (ii) Weak involvement of the beneficiaries in identifying key project components;
 - (iii) Systematic harmonization of funding levels and low volume of funding compared with the beneficiaries' expectations;
 - (iv) Short duration that contrasts with the challenges linked to the nature of the targets, namely associations and State institutions.

Following this external evaluation that was conducted in January 2018 in the three countries, we may conclude that: *Despite the complexity of its institutional set-up and its ambitiousness, the SUDA project has achieved the expected results within the implementation period with a good level of efficiency.*

This efficiency seems to stem from the pooling of expertise from different horizons to address needs strongly felt by the beneficiaries. One of the lessons learned during the implementation of the project is the difficulty of striking a balance between the specificities of the different organizations, their level of autonomy, and their traditional duties.

ANNEXES

ANNEX 1: LIST OF INTERVIEWEES

NIGER

Date	Targets	Surname, First name and Profile
16/01/2017	AKN	<p>Dr BARO SEYNI (President)</p> <p>Other members of the Executive Board</p> <ul style="list-style-type: none"> • MOUSSA (Secretary for Training) • DADAOU Salaha (Vice-President) • SAIDOU Aboubacar (Secretary General) • WAJE Mahaman (Deputy Secretary General) • ALI Maman Rabiou (Secretary for Organization) • OUMAROU Amadou (Treasurer) • MOUTARI Mamane (Secretary for Information) • Mrs ABDOU Nana (Member) • ILLIASSOU Gigi (Deputy Secretary for Organization) • RIBA Tchiwaké (Auditor) • SALOU Arouna (Auditor) • Mrs MAINASSARA Rabi (Member) • Ms HALIDOU GARBA Zenabou (Member) • ISSOUFOU Seydou Alzouma (Member)
18/01/2018	ESPAS	<p>Mrs Alou Mariama DJIBO (Director General)</p> <p>Dr Altiné Amadou Alphago (Physiotherapy Programme Coordinator)</p> <p>Faculty:</p> <ul style="list-style-type: none"> • Dadaou SALAHA (Senior PT) • KIAJE Mahaman (Senior PT) • LAMINE Oumaou Hassane (OT)
17/01/2018	DOS (Ministry of Health)	<p>Mrs IBRAHIM Amy (Head of the Quality of Care Division)</p> <p>Dr Sita IBRAHIMA (Head of the Quality Unit)</p> <p>Mrs Ramatou Oumarou Bayero (Human Resources)</p>
19/01/2018	UNIVERSITY	<p>KARIDIO Idrissa (Head of the Private Education Division)</p>
16/01/2018 19/01/2018	Humanity & Inclusion	<p>Clément Philit (Country Director)</p> <p>Salamata OUEDRAOGO (SUDA Regional Coordinator)</p> <p>Amadane TANGARA (Health Programme Coordinator)</p> <p>Fodi SANI (SUDA Project Officer)</p>

MALI

Date	Targets	Surname, First name and Profile
22/01/2017 23/01/2017	AKIMA	Mrs Coulibaly Aminata BAMBÀ (President) Alpha Coulibaly, Member of the EB Nestor DEMBELE, Organization Secretary Maimouna DEMBELE, Organization Secretary Djénabou SYLLA, Member of the EB Amadou MARIKO, Member of the EB Sébéré KEITA, Member of the EB Seydou SANGARE, Member of the EB Balla KEITA, Member of the EB Fadiala KAMISSOKO, Executive Secretary
23/01/2018	CNAOM	Soumaïla MAIGA (Deputy Director General)
24/01/2018	INFSS	DAKOURE Leila A MAIGA, Head of Department, SUDA/INFSS Focal Point SANAGARE Aminata, Head of Programme Development and Implementation Alzada Idrisse MAIGA, Head of the Physiotherapy Programme Tiékoura SAMAKE, Head of Educational Activities
25/01/2018	WCPT	Siyi O. Dieye SUDA Programme Manager, WCPT CAPO CHICHI Joseph Martial Association Mentor Mike LANDRY (Education Mentor)
22/01/2018 25/01/2018	Humanity & Inclusion	Miriam ABORD-HUGON (Mali Programme Director) Seydou Alassane Maïga (Health and Rehabilitation Coordinator) Victor Diassana (SUDA Project Officer) Samba COULIBALY (SUDA Project Field Monitoring Officer)

SENEGAL

Date	Targets	Surname, First name and Profile
29/01/2018 30/01/2018	ASKIR	Cheick Seck, President of the Executive Board Mrs SEYDI Yacine, President of the Board of Directors Aloïse Djibril, Organization Secretary Cheikh NDIAYE, Treasurer General Bocar THIAM, Deputy Treasurer General Seynabou Ndiaye, Member of the BOD Grâce Ines Maïram, Vice-President
31/01/2018	ENDSS	Douda FAYE, Director, SUDA/ENDSS Focal Point Bocar THIAM, ENDSS Head of Programme Grace Inès Maïram KOIDY, Teacher Mickail Ange Ndione, Teacher Mouhamadou Lamine, Head of Educational Activities
01/02/2018	Directorate of Health Services	Dr Mor Diaw, Director of Health Services Elhadji Goulé THIAM, SUDA Focal Point
29/01/2018 01/02/2018 02/02/2018	Humanity & Inclusion	Caroline BOLTZ (Regional Director) Catherine Gillet (Country Director) Marie Françoise Faye TINE (SUDA Project Manager) Uta Preh: Rehabilitation Technical Advisor

Stakeholders interviewed from a distance:

Surname	First name	Organization	Contact
Alain	Belanger	WCPT Education Mentor, Senegal	alainybelanger@gmail.com
Jean Gasherebuka	Damascene	WCPT Association Mentor, Niger	gasherebuka@gmail.com
Capo Chichi	Joseph	WCPT Association Mentor, Mali	cjosephmartial@gmail.com
Mike	Landry	WCPT Education Mentor, Mali	mike.landry@duke.edu
O'Sullivan	Cliona	WCPT Education Mentor, Niger	cliona.osullivan@ucd.ie
Musafiri	Willy Masuga	WCPT Association Mentor, Senegal	pnrbcminisante@yahoo.fr
Kruger ⁶	Jonathon	WCPT CEO	jkruger@wcpt.org);
Seymour	Nicky	Motivation	seymour@motivationafrica.org.za

⁶ Due to telephone communication problems, the interview with Mr Kruger from WCPT could not take place.

ANNEX 2: LIST OF DOCUMENTS CONSULTED

HUMANITY & INCLUSION

- Project Overview: SUDA Project Framework Document USAID Grant SPANS # 035 (English and French versions)
- SUDA Steering Committee Meeting Minutes Brussels 14th December 2016
- Monitoring of partners' activities-January 2018_Fodi
- PM Box SUDA Niger vu NG vu LD
- Introduction to the SUDA Project - dated 30-05-2016
- HI SUDA Work plan final revised 8.10.2017
- Memo - validation visit - technical quality of the rehabilitation equipment acquired by INFSS with SUDA funds - dated 17 Sept. 2017
- Reporting Form #6 Request for Approval of Sub-grantee source USAID
- AKIMA Mentoring Mission Report - from 28 January to 4 February 2017 source: Mike Landry
- Budgeted Action Plan of 28-03-2017
- INFSS Final Action Plan of 28-10- 2016
- Mentors' Mission Reports
- SUDA Project Education Mentor Report- Niger Visit 2: 12th-16th June 2016 Prepared by: Dr Cliona O'Sullivan, MISC BSc Hons (Physiotherapy), MSc Community Health, PhD
- Visit 3 Terms of References Prepared by Jean Damascene GASHEREBUKA MENTOR PHYSIOTHERAPY ASSOCIATION NIGER
- VISIT 2: 12 - 16 June 2017 Prepared by Jean Damascene GASHEREBUKA BSc, MSc PT (Wits) & OMT Consultant (SA) MENTOR PHYSIOTHERAPY ASSOCIATION NIGER
- SUDA Internal Evaluation Report, presented by: Salamata Ouédraogo, Project Coordinator Sidy Dieye, WCPT Programme Requirements WCPT accreditation of physical therapist professional entry level education programmes 2016
- Reporting Form #3: LWVF Quarterly Progress Report: Reporting Quarter Dates: 01/01/2017 – 03/31//2017; Reporting Quarter Dates: 07/01/2016- 09/30/2016; Reporting Quarter Dates: 04/01/2017 – 06/30//2017
- WCPT Accreditation Guidelines (final version, 20 July 2017)

NIGER

- Final Report of the physiotherapy awareness-raising mission to Diffa from 22 to 28 May 2017 - Presented by Mamoudou Adama, AKN Organization Officer
- AKN Executive Board_2018
- Mentors Work Report and ToR
- SUDA Project Information Sheet of 23-03-2017
- AKN documents (Internal Regulations, Articles of Association, Recognition Order)
- ESPAS presentation materials

MALI

AKIMA

- Partnership agreement for the participation of AKIMA in the SUDA Project: E31 CONV/16/SUDA/001
- Phase 1 and 2 documents
- Phase 1 and 2 action plans
- Copy of the action plan budget
- Report Initial Assessment PT Education in Mali at INFSS, Bamako for WCPT SUDA project
- Date: 24.-28. Oct. 2016 Author: **Cornelia Anne Barth**, WCPT Country Mentor Physical Therapist

- Report of the General Assembly of 29 April 2017

INFSS

- Partnership agreement for the participation of INFSS in the SUDA Project: E31 CONV/16/SUDA/001
- Final SUDA INFSS plan
- Action plan Niger Education Mentor - Visit 1, 21-25 November 2016
- Copy of equipment order document INFSS_15_5_2017 additional
- Final SUDA INFSS plan Sept to Dec. 2017 Mike

SENEGAL**ASKIR**

- ASKIR Framework Agreement Ref.: E41DAK PAR0225 of 20 December 2016
- ASKIR Action Plan
- ASKIR global budget for the SUDA project
- ASKIR Programme Framework
- ASKIR Board
- ToR and proceedings of the Saly workshop of 09, 10 and 11 March 2017
- ASKIR workshop ToR January 2017
- Proceedings of the workshop of 9-11 March 2017
- ASKIR Procedures Manual by M. Pape samba NGOM, M. Pape Demba NDIAYE,
- M. Malick GUEYE, Mrs Adama DIAO DIAGNE ASKIR MARCH 2017
- Internal Regulations March 2017 - Group work, Saly Workshop II from 09 to 11 March 2017
- Draft Code of Ethics for Physiotherapists in Senegal
- ASKIR Advocacy Action Plan
- Report of the ASKIR Senegal workshop from 09 to 11 March - English translation

ENDSS

- Action Plan
- Framework Agreement
- Grant Agreement
- Activity Monitoring Document
- Indicator Analysis Document
- ToT Workshop on the wheelchair service training package – basic level: WHO module (WSTPb) for ENDSS from 24 May to 2 June 2017, Dakar - Senegal DAMA AMAH S. Senior OT and Trainer, ENAM - Lomé Togo; Xavier Lemire Rehabilitation Technical Advisor, Handicap International
- Wheelchair Service Training Package – Basic level: WHO module (WSTPb 2) and Training of Trainers (continued) for ENDSS DAMA AMAH S. Senior OT and Trainer, ENAM - Lomé Togo; Xavier Lemire Rehabilitation Technical Advisor, Handicap International
- SUDA Project Objective 4: Baseline Assessment, October 2016 - Team: Nicky Seymour, Head of Service Development, Motivation; Xavier Lemire, Rehabilitation Technical Advisor, HI
- Mission to support the national congress of the Senegalese Association of Physiotherapists (ASKIR) By P.T. Willy MASUGA MUSAFIRI Mentor / WCPT
- Report of the 3rd support mission to ASKIR Senegal from 03 to 09 August 2017
- Final evaluation report of the ASKIR support mission from 03 to 09 August 2017
- Mission to support the baseline governance study on the Senegalese Association of Physiotherapists (ASKIR) By P.T. Willy MASUGA MUSAFIRI Mentor / WCPT
- Programme requirements – WCPT 2016
- Final Report Prof Alain Yvan Bélanger, PhD, PT Mentor Education, WCPT, Senegal November 2017
- Q1 Report July-September 2016
- Q2 Report October-November-December 2016

- Q3 Report January-February-March 2017
- Q4 Report April-May-June 2017
- Q5 Report July-August-September 2017
- Q6 Report October-December 2017
- PMBox 2.0 NEW Q5 July-December 2017