



Practical Guide

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# The Sustainability Analysis Process: The case of physical rehabilitation

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Technical Resources Division  
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## Practical Guide

# The Sustainability Analysis Process: The case of physical rehabilitation

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the 1990s, the number of people with a disability in the United States has increased by 25% (U.S. Census Bureau, 1997).

As a result of the increase in the number of people with disabilities, the need for accessible information has become more acute. The National Center for Accessible Information (NCAI) has estimated that 10% of the population has a disability that may affect their ability to access information (NCAI, 1997). The NCAI has also estimated that 25% of the population has a disability that may affect their ability to use information technology (NCAI, 1997).

The purpose of this study was to investigate the barriers to accessible information for people with disabilities.

The study was conducted in two phases. The first phase was a literature review of the barriers to accessible information for people with disabilities.

The second phase was a survey of people with disabilities to determine the barriers to accessible information that they experience.

The results of the survey are presented in this paper. The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to access information.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use information technology.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use the Internet.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use e-mail.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use web browsing.

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The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online government services.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online social networking.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online entertainment.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online travel services.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online real estate services.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online insurance services.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online investment services.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online legal services.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online tax services.

The barriers to accessible information for people with disabilities are discussed in terms of their impact on the ability to use online financial services.

# “There is only one alternative to sustainability: unsustainability.”<sup>1</sup>

The concept of sustainability should be obvious for most actors in development. Without this understanding, it is difficult to justify development action. In the past, emergency interventions might not have considered sustainability, but humanitarian actors have become more aware that initiatives started during crises will determine their exit or at least the organisation of services in post-fragile contexts.

In theory, these concepts are systematically integrated in the design of projects and are often important selection criteria in the allocation of funding. However, this is only in theory... unfortunately the reality is more complex and cannot be limited to linear planning.

The collaboration between the International Centre for Evidence in Disability (ICED) of the London School of Hygiene and Tropical Medicine and Handicap International made it possible to exceed this project perspective by integrating a wider sectoral perspective. While bringing an independent and rigorous approach, the contribution of the researchers from ICED made it possible to define various stages of a sustainability analysis process involving various actors in the rehabilitation system. This process was replicated in five different countries, each one at very different stages in development, which enabled this approach to be validated while revealing important similarities and differences according to the contexts.

We are happy to present the result of this work in this guideline for rehabilitation practitioners. We hope that it will be useful for the whole development community, beyond the rehabilitation sector, where actors from other sectors of development can also carry out this research.

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# Preface

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This document is a methodological guide outlining the Sustainability Analysis Process (SAP). It was developed during a four-year (2009-2012) joint study involving Handicap International and the International Centre for Evidence in Disability (ICED) at the London School of Hygiene and Tropical Medicine (LSHTM). Using the SAP, the study analysed the sustainability practices of the rehabilitation systems in five post-conflict countries: Cambodia, Liberia, Nepal, Sierra Leone and Somaliland.

We would like to thank all the actors in the five rehabilitation systems for their active participation during the study's workshops, and Handicap International field teams for their on-going support throughout the study. We especially want to recognise the actors in Nepal and Somaliland who enthusiastically participated in essential follow-up workshops.

We hope that this guide will be used as a practical tool to enable all actors in a system to understand the various components of sustainability and analyse the concept of sustainability in relation to their own system. We want to emphasise that the SAP is a *participatory process*, which should be *on-going* given the indicators, action points and analyses for the future, to enable positive progress toward more sustainable systems over time.

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Nepal, 2012



# Principles and benchmarks

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# Introduction

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## A

### What is in this guide?

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Development and post-conflict programmes<sup>2</sup> are implemented in complex systems incorporating multiple sectors and administrative levels, where a diversity of actors intervene and interact. Sustainability is the ultimate long-term goal of international development and reconstruction programmes working in these systems.

While the goal of achieving sustainability is shared in principle by most actors in a country's health and social systems, in practice sustainability often means different things to different people. Therefore, the conceptual understanding of sustainability and how it is applied in development programmes varies widely. It is critical for all actors to have a common vision of sustainability.

This guide describes the Sustainability Analysis Process (SAP), a coordinated planning approach that aims to facilitate the development of a common vision of sustainability among various actors in a system. Specifically, it is a participatory process which outlines how to achieve consensus on a common vision, and how to define sustainability indicators that can be used to monitor progress towards this vision within the context of the national rehabilitation system.

Ultimately, the SAP outlined in this guide is a practical tool that can help all actors in a system to understand the various components of sustainability and analyse the concept of sustainability in relation to their own system.

## B

### Why are Handicap International and LSHTM focusing on sustainability?

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'Sustainability' is typically recognised as an essential component for the good management of projects. However, as a concept, it is often over-stated and misunderstood, with the risk that, in the end, it is not achieved. Therefore, Handicap International and the International Centre for Evidence in Disability (ICED) at the London School of Hygiene and Tropical Medicine (LSHTM) initiated a joint four-year sustainability study of the physical rehabilitation sector. The study, which ran from 2009 to 2012, sought to develop tools that can be used by practitioners and decision-makers to understand and agree on what the system should be working towards, as a whole. The sector of physical rehabilitation is usually not at the top of policy-makers' agendas in fragile states, which makes the task of building sustainability even more challenging for the actors in the system.



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## C

### How was this guide developed?

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This guide is a result of the joint Handicap International-LSHTM sustainability study, which was completed in two parts. During Part I (2009–2011), LSHTM developed the SAP and tested versions of the methodology in five country rehabilitation systems. Handicap International programmes in five post-conflict states in Africa and Asia were selected: Cambodia, Liberia, Nepal, Sierra Leone and Somaliland. During Part II, in 2012, actors in two countries (Nepal and Somaliland) repeated the SAP to measure progress towards sustainability, refine indicators and reflect on lessons learned. In all of these contexts, the study sought to understand how the methodology was used, as well as identify and compare the sustainability practices of Handicap International and its partners. Research on these practices has been published elsewhere.<sup>3</sup>

#### Who commissioned the guide?

The study, and subsequent guide, was commissioned by the Agence Française de Développement (AFD).

#### Who compiled it?

This guide was written jointly by Handicap International and LSHTM, with input from Handicap International's Technical Resources Division and field teams.

#### Who are the main target users for the guide?

This guide can be used to conduct the SAP with all relevant actors within a country's health and social system. For example, in the rehabilitation sector this might include persons with disabilities, disabled people's organisations (DPOs), service providers, authorities and international organisations.

## D

### How should this guide be used?

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The practical approach described in this guide aims to build consensus on a common vision of sustainability among the actors of a health and social system.

The guide contains a set of questions, and invites readers to analyse their own experiences using a participatory approach to planning for sustainability. It introduces the various components of sustainability and helps readers to identify the different aspects that need to be examined in greater detail. The first part ('Principles and benchmarks') outlines the key underlying concepts of the SAP. Each section in this part of the guide starts with a set of questions and issues that need to be considered by the reader. The second part ('Practical guide') presents the eight steps of the SAP and recommendations. The third part ('Toolbox') provides related tools to complete the eight steps, as well as detailed appendices. The appendices contain related references, further details about the definitions of sustainability, a follow-up workshop guide, a glossary, and a list of abbreviations and acronyms.

## E

### Why was certain terminology chosen?

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For the guide, we have chosen to use the term 'people with disabilities', with some notable differences, for instance when we refer to the Convention on the Rights of Persons with Disabilities, and to DPOs - disabled people's organisations. A glossary at the end of the guide lists specific terms, and definitions of concepts are also provided throughout the guide.

# Sustainability

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## You

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What does sustainability mean to you?  
Which of the projects you have supported have been sustainable?

Which of the projects you have supported have not been sustainable?

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A system can be defined as progressing towards sustainability when the **quality** of the system remains equal or improves over time. However, the quality of a system remains a subjective value.<sup>9,10</sup> It is therefore key to understand how individuals define system quality and how they prioritise it. Similarly, **space** is an important aspect of sustainability. Space can be perceived by individuals as anything from a small village or district to the whole world. **Time**-scale is another source of debate. Should 100 years be considered the minimum required to assess a trend of sustainability? Or is a period of 20 or fewer years sufficient? It is crucial, then, to define clearly the boundaries, both spatial and temporal, of the system under study.<sup>11,12</sup>

In international development, 'sustainability' is typically recognised as an essential component of the good management of projects.<sup>13,14,15</sup> It is often, however, an over-stated and misunderstood concept.<sup>16,17</sup> This is because, while the diversity of meanings of the concept of sustainability is virtually unavoidable, this diversity can also be necessary and productive.<sup>18</sup> Sustainability, like many other buzzwords in international development, has the function of accommodating both political and scientific paradigms.<sup>19</sup> Sustainability is seen as a disciplinary 'boundary term', at the crossroads between politics and science.<sup>20,21</sup>

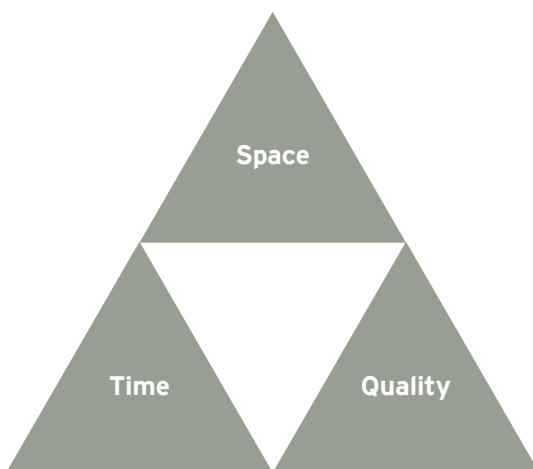
Sustainability has the function of simultaneously building political consensus and allowing several different agendas to co-exist.<sup>22</sup> The term sustainability thus remains contested and ambiguous in order to preserve multiple interpretations that suit every stakeholder, politician, scientist and community member.

## A

### Introduction

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The existence of different belief systems in societies creates a multiplicity of viewpoints on sustainability.<sup>4,5,6</sup> In particular, people have diverging views on three determinants of sustainability: **quality, space and time.**<sup>7</sup>



**Figure 1: Determinants of sustainability<sup>8</sup>**



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# B

## Definitions

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While recognising the role that a boundary term such as sustainability plays in generating support for programmes from a diverse range of stakeholders, its vague definition remains problematic for the evaluator. If sustainability has essentially lost its meaning,<sup>23, 24, 25</sup> how do we know if sustainable development has been achieved or is on the right track?

One solution is to explicitly define a range of the most common operational interpretations of sustainability and evaluate programmes in relation to each of these. At least four common definitions can be identified from the health and evaluation literature:<sup>26, 27</sup>

- I Sustainability as the **continuity of health benefits**
- II Sustainability as **institutional and organisational capacity**
- III Sustainability as **community capacity**
- IV **A multidimensional and systemic approach** to sustainability.<sup>28</sup>

Each definition captures an important perspective of sustainability, but also has characteristic limitations in terms of sustainability evaluation. See **Figure 2** for specific definitions of each thematic group and **Appendix 2** for the advantages and disadvantages of each.

The first three definitions of sustainability in international health provide an incomplete view of sustainability. The traditional way of capturing the notion of *future* in international health has revealed its limits, not only because it mainly reflects donors' perspectives and neglects local actors' points of view, but also because the definitions of sustainability are challenging to translate into operational activities or measurements.

**Actors in international development have only looked at sustainability through the lens of projects and have failed to study sustainability from a local perspective.**<sup>29</sup>

Further, the narrowness of existing sustainability definitions and concepts has not offered enough thinking beyond financial viability and the time-limited approach imposed by projects.<sup>30, 31</sup> Therefore, the planning approach to projects needs to change and a percentage of available resources should be reserved for long-term sustainability activities beyond operational activities.

The fourth group of definitions, a multidimensional and systemic approach to sustainability, is linked to the emergence of health system development approaches in international development.

**This multidimensional systemic approach takes local perspectives and contexts into account and translates sustainability dimensions into measurable indicators.**<sup>32, 33</sup>

A Sustainability Framework<sup>34</sup> presenting this holistic systems approach is described in the following section.

### SUSTAINABILITY DEFINITIONS

#### Continuity of health benefits



Sustainability is defined as the continuation of benefits (such as disease controlled or service level achieved) which are produced during the course of a programme, after an initial investment has been made.

#### Institutional and organisational capacity



The institutionalisation view focuses on sustaining the capacities of implementing organisations (such as the preservation of particular types of skills or jobs) in individuals, parts of the organisation, or the survival of the institution as a whole. Survival is also fundamentally related to local organisations' financial viability.

### DEFINITIONS RELATED TO INSTITUTIONAL & ORGANISATIONAL CAPACITY



#### Institutional survival

Capacity of institutions to survive. I.e. if the operational organisation still exists at the time when the project is evaluated, the project can be considered sustainable.



#### Financial viability

The capacity of local institutions to cover their recurrent costs after initial external investments cease. This can be through attracting new investment or the generation of internal revenues.





**Community capacity**



Related to institutional capacity, sustainability can be defined in relation to community capacity or the extent to which programme activities are adopted or absorbed into the regular activity of community agencies after initial investment is withdrawn.

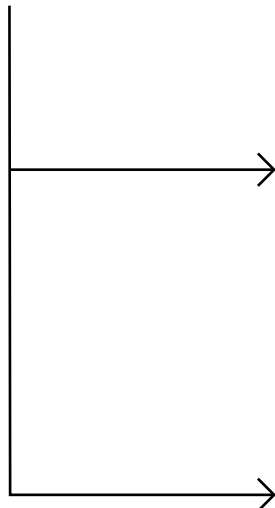
**Multidimensional and systemic approach to sustainability**



A multidimensional systemic approach to understanding sustainability privileges local perspectives and contexts. It translates several dimensions of sustainability into measurable indicators that fit the context of local systems.



**Institutional capacity**  
Capacity of a local organisation to maintain a volume of outputs of acceptable quality over time through the routinisation of processes or capacity to innovate.



**Organisational capacity level**  
Ongoing ability of institutions to improve their capacities, introduce innovations and broadly institutionalise or “routinise” changes.

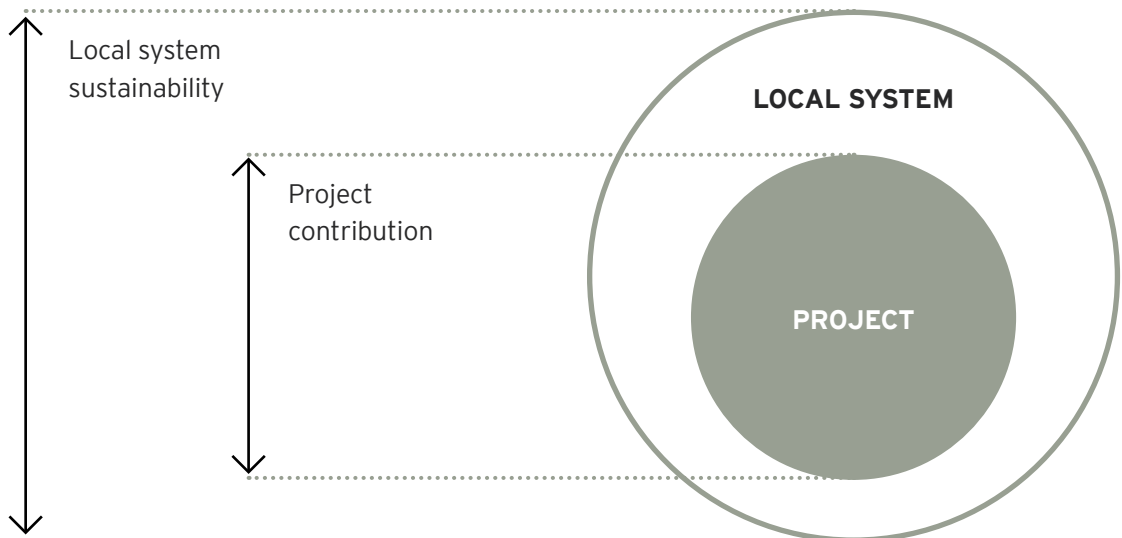
**Activity profile level**  
Set of activities or services delivered by the institution and the resources available within the institution.

# C

## The Sustainability Framework

The **Sustainability Framework (SF)** is a conceptual tool that was developed based on experiences of the NGO community. The SF was elaborated by the Child Survival Technical Group and the SHOUT group for international projects, and was successfully applied in different countries to help managers organise their thinking about and planning of sustainability.<sup>37</sup>

The SF was developed based on a holistic and multidimensional view of sustainability, and has two main specificities. First, the SF focuses on the **system** (e.g. the rehabilitation system or the health system) instead of restricting the focus to programmes or projects - the project being a means to contribute to the sustainability of the system (see Figure 3).



**Figure 3: Project versus local system sustainability**

Second, the SF is based on the assumption that sustainability is a **multidimensional concept that encompasses a wide range of components**. It describes sustainability as progress resulting from interrelated processes and outcomes across six components of sustainability: health outcomes and health service characteristics; local organisational capacity and viability;

and community capacity and the social ecological context (as illustrated in Figure 4). It also incorporates many of the beneficial aspects of earlier definitions of sustainability in the sector.



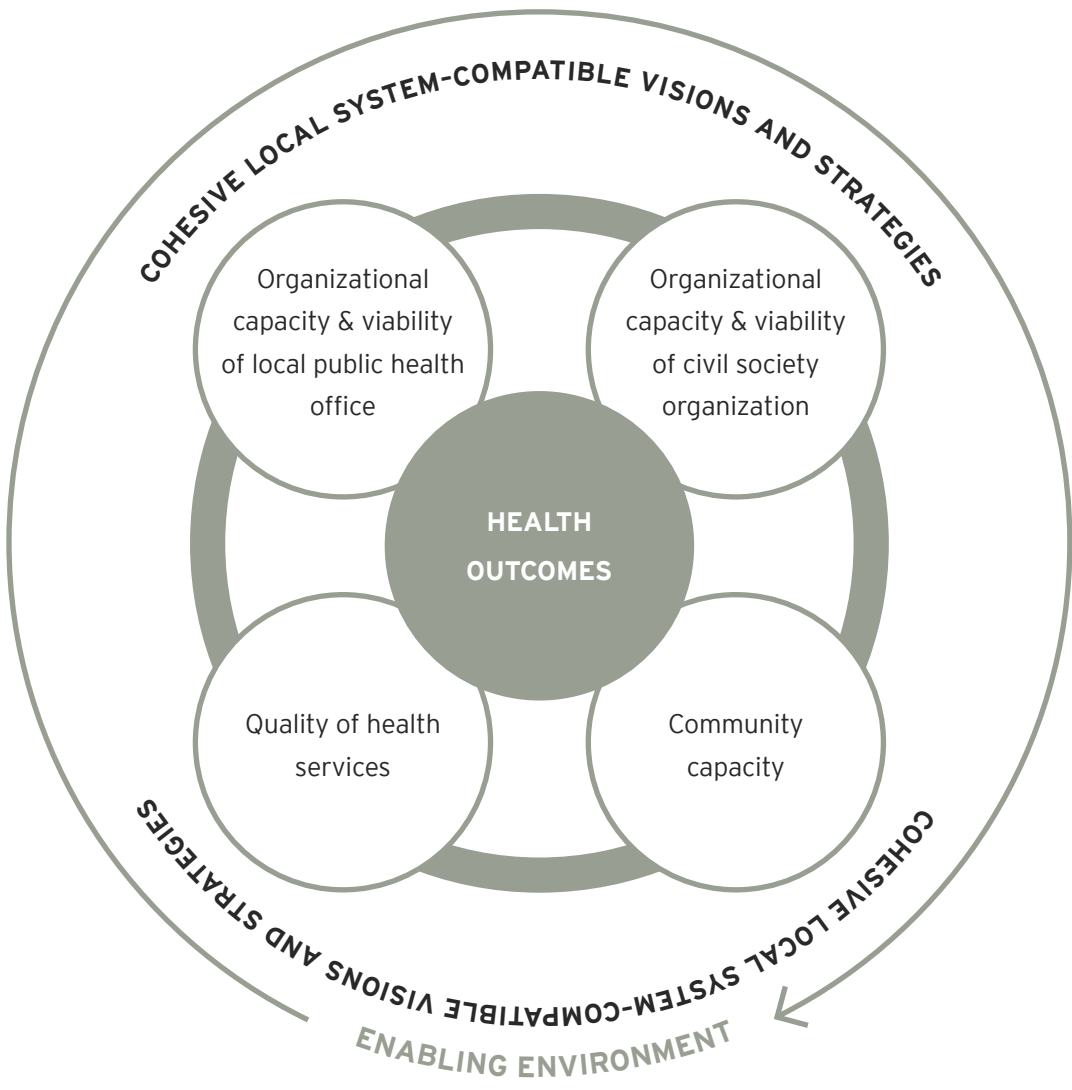


Figure 4: The Sustainability Framework <sup>38</sup>

This conceptual framework is useful for identifying the various elements of the system that need to be considered when defining sustainability.

Additionally, the six components provide a framework to ensure that sustainability indicators are selected in every dimension.

Table 1

### The six components of the Sustainability Framework<sup>39</sup>

Component	Focus on	What is it?
<b>C1 Health outcomes</b>	Population of the local health system	Measure of the health, rehabilitation and social outcomes achieved
<b>C2 Service delivery</b>	Providers of health, rehabilitation and social services	Access and quality of services which includes the following: Inputs (e.g. trained workers, supplies, drugs, materials); Processes (e.g. worker performance, supervision); Outputs (numbers of clients seen, etc.)
<b>C3 Ministry organisational capacity and viability</b>	The national or provincial authority responsible for the stewardship of services	Includes: administration, planning, budget management, guidelines/norms, training, supervision, data for decision-making, financial resources, coordination with key actors (civil society, donors, technical agencies)
<b>C4 Local NGO or provider organisational capacity and viability</b>	The organisation responsible for institutional support for the activities in the community necessary to demand services or for facilities delivering facilities	Includes: governance and legal structure, human resources (HR) and HR management, management systems and practices, financial management, technical capacity, monitoring and evaluation/organizational learning, organizational leadership, equity and empowerment, organizational performance, resource mobilisation, networking and external relations, institutionalisation of key competencies
<b>C5 Community capacity</b>	Main community actors engaged (DPOs, CBOs, village health committees, village development committees, volunteer groups etc.)	Includes: community organisations for disability, participation/mobilisation, key attitudes (fatalism, resilience, openness to change), awareness/knowledge, programmatic involvement, linkages, and resource mobilisation
<b>C6 Enabling environment</b>	All contextual factors that may have an impact on the local system	Includes: health, social and disability policy, governance and political and economic context, human development, and natural environment

## D

### Key points

- **Multiple views of sustainability exist in international development and most of the definitions derive from the international donor's perspective.**
- **The Sustainability Framework provides a new avenue for encompassing local perspectives and contexts.**

### You

What factors have positively influenced the sustainability of your projects?  
What factors have negatively influenced the sustainability of your projects?  
Who are the key actors involved in your sector?

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## A

### Context

The specific contexts that influence both positive and negative sustainability outcomes can provide valuable information. When analysing contextual influences on the sustainability of a sector, the national context, internal organisation and external organisation must be understood.

- **National context:** The general country situation where the projects and programmes are being implemented
- **Internal organisation:** The organisational structure and culture of the Ministries, implementing NGOs and other organisations
- **External organisation:** The users and population.

In-depth case studies can help identify the key contextual factors affecting sustainability at the various levels of the system (national, regional and local).



### Case study: Somaliland

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Civil war ravaged Somalia for over 19 years, lasting well into the 1990s. The war destroyed much of Somalia's economic, political and social structures. Conflict continues in the southern areas of the country causing suffering, famine and displacement of its population. In 1991, the north-west region declared itself the Independent Republic of Somaliland, established a government in the capital Hargeisa, and began its struggle to rebuild an infrastructure. The country has not been recognised by the United Nations (UN). As a result, the country cannot sign or ratify international conventions such as the United Nations Convention on the Rights of Persons with Disabilities.

Somaliland is one of the poorest countries/territories in the world, ranking high on the UN hunger index, and is the third most heavily land-mined country. The health system in Somaliland suffers from an uneven distribution of resources between Hargeisa and the provinces, and low capacities of facilities to deliver quality primary health care services. Somaliland is also exceedingly poor in terms of policy and government commitment to disability and rehabilitation. In 2011, the Ministry of Health, which is in charge of the management of physical rehabilitation services in the country, had not invested any money in the sector. Today, the rehabilitation sector is fully managed by two non-profit organisations, the Red Crescent Society and the Disability Action Network. These use their own network of partners and providers to deliver services. The two rehabilitation centres located in Hargeisa are respectively financially supported by the Red Cross Movement and Handicap International.

Source: Blanchet, K et al. (2012)

“Sustainability of the physical rehabilitation sector in post-conflict settings: an interplay of public policy and social networks”.  
*Disability and Rehabilitation* (under review).

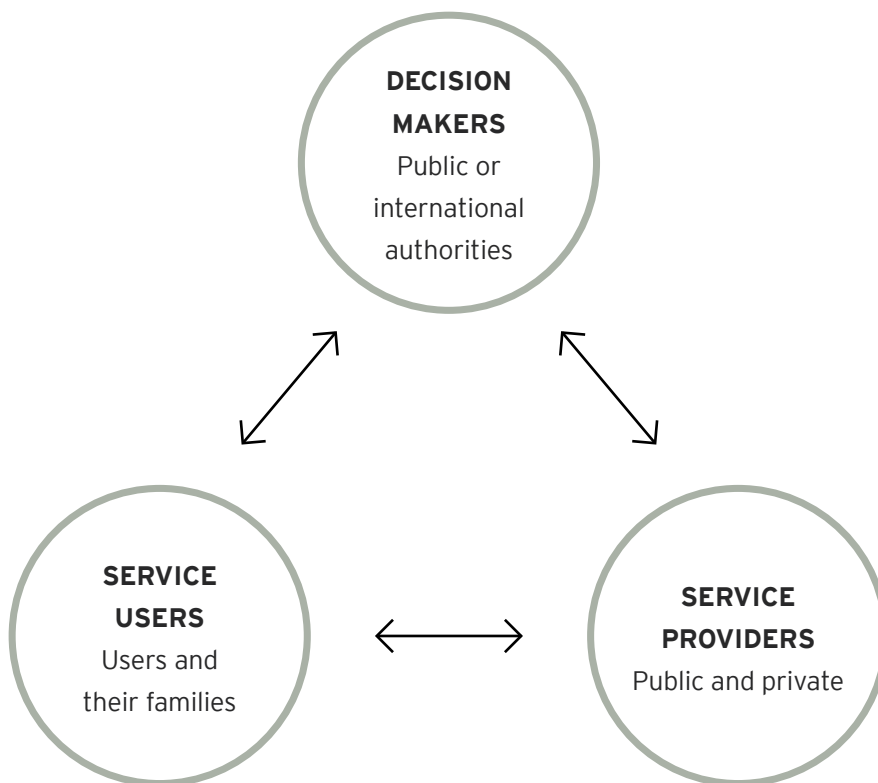
# B

## Actors

Understanding the various roles and responsibilities of key actors involved in the sustainability of a sector is essential. Actors at every level should be identified and their interconnections should be analysed. Numerous actors play an important role in the sustainability of a sector:

- national authorities (e.g. Ministry of Health and/or Social Affairs)

- regional authorities
- service providers
- users and family members
- DPOs and self-help groups
- professional associations
- international donor organisations involved in the sector
- international non-governmental organisations involved in the sector.



**Figure 5: Key actors in a sector**<sup>40</sup>

Figure 5 shows the three key groups of actors in a sector - the decision-makers, the service providers and the service users. The management and sustainability of a sector depends on the interactions and coherence between these three categories

of actors, and requires their early involvement. The same three groups of actors are needed for ensuring 'access to services,'<sup>41</sup> which implies that long-term sustainability should be considered and included from the beginning of any initiative.

# C

## Illustrating the relationships between actors

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A **social network analysis** can be used to further understand the context and the role of various actors in a given sector by visually mapping the relationships. Social network analysis is a distinctive set of methods used for mapping, measuring and analysing the social relationships between people, groups and organisations.<sup>42, 43, 44, 45</sup> The social network analysis methodology comprises three main stages:

1. Describing the set of actors and members of the network
2. Characterising the relationships between actors
3. Analysing the structure of the systems.

Social network analysis is beneficial when analysing the sustainability of a sector, as it provides a visual representation of the actors in the sector. This also enables actors to identify their position in the sector. Social network analysis was conducted by the researchers during the sustainability study. The two key findings were that:

- the higher the number of actors intervening in a sector, the more likely the sector will be coordinated as a system
- the existence of a dense network of diverse actors working in coherence with each other has the potential to influence the government to improve public policies and budgets.

The figures below highlight the rehabilitation sector actors in three post-conflict states. In Somaliland, a small number of organisations constitute the sector. The sector is not dense and highly centralised. In Sierra Leone, the density of network is slightly higher than in Somaliland but the distance between actors located at the centre and at the periphery of the network is greater. The Nepal network is characterised by a high number of actors, a low level of centralisation, and a short distance between actors.

Further social network analysis references can be found in Appendix 1.



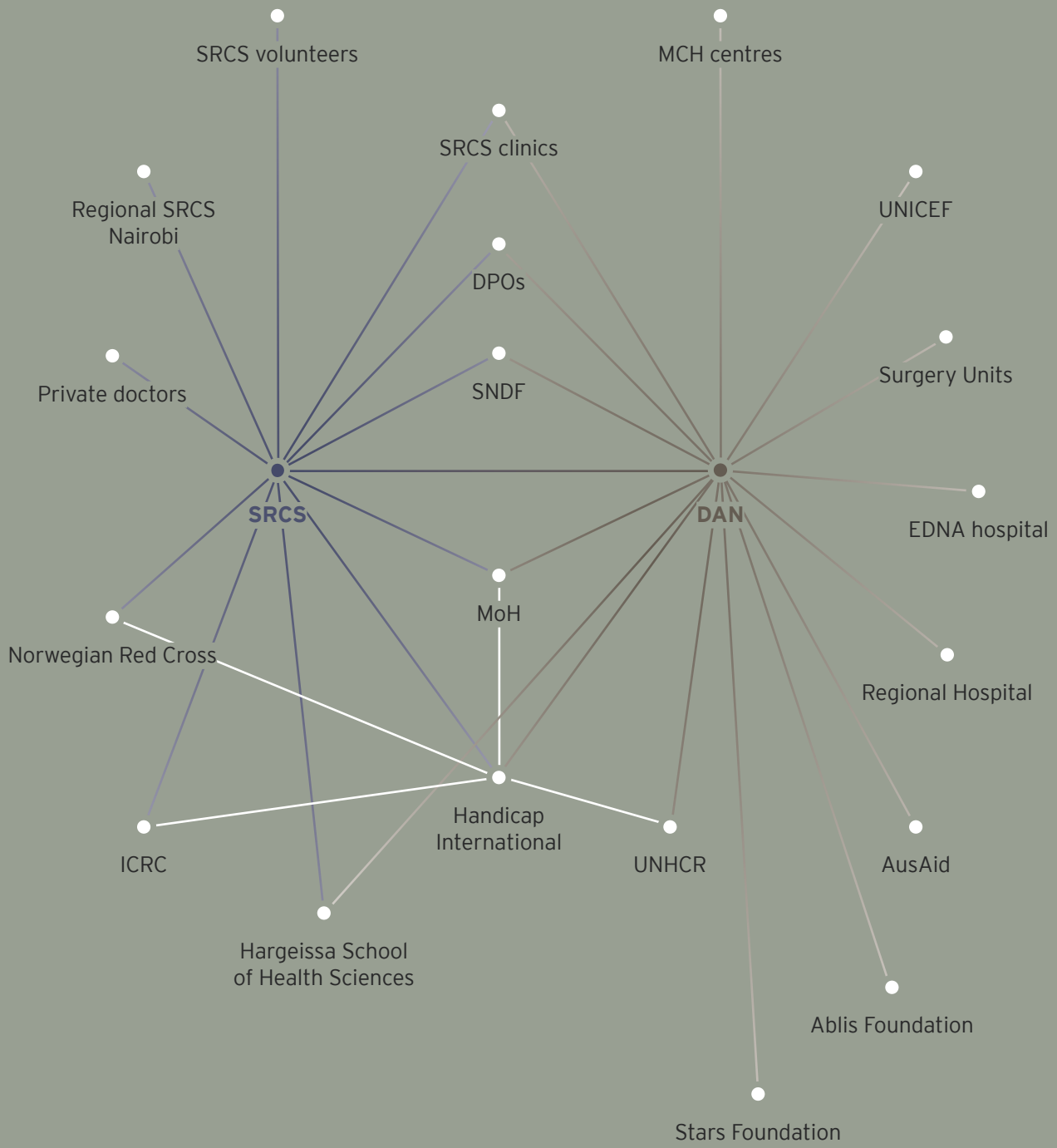


Figure 6: Social network analysis of Somaliland rehabilitation sector <sup>46</sup>

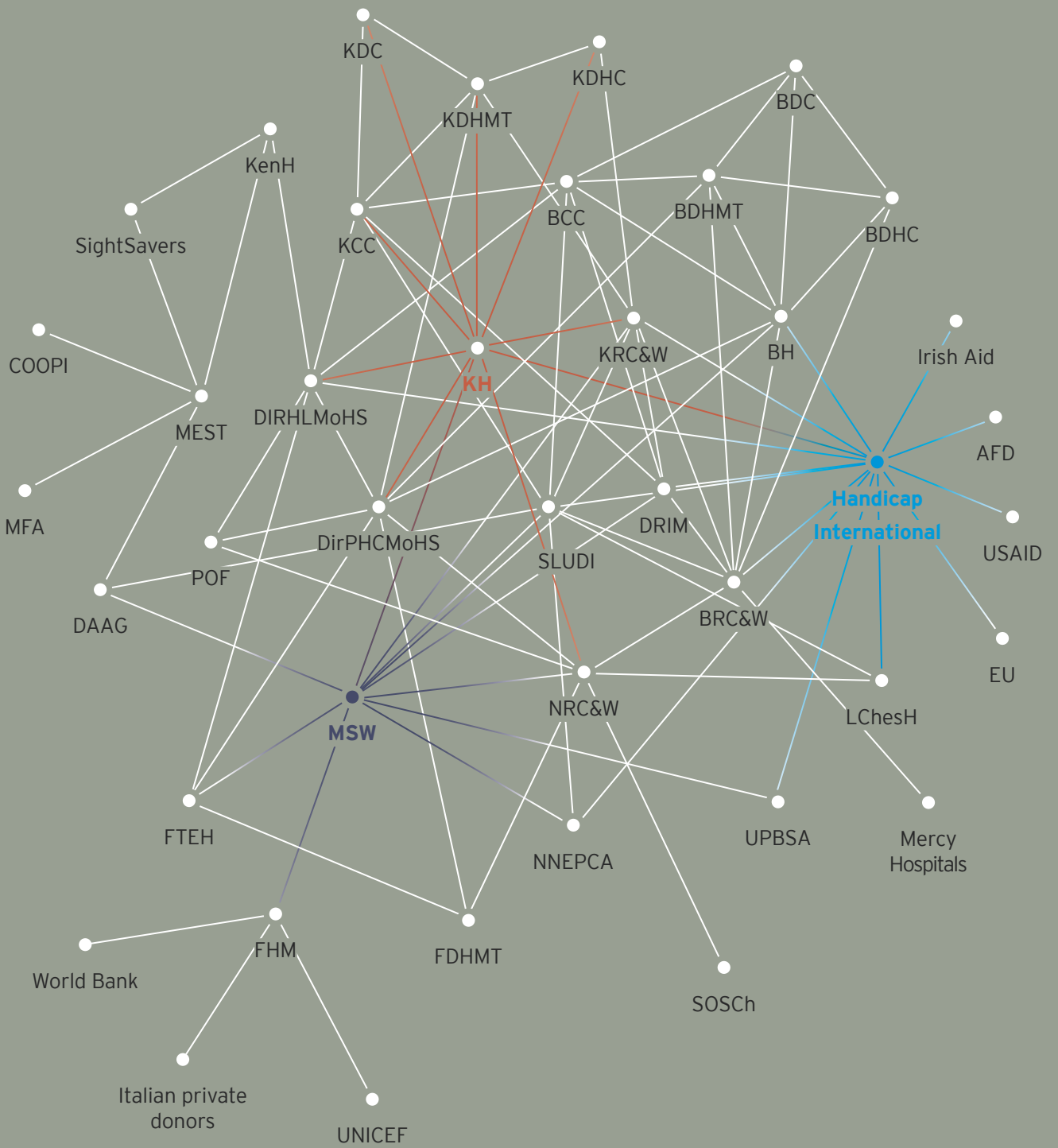


Figure 7: Social network analysis of Sierra Leone rehabilitation sector<sup>47</sup>



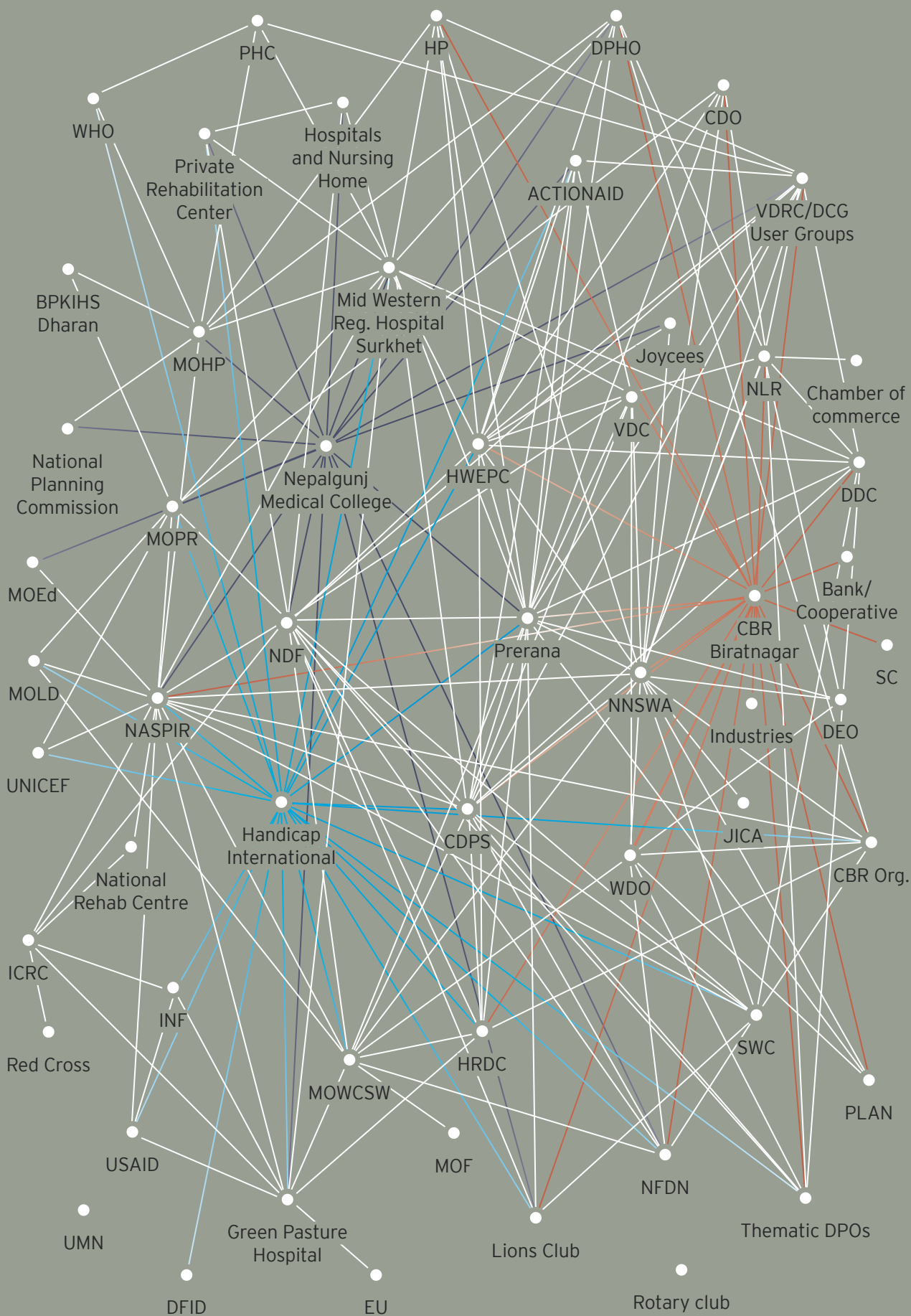


Figure 8: Social network analysis of Nepal rehabilitation sector <sup>48</sup>

# D

## Key points

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- Sustainability is closely linked to the context and the relationships of the actors within the sector.
- The sustainability of a sector depends on the degree of coherence that exists between the multiple actors.
- Even in sectors with system-wide inter-relations, sustainability may be undermined by dysfunctional relationships that need to be analysed.
- The available resources should be coordinated by a central national committee, based on a national long-term sector plan, in order to ensure efficiency and avoid duplication.

# Monitoring and evaluation

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## You

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How do you measure the sustainability of your projects?  
Does this help you to understand your role better?  
What indicators do you currently use?  
Can you explain why activities stopped or continued?

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## A

## Defining monitoring and evaluation

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Monitoring and evaluation (M&E) is defined as the collective use of research methods to assess the implementation of programmes. In general, the overall purpose of M&E is to: measure programme indicators in areas such as effectiveness, efficiency, relevance or sustainability; identify problem areas; gather lessons learned; and improve the overall management of the programme. In this guide, M&E exclusively refers to the collection and analysis of data regarding the sustainability of health and rehabilitation systems.

M&E plays an important role in the day-to-day management of health and rehabilitation programmes. It provides programme managers with the information and insight needed for strategic planning and programme implementation.

A good sustainability M&E system serves several functions:

- The M&E system guides data collection and analysis to increase consistency and enable managers to track trends over time.
- A good M&E system should be a catalyst for harmonisation and coordination.
- Sustainability indicators can be an appropriate solution to build a bridge between scientists, policy-makers and communities.<sup>49, 50</sup>

# B

## Selecting sustainability indicators

---

A sustainability indicator is a specific measure of system performance that is tracked over time by the monitoring system.<sup>51</sup> Sustainability indicators should reflect the stated goals of the system, allowing managers to track distinct progress towards benchmarks. Sustainability indicators should measure the dimensions of quantity, quality, and cost. Indicators covering **quantity** are usually fairly easy to develop and include elements of programme performance, such as logistics and supplies, number of staff and activities, or coverage. Likewise, **cost** elements are relatively easy to incorporate into an M&E system through existing budget and allocation processes. The qualitative aspects of systems and programmes are harder to measure but should be incorporated nonetheless. Indicators of **quality** cover system elements, such as competency of providers, adherence to standards, and quality of care issues. A thorough M&E plan will incorporate all of these elements into its selection of indicators.

### 1. How to select sustainability indicators?

Sustainability indicators should be unambiguous, consistent, specific, sensitive and easy to collect.<sup>52</sup> According to the **SMART** guide,<sup>53</sup> indicators should be:

- **Specific** (they should reflect the elements the project intends to change)
- **Measurable** (they should be measured and analysed in an unambiguous manner)
- **Achievable** (they should be coherent with the project's resources and capacities)
- **Relevant** (they should be easy to collect)
- **Time bound** (they should be limited by a completion date).

The type of data collected should be available now and in the future, encompass all issues, and measure change.

The presentation of data should be easy to understand and appropriate for making decisions, and communities should be involved in the selection of indicators.<sup>54</sup>



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# C

## Using monitoring and evaluation results

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### 2. The role of participation in the process of selecting sustainability indicators

Engaging stakeholders in the definition of sustainability and the selection of sustainability indicators encompasses a diversity of views and features. Community participation has been seen as a cornerstone of development projects in developing countries.<sup>55, 56, 57</sup> Today, the issue of public involvement in community projects is not about the value of participatory processes, but its feasibility. The issue is to find a way of accommodating multiple perspectives of sustainability.

Involving communities raises practical problems. The first issue is the imbalance of power between different groups of stakeholders. Some topics can be neglected on the agenda because people who promote them do not receive enough consideration.<sup>58</sup> Power relations can nevertheless evolve over time because sustainability does not represent the end point of a process; rather, it represents the process itself.<sup>59</sup>

A second issue is the involvement of various individuals who all have different levels of understanding of the concepts, the sector, the system, the challenges of the project and of M&E generally.

Involving stakeholders and identifying the multiple perspectives are the first two steps in the process of selecting sustainability indicators. Building consensus on the choice of sustainability indicators is another essential part of any policy-making process.

### 1. Data quality

An M&E system is only as good as the data that are collected. Many current efforts at data collection, particularly those conducted routinely, result in poor-quality data because of a lack of proper training and supervision. If the individuals recording the data are not using the data and do not fully appreciate the data needs relating to sustainability management beyond the project level, then the quality will most likely be poor. This in turn leads to declining use.

One of the key functions of an M&E system is to oversee all data collection and ensure that data are appropriately used and the results are disseminated throughout the system, but especially to the collection level. When health workers understand the importance of the data they are collecting, quality is likely to improve.

### 2. Use of data

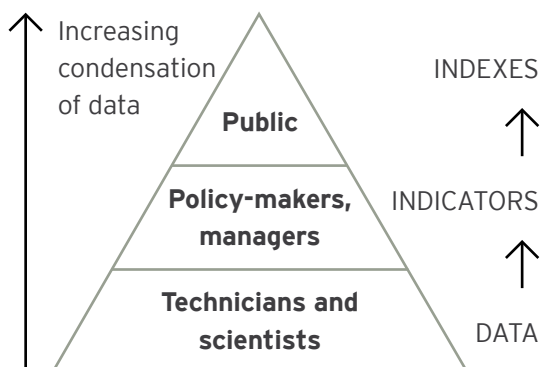
The ultimate purpose of collecting data sets is for their use in policy formulation, programme planning, and M&E. M&E results should be analysed and disseminated to others, in a format that is both understandable and usable. There are three critical questions that should be answered when considering data analysis, use, and dissemination:

1. Who are the potential audiences or users of the results?
2. Which particular finding will be of most interest to each potential audience or user?
3. What are the best media channels to reach each potential audience or user?

# D

## Key points

Sustainability indicators are tools used for planning purposes but also for communicating about a situation. Sustainability indicators become useful if a wide range of actors can understand and analyse them. A way of presenting sustainability indicators is to draw graphs. The level of detail required varies depending on the audience, as illustrated by the following figure.



**Figure 9: The pyramid of indicators set**<sup>60</sup>

For example, the public does not need detailed and scientifically-presented information. Instead, indexes aggregating several indicators may be more adapted to this target group. On the other hand, scientists may want to have access to raw data to be able to evaluate the methodology used and the quality of data.

- Effective sustainability M&E is essential in the context of international development to measure progress towards sustainability.
- Sustainability indicators should:
  - include both qualitative and quantitative measurements
  - be determined through a participatory sector-wide process
  - be integrated into programme planning and policy formation.
- It is recommended that sustainability M&E be conducted annually or bi-annually.

# Summary: The sustainability analysis process

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## You

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Do your sustainability indicators account for multi-stakeholder views?

Do your sustainability indicators account for the context?

.....

.....

.....

.....

.....

## A

### Overview

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The **Sustainability Analysis Process (SAP)** was inspired by the step-by-step method developed in business to help managers identify the cause-effect relationships related to performance and make strategic decisions: The 'Process Analysis Method'.<sup>61, 62</sup> The SAP methodology combines the conceptual framework of the **Sustainability Framework**, and the step-by-step process of the **Process Analysis Method**.

In 2009, the first author of this guide adapted this method to the health sector from a business model. It was tested between 2010 and 2011 during the Handicap International-LSHTM sustainability study. This method **combines multi-stakeholder perspectives through a participatory approach**.

The next section outlines the eight SAP steps for defining sustainability, selecting sustainability indicators and measuring these indicators in international development in low-income countries.

## B

### Key points of first section

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This first section of the guide has provided an overview of the key points for the analysis of sustainability. In particular it has looked at:

- the multiple definitions of sustainability and the six components of the multi-dimensional Sustainability Framework
- the importance of understanding the context and key actors influencing sustainability in a sector
- the role of sustainability monitoring and evaluation and the benefits of a participatory approach for the selection of sustainability indicators
- the way in which SAP combines multi-stakeholder perspectives through a participatory approach to measure sustainability of a sector.

Indicator (2)	Sustainability Standard	2011 Status	2012 Status	Source of information
1. Number of physiotherapists working in Rehab centre	25 (1)	28	<del>40</del> 27	28 - government rehab centres, 27 - national hospitals, national services, videos.
2. Number of CAT I PSC	6	3	(9)	
3. Number of CAT II PSC working in Rehab/Rehabilitation Centre		18	22	Rehab Centres and community
4. Number of PT working in Rehabilitation Centre		27		
5. Number of counsellors working in Rehabilitation centres	100 (9)	21 (9)	11	
6. Number of medical officers working in Rehabilitation centres	100	19	27	No // Rehab/Hospital Head counts

Indicator	Sustainability Standard	2011 Status	2012 Status	Source of indicators
Number of CAT I PSC who need to be trained by 2015	8	20	0	Rehab Hercul Landy
Number of CAT II PSC who need to be trained by 2015	71	11	15	
Number of OT who need to be trained by 2015	108	7	10	

Nepal, 2012



# Practical guide

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# Introduction

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## A

### Background

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The Sustainability Analysis Process (SAP) is an innovative methodology, elaborated by the first author of this guide, for the selection and measurement of sustainability indicators in international development in low-income countries. It promotes multi-stakeholder perspectives and builds consensus amongst stakeholders in terms of system boundaries and vision of sustainability.

## B

### Aims

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The SAP has three aims:

1. To combine a scientific approach with a participatory approach through public and professional engagement
2. To reach consensus on a common vision of sustainability among the key actors of a sector
3. To select and measure practical sustainability indicators focusing on six components.

## C

### The eight steps

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The SAP has eight major steps:

1. Overview of the context
2. System boundaries
3. Vision of sustainability
4. Selection of sustainability indicators
5. Measurement of sustainability indicators
6. Reference system for sustainability
7. Illustrating the indicators
8. Analysis of sustainability levels.

Complete details of the eight steps are provided in the next section of this practical guide along with an accompanying toolbox in the third part of this document. The SAP tools assist in the collection of important data and facilitate the analysis of sustainability.



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# D

## Country workshops

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To complete the SAP it is recommended that a series of participatory workshops is organised. An initial country workshop will outline the various actors involved in the sector, develop a shared vision of sustainability for the future, and translate this vision into measurable sustainability indicators. Following the initial workshop, the SAP process should be repeated every 12-24 months to capture the dynamics of the health system and measure progress in the various components of sustainability. Through subsequent workshops, indicators can be revised and new indicators selected.

The workshop typically requires 2-3 full days. Participants in the workshop should be key actors involved in the specific sector being analysed. For example, in the rehabilitation sector, participants would be officers of the Ministry of Health and/or Social Affairs, the regional health authorities, selected rehabilitation staff (physiotherapists and orthopaedic technicians), rehabilitation centre managers, representatives of DPOs, and representatives of international donors and non-governmental organisations involved in the sector. The number of participants will vary but ideally should be between 25 and 35. Presentations and discussions should be conducted in the local language and dialects. Interpreters and sign language interpreters should be recruited for the duration of the process.

**'The Sustainability Framework: Facilitator's Guide'** accompanies this practical guide for the facilitation of a three-day workshop. It is accessible in Word format on the Sustaining Ability website.<sup>63</sup> The facilitator's guide details how to lead specific participatory activities for each of the eight steps.

For the purposes of this practical guide, examples will be provided from a workshop held in Somaliland, which was one of the five country workshops that analysed the rehabilitation sector. However, the SAP methodology is not specific to the rehabilitation sector and can be applied to other sub-sectors of the health system.



### Key tips to ensure a successful SAP workshop

- Make sure that all participants involved share a common vocabulary and definition of concepts. This refers both to concepts around 'rehabilitation', which is especially important when authorities and service users are involved, and concepts related to M&E.
- Provide information to participants before the workshop sessions so they come prepared with related data and information.
- Throughout the workshop, encourage participants to think about how they can use the indicators and action points in both the future coordination of the sector and in their individual strategies.
- Upon completion of the workshop it is beneficial if a focal person or organisation/ authority volunteers to coordinate the next steps.

# The eight Sustainability Analysis Process steps

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## A

### Step I: Overview of the context

---

This opening step is designed to foster a common understanding of the context, the sector being studied, and the actors involved in the sector. First, an in-depth review of available evidence about the context needs to be conducted.

Typical questions include:

- How is the sector organised?
- Who are the main actors and what are their roles?
- What is the history of the sector and the programmes?
- What are the main achievements of the programmes?

Evidence is presented by workshop participants through oral presentations and the description of reports and data. This information is documented in writing by the facilitator and distributed to participants to be used during subsequent steps of the workshop.

#### 1. Context

This analysis covers specific contextual elements on different levels.

##### a. Geopolitical context

Analysis of the geopolitical context of the sector is a good starting point for all planning exercises. This process allows participants to:

- determine the type of national context: emergency, chronic crisis, reconstruction or development
- determine the origin, history and duration of the sector
- determine the services that already exist in the short, medium and long term related to the rehabilitation sector
- determine the type of services that are needed in the short, medium and long term related to the rehabilitation sector
- determine the financial and human resources available in the sector.

Data to collect

➔ [See Toolbox A.1.a](#)

##### b. Official policies

Official policies could include:

- the signature/ratification of the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol
- key strategies and action plans in the disability and/or health sector (both the quality of these documents and their coherence with international reference documents)
- specific laws relating to the rehabilitation sector or the protection of the rights of



- 
- people with disabilities (both the quality of these documents and their coherence with international reference documents)
- strategies and/or local action plans for people with disabilities
  - existence of an allocated budget for implementing rehabilitation plans or laws.

Data to collect

↪ See **Toolbox A.1.b**

### c. Administrative context and general organisation of the system

The administration and general organisation of the sector could include:

- the agencies that manage or regulate service provision (e.g. local or government agencies, control officers, ministerial departments, accreditation office, etc.)
- the regulatory mechanisms for different categories of services
- the different types of financing mechanisms (taxation, third-party payment, single-payer payment)
- the degree of decentralisation of the sector and the organisation of decision making within the sector in general
- the overall coordination of services.

This analysis allows participants to determine if the rehabilitation sector is adequately regulated at local and national level, and to identify officers/partners related to the sustainability of interventions and investments.

Data to collect

↪ See **Toolbox A.1.c**

### d. The current state of the sector

Information about the current state of the sector could include:

- a mapping of existing actors
- the prevalence and characteristics of mainstream and specific organisations and services
- the situation of support services (typology, geographic distribution, coverage of rural and isolated areas etc.).

This analysis allows participants to gain a deeper understanding of the current state of the rehabilitation sector.

Data to collect

↪ See **Toolbox A.1.d**

## 2. Actors

Analysis of the actors focuses on the characteristics and capacities of each type of key actor in the sector. Actors at every level should be identified and their contributions should be mapped.

### a. Identification of actors

An **actor** can be an individual, a group of people or an organisation (public or private) affected by the sector or who influence how the sector performs.<sup>64</sup>

Actors in the rehabilitation sector can include:<sup>65</sup>

- users (people with disabilities and their families or representatives)
- service providers (public or private)
- authorities or decision-makers (or agencies replacing public authorities in certain cases, in their role as regulators of the sector)

- other organisations (international and national) with significant roles in the sector
- donors.

Data to collect

↪ See **Toolbox A.2.a**

### b. Mapping actors' contributions

It is important not only to understand which actors are involved in the sector, but also to further analyse their influence in the sector. A matrix can be used to map actors according to their interest in a vision for a national rehabilitation programme, for example, and their power/influence.

Data to collect

↪ See **Toolbox A.2.b**

Note: The social network analysis is another illustrative example of the actors involved in a health system. Figures 6, 7 and 8 provide examples of social network analysis, and additional references can be found in Appendix 1.

## B

### Step II: System boundaries

---

The second step defines the **local system** and the **boundary of the local system**, which is governed by two factors: the spatial and temporal scales (see definitions below).<sup>66, 67</sup> The system boundaries are very important for defining sustainability indicators because they determine the elements of information that should be included and excluded from the analysis.



#### **Local system definition<sup>68</sup>:**

**A network of people and institutions whose coordinated actions will bring about sustainable positive health outcomes in a population.**

'Local system' refers to the local stakeholders and communities brought together to map out their vision and goals for sustained health improvement in the community. This local system also defines the level at which evaluation can take place in a meaningful way. Examples of stakeholders in the local system include: village representatives, women's associations, local authorities, rural development associations, health district and health posts, local socially active NGOs, and private sector partners.

An important question for project planners and stakeholders to ask is, "How broad is the 'local system'?" Consider answering this question in terms of three aspects: (1) it is the level of bodies/stakeholders that can be feasibly brought together; (2) it is the level at which assessment can be conducted (villages surveyed, facilities assessed, institutions willing to examine their cooperation and functioning); and

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(3) it is the level at which decisions can be made in response to the sustainability assessment (for example, the national government is usually not involved though its decisions might be very important for components of the SF, in particular for component 6).

A local system has boundaries: some people and groups are included; groups that are too remote might have to be excluded; and some groups exclude themselves.

Finally, a local system can evolve: groups once excluded can be included as they see the benefit of the project's efforts. Ultimately, a stronger and more cohesive local system can help sustain increasingly improving health outcomes.

A local system is defined as "a network of people and institutions whose coordinated actions will bring about sustainable positive health outcomes in a population".<sup>69</sup> The system could be a community, a health centre, a rehabilitation centre, a hospital, a district, a region or the whole country. During this step, participants will agree to focus their work on the local system, however it has been defined.

## 1. Spatial scale

The first part of this step consists of defining where the system physically starts and stops, what Bell and Morse called the **spatial scale**.<sup>70,71</sup> The workshop participants should determine the spatial scale of the system being studied, by determining the actors involved and their geographical location.

Data to collect

↪ **See Toolbox B.1**

## 2. Temporal scale

The **temporal scale** also needs to be defined by the participants.<sup>72</sup> The temporal scale corresponds to the time span envisaged by the actors (i.e. the time period in which the participants want to measure sustainability). The time span depends on the performance of the system and the mental projection made by actors. Participants should consider the context of their country and how quickly or slowly things change.

How much time is needed for the rehabilitation sector to be sustainable?

- four years?
- a decade?
- twenty years?

Data to collect

↪ **See Toolbox B.2**

# C

## Step III: Vision of sustainability

---

Developing a common vision of sustainability amongst participants is paramount to the SAP. It is especially important for participants to express divergent opinions while moving toward consensus. There are two parts to this step; participants will first define their vision of non-sustainability, and then translate these definitions into their vision of sustainability for each of the six components of the SF.

Each component of the SF is detailed below. Additionally, participants can review **Figure 4** and **Table 1**.



### The six sustainability components<sup>73</sup>

#### **Component 1, Health and Rehabilitation**

**Outcomes,** refers to any indicator that describes the level of functioning of people or their health status. Truly measuring the health and rehabilitation status of the population would require complex and time-consuming prevalence surveys. This is not feasible for most projects, so most programmes instead aim to measure simpler service provision outputs that are known to be associated with a high impact on health and rehabilitation outcomes. An example of a useful indicator of rehabilitation outcomes might be the percentage of the population who benefited from rehabilitation services, and the percentage of rehabilitation needs covered by services.

#### **Component 2, Rehabilitation Service**

**Delivery,** refers to how well local rehabilitation providers - both facility and community-based - deliver services and products to the beneficiary population (e.g., how effectively are assistive devices provided?). This service delivery contributes

directly or indirectly to the rehabilitation outcomes measured in Component 1.

#### **Component 3, Ministry of Health**

##### **Organisational Capacity and Viability,**

refers to the *capacity* and *viability* of the organisation that will supply the institutional support necessary for successful health service delivery. *Capacity* refers to how well an organisation performs and administers a range of day-to-day functions that are necessary to perform its mission. *Viability* refers to an organisation's ability to succeed or grow under favourable conditions. It includes the ability of an organisation to secure the financial and other inputs necessary to achieve project goals. Some aspects of Ministry of Health rehabilitation sector organisational capacity and viability which may be useful to discuss include: level of funding, organisational strategy, policies defining the management of facilities, and supervision and monitoring of staff.

#### **Component 4, Local DPO or Service**

##### **Provider Capacity and Viability,**

refers to the *capacity* and *viability* of the organisations that will supply the institutional support necessary for activities in the community (and sometimes in the centres) to succeed. These include activities which create demand (or supply) for services, and activities which seek to change community and household-level behaviours related to relevant rehabilitation outcomes. Capacity and viability are defined as in Component 3. Some aspects of local DPO capacity and viability which may be useful to discuss include: their governance and legal structure, financial management, technical competence for rehabilitation programming, and networking ability with rehabilitation sector partners.



### Component 5, Community Capacity,

refers to how well a relatively wide range of actors - from individuals and households, to social networks and the community as a whole - assume direct or supportive roles in achieving and sustaining positive rehabilitation outcomes. Some aspects of community capacity which may be useful to discuss include: the level and types of organisation, participation, and financial management.

### Component 6, Enabling Environment,

refers to the essential social-structural contextual variables that can either support or weaken health and rehabilitation outcomes. Some aspects of the enabling environment which may be useful to discuss include: health, rehabilitation and social policies, government commitment to disability programming, human development factors, status of gender empowerment, natural environmental factors, political stability and insecurity. Clearly, more can be achieved in a more favourable environment. If we are going to be accountable for progress towards sustainability, we should be clear about the context in which the local system operates.

#### 1. Vision of non-sustainability

During this step, participants first need to **describe their vision of a non-sustainable system** for every component of the SF. The vision of non-sustainability for every component should be discussed in small groups. Consensus needs to be reached through discussions and debates.

Data to collect

➔ See **Toolbox C.1**

For example, a question for component 2 of the SF is, "How would you describe a service delivery system that is not sustainable?". Table 2 features responses from the sustainability workshop organised in Somaliland in 2011 during which participants defined what a non-sustainable rehabilitation delivery system is for them.

**Table 2**

#### **A vision of non-sustainability of rehabilitation services in Somaliland January 2011<sup>74</sup>**

<b>The rehabilitation service delivery is not sustainable when...</b>	
<b>Service provision</b>	Coverage of rehabilitation services does not reach every level of the system - rural areas, urban, districts, villages
	The orthopaedic technicians do not produce 6-8 devices minimum per month or the physiotherapists do not consult 10-15 patients per day
	Delivery time is longer than standard delivery time
	Technical quality does not respect national quality standards
	The orthopaedic devices cause pain to the user
	The rehabilitation centre does not have the minimum standard equipment and infrastructures to deliver services
	A rehabilitation centre does not have a minimum of one physiotherapist and one orthopaedic technician
	There are less than 2 physiotherapist assistants and 2 orthopaedic technician assistants in each region of the country

### 2. Vision of sustainability

This **vision of non-sustainability is then translated into a vision of sustainability by rephrasing the negative sentences into positive statements.**

For example, “a rehabilitation delivery system is not sustainable when the delivery time of orthopaedic devices is longer than standard delivery time” is transformed into “a system is sustainable when delivery time respects standard delivery time”.

Data to collect

➔ **See Toolbox C.2**

Table 3 features further responses from the Somaliland sustainability workshop; this time participants have defined what a sustainable rehabilitation delivery system is for them, illustrating component 2 of the SF.

**Table 3**

### **A vision of sustainability of rehabilitation services in Somaliland January 2011<sup>75</sup>**

<b>The rehabilitation service delivery is sustainable when...</b>	
	Coverage of rehabilitation services reaches every level of the system - rural areas, urban, districts, villages
	The orthopaedic technicians produce 6-8 devices minimum per month and the physiotherapists consult 10-15 patients per day
	Delivery time respects standard delivery time
<b>Service provision</b>	Technical quality respects national quality standards
	The orthopaedic devices do not cause pain to the user
	The rehabilitation centre has the minimum standard equipment and infrastructures to deliver services
	A rehabilitation centre has a minimum of one physiotherapist and one orthopaedic technician
	Less there are 2 or more physiotherapist assistants and 2 orthopaedic technician assistants in each region of the country

# D

## Step IV: Selection of sustainability indicators

The SAP aims to generate a set of sustainability indicators which are objective, comprehensive and relevant to local actors (including national or regional health authorities or health programme managers).

In this step, given the previously agreed system boundary and their consensus vision of sustainability, participants identify indicators that allow them to measure the level of achievement in the various components of sustainability. This process of participants identifying appropriate indicators is repeated for every statement of their vision of sustainability, in every component of sustainability. Participants should refer to their completed form in Toolbox C.2 to complete this exercise.

For example, Table 4 highlights the sustainability indicators selected for SF component 2 (service delivery) from the workshop in Somaliland in 2011.

**Table 4**

### The sustainability indicators selected in Somaliland in January 2011<sup>76</sup>

Sustainability Indicator	
Component 2	% of P&O who produce 6-8 devices per month
	% of PT who treat 10-15 people per day
	% of devices that missed standard delivery times
	Existence of national quality standards
	% of devices that respect quality standards
	% of people with disabilities who experience pain with their new device
	% of rehabilitation centres with adequate level of equipment
	Number of different suppliers of raw materials
	% of regions with at least 2 PT Assistants and 2 P&O Assistants
Number of PT and P&O in Somaliland	

Data to collect

➔ See Toolbox D.1 (second column)

The choice of these indicators often tends to be limited to existing available resources, or influenced by regional or international policies and guidelines, which may result in inappropriate or unrealistic goals. This situation requires the participants to think beyond current resources and base their selection on their needs and not simply on their present capacity to measure the indicators. Data collection tools may be designed and implemented later, if they do not already exist.

### E

#### Step V: Measurement of sustainability indicators

---

In this step, participants measure every indicator, based on data available through studies, surveys, statistics and evaluation reports, or approximations when evidence is not available.

Data to collect

↳ **See Toolbox D.1 (fourth column)**

During this step, it may appear that some of the indicators have not been measured before and that data does not exist at the time of the workshop. In this case, key informants at the workshop provide an estimate that can be verified later through studies.

Additionally, participants may also realise that data collection tools do not exist. The workshop is a good opportunity for identifying gaps in research and launching processes for more evidence and data collection.

### F

#### Step VI: Reference system for sustainability

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After measuring the sustainability of the existing system, participants then define their reference system: this represents the level below which their system is considered unsustainable.<sup>77</sup> A reference system assumes that sustainability standards exist or that sustainability is about achieving precise objectives that are regularly revised and adjusted.<sup>78, 79</sup>

Similar to the selection of indicators, the reference system is defined by participants. The reference system can be based on explicit standards published by recognised national or international bodies (e.g. Ministry of Health, World Health Organization); or can be implicit and consensually chosen by participants and based on their own experience and local context.

The reference system, (sustainability standards), is elaborated for every indicator selected in the six components of the SF.

Data to collect

↳ **See Toolbox D.1 (third column)**

Table 5 presents an example of the sustainability standards and sustainability level in January 2011 for every indicator of the service delivery component of the rehabilitation sector in Somaliland.

**Table 5**

**The reference system and sustainability level in January 2011 for every indicator of the service delivery component of the rehabilitation sector in Somaliland<sup>80</sup>**

	<b>Sustainability Indicator</b>	<b>Sustainability standards</b>	<b>Sustainability level in January 2011</b>
<b>Component 2</b>	% of orthopaedic technicians who produce at least 6-8 devices per month	100	70
	% of physiotherapists who treat at least 10-15 people per day	100	80
	% of devices that missed standard delivery times	100	75
	Existence of national quality standards	Yes	No
	% of devices that respect quality standards	100	75
	% of people with disabilities who experience pain with their new device	0	20
	% of rehabilitation centres with adequate level of equipment	100	50
	Number of different suppliers of raw materials	5	5

**Important:** During this SAP step, there is a risk that the use of reference systems encourages negative differences to become the main focus of project managers and policy-makers. As a result, all efforts might then concentrate on reducing “bad” gaps.<sup>81</sup> The risk is that only the indicators referring to weaknesses are kept, which would give an inaccurate description of the situation.<sup>82</sup>

# G

## Step VII: Illustrating the indicators

Sustainability indicators are tools used for planning purposes but also for communicating about a situation. Indicators become useful if they can be communicated so that a wide range of actors can understand and analyse them.<sup>83</sup> A variety of tools, such as diagrams or bar graphs, can be used to communicate to different audiences.<sup>84</sup> In the context of the study of rehabilitation services, the main audiences are programme and service managers. Data is described with indicators in order to help managers make decisions about the rehabilitation sector, the programme or the service. In this methodology, radar diagrams are used to visually illustrate each indicator (see example in Figure 12).<sup>85</sup> Each indicator is represented by one branch and its value is ranked from the centre of the star to the end

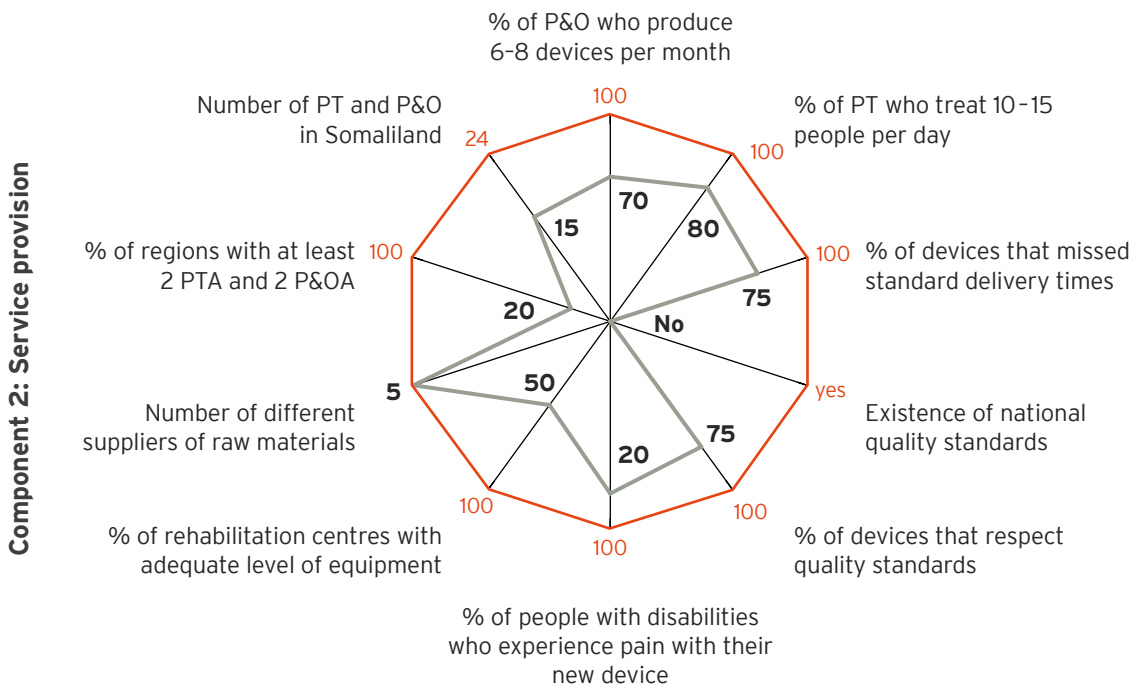
of the axis. The rehabilitation system is not sustainable if any of the values are plotted inside the outer circle. The outer circle, therefore, represents the reference system or sustainability standard.

The radar diagram is illustrative and disaggregates sustainability into several indicators,<sup>86</sup> providing clarity and simplicity for the participants.

Every measure of sustainability needs to be translated into radar diagrams in order to analyse better the level of sustainability in each component. The radar diagrams can be drawn by hand during the workshop, and a pre-programmed excel spread sheet is also provided to create the radar diagrams.

Data to collect

➔ See Toolbox E.1



**Figure 10 : Radar diagram illustrating the level of sustainability of the service delivery component of the rehabilitation sector in Somaliland January 2011.**

Note: The red line represents the reference system and the gray line represents the measure in January 2011. Every branch relates to one sustainability indicator.<sup>87</sup>



---

# H

## Step VIII: Analysis of sustainability levels

---

After the radar diagrams have been constructed, participants can use the visual representations of each SF component to analyse the various levels of sustainability. These analyses should be completed in the form of discussions with detailed note-taking.

### Analysis by component

- Which components are most sustainable? Why?
- Which components are least sustainable? Why?

### Analysis at the project level

- Can the indicators be integrated into individual projects' M&E systems?
- How could this integration occur?

### Analysis at the national level

- Where does the sector need to invest efforts?
- How does the choice of specific indicators reflect the priorities of the actors?
- What tools need to be developed?
- Which actors can collaborate more?

Following the analysis of sustainability levels, action points can be made for each of the six components.

### Data to collect

➤ **See Toolbox F.1**

# Recommendations

---

## A

### Practical

---

The SAP features the following important aspects of sustainability in a sector:

- Shift from project management to system management
- Importance of power relations between actors
- Importance of creating consensus on a common vision of the future
- Importance of measuring sustainability.

The SAP provides practical indicators and a common vision of sustainability for the sector, which will help the local actors define their strategy. However, systems are dynamic so the indicators should be regularly reviewed. Following the first workshop, it is recommended that the SAP be repeated every 12-24 months to capture the dynamics of the rehabilitation system and to measure progress made in the various components of sustainability. Through this process, previous indicators are re-evaluated, and, if appropriate, new contextual indicators can be set and lessons learned are reviewed. A Facilitator Guideline to accompany subsequent workshops is provided (see Appendix 3).

## B

### Summary

---

- International development interventions should be designed to reinforce the sector as a whole, instead of creating isolated projects and centres disconnected from each other. This requires, from all actors, a conceptual and programmatic shift from projects and centres to the sector. The SAP highlights a macro perspective of sustainability, broadening the scope of sustainability from project management to system management. Through the eight steps of the SAP, the key actors establish a common vision of sustainability for a sector and define practical and measureable sustainability indicators in each of the six components of the SF.
- The visual depiction of sustainability in the SF components provides tangible data for the actors to analyse and to determine concrete sustainable actions for a sector.
- The indicators should be re-evaluated on an annual or bi-annual basis through a participatory process involving all the actors of the sector. SAP is unique. The methodology captures the dynamics of health systems and measures progress made in the various components of sustainability through a contextual participatory process.







SOURCE INFO

Center data

" "

" "

" "

" "

" "

" "

" "

Indicator	Std	2011	2012	Source INFO
3/4 % of income received from Donors	40	85	85	—
Number of Different Sources of funding	5	4	<del>5</del> 5	—
Existence of Strategy & Action Plan	Yes	Yes	Yes	—
% Number of Staff with Job Descriptions	100	20	40	DATA/SRCS.
% Number of Staff assessed every year	100	75	75	—
% Number of Coordination Meetings	12	12	12	—
5/ Number of Satisfaction Questionnaires/year	50	10	15	—
% assessment/Planning exercises <sup>system</sup> Community Members	100	50	50	Media/Celebrated Patients.
% PWDs/Parents who know the existence of Rehab Centres	40	10	15	—
% PWDs Who Contributed to the Cost of the Service	20	10	10	—
% PWDs Who Can afford the Price of the Service	60	30	30	—

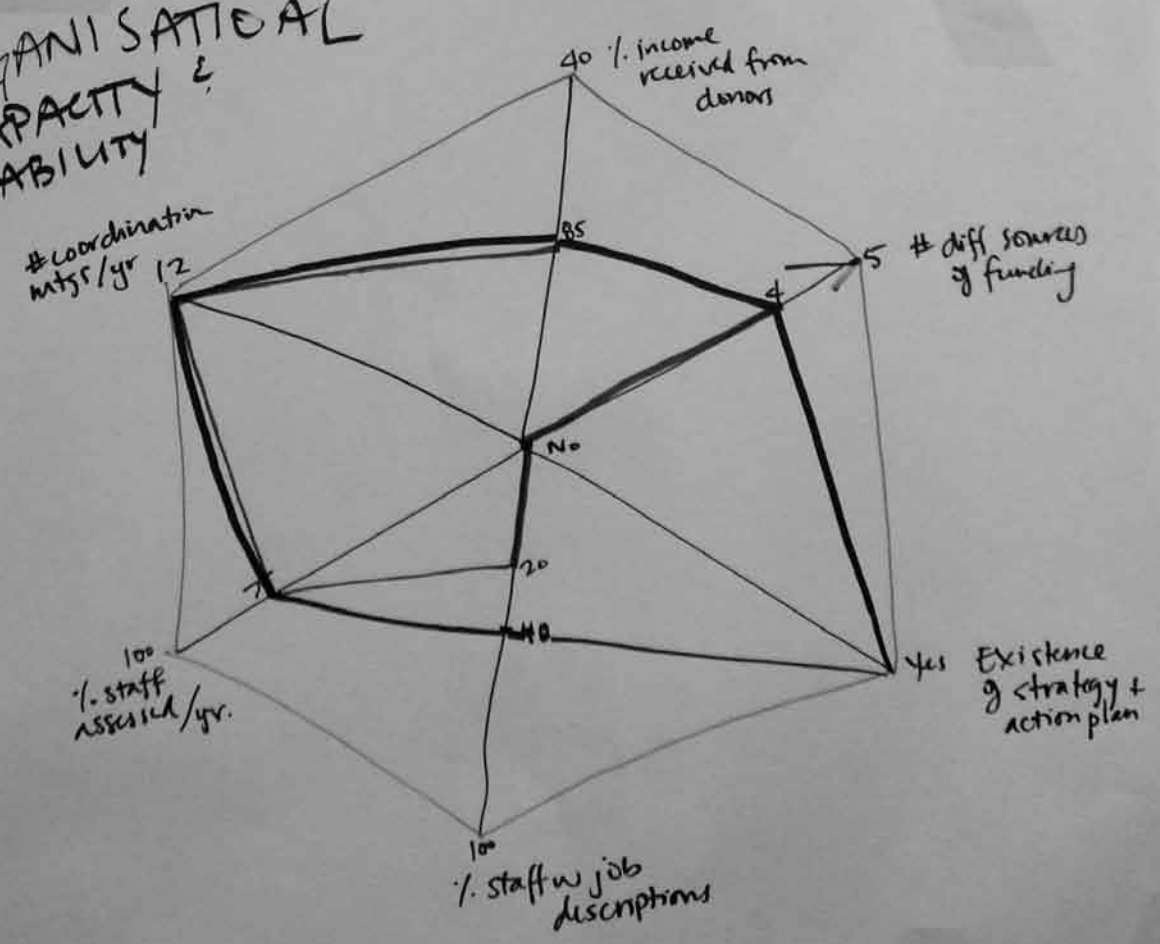
ORGANISATIONAL CAPACITY & VIABILITY

devices & did not meet constant delivery times

Existence of national

devices respect standards

VISION



Mst # handed on

# Toolbox

---

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# Practical guide tools

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## A.1.a

### Geopolitical context

---

Use the table below to identify the geopolitical context of the rehabilitation

sector. Place a cross in the relevant box and note additional details in the space provided.

Geopolitical issue	Notes
National context	<input type="checkbox"/> Emergency <input type="checkbox"/> Chronic crisis <input type="checkbox"/> Reconstruction <input type="checkbox"/> Development
History	Origin:
	History:
	Duration:
Existing rehabilitation services	Short-term:
	Medium-term:
	Long-term:
Rehabilitation services needed	Short-term:
	Medium-term:
	Long-term:
Financial resources	
Human resources	
Level of corruption	



# A.1.b

## Official policies

Use the checklist below to identify the national legal framework, such as CRPD, national strategies, action plans, laws and

implementation orders.<sup>88</sup> Place a cross in the relevant box or note additional details in the space provided.

Legal framework	Aspect to check	Comments
CRPD	Have the United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol been signed?	<input type="checkbox"/>
	Have the Convention and Protocol been ratified?	<input type="checkbox"/>
Strategies	Does the country have a strategy or a national action plan in the poverty reduction field?	<input type="checkbox"/>
	Does the country have a strategy or national action plan on disability issues? (i.e. "strategy for promoting and protecting the rights of persons with disabilities"). It is also important to mention if these strategic documents have corresponding budgets, as well as clearly defined managers, and check the definition(s) of disability used in various legislation in brief.	<input type="checkbox"/>
Laws, decrees	If they exist, is this strategy in the disability sector accompanied by specific legislative documents (laws, implementation orders, etc.)?	<input type="checkbox"/>

## A.1.b

(Continued)

Legal framework	Aspect to check	Comments
<b>Sector-based strategies</b>	<p>Does the country have a strategy or specific national action plan in the following sectors:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social services</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Inclusive education</li> <li><input type="checkbox"/> Employment</li> <li><input type="checkbox"/> Employment of people with disabilities</li> <li><input type="checkbox"/> Health</li> <li><input type="checkbox"/> Mental health</li> <li><input type="checkbox"/> Gender equality</li> <li><input type="checkbox"/> Ethnic minorities</li> <li><input type="checkbox"/> Children</li> <li><input type="checkbox"/> Elderly</li> <li><input type="checkbox"/> Social welfare in general</li> <li><input type="checkbox"/> Assistive technologies</li> <li><input type="checkbox"/> Other significant sector(s) for access to quality services for persons with disabilities</li> </ul>	
<b>Sector-based laws</b>	<p>If they exist, are these strategies accompanied by corresponding legal texts?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social services</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Inclusive education</li> <li><input type="checkbox"/> Employment</li> <li><input type="checkbox"/> Employment of people with disabilities</li> <li><input type="checkbox"/> Health</li> <li><input type="checkbox"/> Mental health</li> <li><input type="checkbox"/> Social welfare</li> <li><input type="checkbox"/> Social assistance/social work</li> <li><input type="checkbox"/> Gender equality</li> <li><input type="checkbox"/> Ethnic minorities</li> <li><input type="checkbox"/> Children</li> <li><input type="checkbox"/> Elderly</li> <li><input type="checkbox"/> Assistive technologies</li> </ul>	

Legal framework	Aspect to check	Comments
<b>Sector-based laws (Continued)</b>	<input type="checkbox"/> Sign language interpreters <input type="checkbox"/> Professional education in the social sector <input type="checkbox"/> Other significant aspect(s) for sustainable services for persons with disabilities	
<b>Conformity with UN documents</b>	– Are the strategies, actions plans and/or laws coherent with international documents and principles in the disability sector? (i.e.. the CRPD, the Convention on the Rights of the Child, etc.)	<input type="checkbox"/>
<b>Implementation of the legal framework</b>	– Is the legal framework implemented and respected? – Are there sufficient resources for implementation? – Are there complaint procedures, which are known and used?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Local strategies</b>	– Does the practice of community planning exist in the respective country? – Is the planning process (in the field of disability and social services) centralised or decentralised? Up to which level of decentralization?	<input type="checkbox"/> <input type="checkbox"/>
	– Do community disability action plans (or similar) exist?	<input type="checkbox"/>

# A.1.c

## Administrative context and general organisation of the system

Complete the chart below to understand better the decision-making process within the rehabilitation sector.<sup>89</sup>

Place a cross in the relevant box or note additional details in the space provided.

Key actor	Who decides to set up the rehabilitation sector?	Who decides to modernise it?	Who hires the staff?	Who gives official authorisation to the rehabilitation sector?
Public authorities at national level, ministries, national bodies or agencies etc.				
Local public authorities (specify)				
Civil society organisations (non-profit)				
Private organisations (profit-making)				
Faith-based organisations				
User organisations				
Users (people with disabilities and their families)				
Others (specify i.e. UN, World Bank, ICRC, donors, etc.)				





<b>Key actor</b>	<b>Who manages the rehabilitation services?</b>	<b>Who assesses the rehabilitation services?</b>	<b>Who establishes eligibility criteria for the rehabilitation service users?</b>	<b>Who funds the rehabilitation services?</b>
Public authorities at national level, ministries, national bodies or agencies etc.				
Local public authorities (specify)				
Civil society organisations (non-profit)				
Private organisations (profit-making)				
Faith-based organisations				
User organisations				
Users (people with disabilities and their families)				
Others (specify i.e. UN, World Bank, ICRC, donors, etc.)				

# A.1.c

(Continued)

Complete the chart below to better understand the **service funding mechanisms** within the rehabilitation sector.<sup>90</sup> Place a cross in the relevant box

and note additional details in the space provided. Definitions of specific funding mechanisms are listed after the table for further clarification.

## REHABILITATION SERVICES

Funding mechanism	Public rehabilitation services	Private rehabilitation services
State budget (overall allocation per year)	<input type="checkbox"/>	<input type="checkbox"/>
State budget (allocation calculated per cost unit)	<input type="checkbox"/>	<input type="checkbox"/>
Public procurement	<input type="checkbox"/>	<input type="checkbox"/>
Funding per project	<input type="checkbox"/>	<input type="checkbox"/>
Subsidies	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated funds	<input type="checkbox"/>	<input type="checkbox"/>
In-kind support	<input type="checkbox"/>	<input type="checkbox"/>
Indirect funding	<input type="checkbox"/>	<input type="checkbox"/>
Private donations	<input type="checkbox"/>	<input type="checkbox"/>
Payment made by users	<input type="checkbox"/>	<input type="checkbox"/>
Insurance schemes	<input type="checkbox"/>	<input type="checkbox"/>

---

## Funding mechanism definitions<sup>91</sup>

---

### **State budget (under the form of a global envelope or allocation per year)**

This is a global amount covering the annual costs of a service. Usually this amount (presented by the service provider under the form of a provisional budget) is negotiated with the authorities (in charge of funding) at the end of the previous year.

### **State budget (under the form of an envelope based on unit costs)**

This is a global envelope given to the service provider, based this time on unit costs, for example: cost per day per user, or cost per month per user, or cost per activity per month/year, etc.

### **Public procurement and contracting of services**

These procedures are usually taking place after a public call for offers, in the field of social services. Service providers are contracted to deliver services, following a specific demand formulated by public authorities and regulated through a contract. The contract contains quality requirements, detailed unit costs, monitoring and evaluation procedures, conditions for reporting, and instalments etc. The funding is made by service or by activity/department, and usually by cycles of 1-3 years.

### **Funding per project (grants)**

In this case, the service delivery is associated with a project-type activity. The provider submits a project to donors (which could be public or private), describing an activity of limited duration. The donor is not committing to continue the funding after the end of the project.

### **Subsidies**

This is fixed funding, which is given to service providers under the form of monthly or annual financial aids, and using different

calculation methods or unit costs. This funding mechanism usually diminishes significantly the level of responsibility of public authorities in the sector of disability, and provides rather modest funding for providers or for people with disabilities themselves.

### **Dedicated (or specific funds)**

In some countries, social services (or sometimes services for people with disabilities particularly) are funded through specific instruments called 'special funds'. They are managed by central authorities or delegated to specific agencies. The name of these funds is different from one country to another, but most commonly they are called 'social funds', or 'equity funds'. The source of money is usually World Bank or international organisations, and they are available for a limited duration.

### **Support in kind**

In this case, service providers receive in-kind support from authorities, for the daily activities (e.g. transportation means, premises and infrastructure, utilities coverage, etc.).

### **Indirect financial support**

This consists of different forms of supporting service providers, not through direct funding but through measures that reduce the financial burden for these providers, for example: exemption from taxes, re-direction of a certain percentage of revenue taxes (collected locally or nationally) towards service providers, accessing utilities free of charge, etc.

### **Insurance schemes**

This consists of third-party payers where user fees might be paid directly by the insurance company on behalf of individual users, or similar to the public procurement arrangement but by private organisations. Alternately, the insurance company might give money to an individual and the individual pays the user fees himself/herself.

# A.1.c

(Continued)

Complete the chart below to understand better the **regulatory mechanisms** within the rehabilitation sector.<sup>92</sup>

Place a cross in the relevant box or note additional details in the space provided.

Type of regulatory mechanism	Details	What agency is responsible for this mechanism? Centrally or locally? Comments
<b>Needs assessment and referral to services - macro/local level</b>	Evaluation of local needs	<input type="checkbox"/>
	Map of needs (territorial outlines)	<input type="checkbox"/>
	Maps of existing services	<input type="checkbox"/>
	Data and statistics collection procedures, at local and national level	<input type="checkbox"/>
<b>Needs assessment and referral to services - at the level of people with disabilities (micro level)</b>	Evaluation of individual needs	<input type="checkbox"/>
	Orientation and referral towards services	<input type="checkbox"/>
<b>Service provider authorisation/ accreditation mechanisms</b>	Accreditation/licensing or authorisation of the service provider	<input type="checkbox"/>
	Service quality standards (including accessibility norms, see 'accessibility' table below)	<input type="checkbox"/>
	Follow-up and evaluation of services for people with disabilities	<input type="checkbox"/>
	Monitoring procedures	<input type="checkbox"/>
	Evaluation procedures	<input type="checkbox"/>



---

Complete the chart below to understand better the **regulation of rehabilitation professionals** in the sector.<sup>93</sup>

Place a cross in the relevant box or note additional details in the space provided.

<b>Are there professional standards for the rehabilitation sector?</b>	<input type="checkbox"/>
<b>Do professionals in this sector benefit from initial official (or qualification-based) training in this country?</b>	<input type="checkbox"/>
<b>Do professionals in this sector benefit from continuous training in this country?</b>	<input type="checkbox"/> Compulsory <input type="checkbox"/> Optional
<b>Is there an official procedure for the regular evaluation of professionals in this sector? Who is responsible for it? How often is it performed?</b>	<input type="checkbox"/>
<b>Is legislation devoted to professional activities of this sector?</b>	<input type="checkbox"/>

# A.1.c

## (Continued)

Complete the chart below to understand better the **role of various actors** in the regulatory process within the rehabilitation sector.<sup>94</sup>

Place a cross in the relevant box or note additional details in the space provided.

Actors	Details	What agency is responsible for this mechanism? Centrally or locally? Comments
<b>Users</b>	Are there organisations or umbrella organisations/bodies of people with disabilities? (e.g. a national council of people with disabilities)	<input type="checkbox"/>
	Are these organisations active in demanding services? How?	<input type="checkbox"/>
	Are there mechanisms for people with disabilities to formulate and send their demands to local or national authorities?	<input type="checkbox"/>
	Are the opinions and demands of disabled people's organisations taken into account by (a) decision-makers and (b) service providers? How?	<input type="checkbox"/>
<b>Service providers</b>	Are there organisations or consortium of service providers?	<input type="checkbox"/>
	Are there professional organisations or consortiums, at local or national level (e.g. associations of social workers, of community workers, of physiotherapists etc.)?	<input type="checkbox"/>
	Are service providers required to comply with internal regulations (manual of procedures, quality procedures, complaints procedures, staff procedures etc.)?	<input type="checkbox"/>
<b>Decision-makers</b>	Do the decision-makers have different mechanisms for registering demands from the users of services (and also their complaints or recommendations for improvements)?	<input type="checkbox"/>
	Do they have planning or prioritisation procedures, relating to the continuous improvement of services needed by people with disabilities? (e.g. local action plans, the presence of people with disabilities in decision-making bodies, etc.)	<input type="checkbox"/>

---

# A.1.d

## The current state of the sector

---

Complete the chart below to understand better the **existing rehabilitation services** provided for people with disabilities at a local and national level.<sup>95</sup>

Place a cross in the relevant box or note additional details in the space provided.

Type of service	Exist?	Accessible?	In sufficient numbers? Evaluate and provide reasoning
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthoprosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# A.1.d

## (Continued)

Complete the chart below to understand better the **accessibility and quality of the rehabilitation services** provided for people with disabilities at a local and national level.<sup>96</sup>

Place a cross in the relevant box or note additional details in the space provided.

<b>Accessibility</b>	<b>Yes</b>	<b>No</b>
Is there a sufficient number of services?	<input type="checkbox"/>	<input type="checkbox"/>
Are the services physically accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Are the services accessible to people with mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
Are the services accessible to people with an intellectual impairment?	<input type="checkbox"/>	<input type="checkbox"/>
Are the services accessible to people with sensory impairments?	<input type="checkbox"/>	<input type="checkbox"/>
Are users proactive enough in their search for services they need?	<input type="checkbox"/>	<input type="checkbox"/>
Are the referrals procedures effective and good quality?	<input type="checkbox"/>	<input type="checkbox"/>
Are the services affordable?	<input type="checkbox"/>	<input type="checkbox"/>
Do corruption practices have a negative impact on access to services?	<input type="checkbox"/>	<input type="checkbox"/>
Do public attitudes towards disability have a negative impact on access to services for people with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Quality</b>	<b>Yes</b>	<b>No</b>
Are there minimal performance conditions (minimum quality criteria) for these services at a national level?	<input type="checkbox"/>	<input type="checkbox"/>
Are there service provider authorisation procedures to ensure compliance with minimum quality conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Does legislation include requirements related to the service quality provisions?	<input type="checkbox"/>	<input type="checkbox"/>
Do services operate according to a people-centred approach?	<input type="checkbox"/>	<input type="checkbox"/>
Do users take part in decision-making within the services?	<input type="checkbox"/>	<input type="checkbox"/>
Do service providers have internal quality management procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Are managers trained in quality management?	<input type="checkbox"/>	<input type="checkbox"/>



---

Complete the chart below to understand better the **existence of rehabilitation service providers** in the sector.<sup>97</sup>

List the names of the rehabilitation service providers in the relevant box and note additional details in the space provided.

Type of service	Rehabilitation service providers
Public services	
Services managed by NGOs	
Services managed by profit-making companies	
Services managed by families and voluntary workers	

# A.1.d

(Continued)

Complete the chart below to understand better the **existence of rehabilitation professionals** in the sector.<sup>98</sup>

Place a cross in the relevant box or note additional details in the space provided.

Rehabilitation professionals	Exist?	Do professional associations or organisations exist in this sector?	Comments
Speech therapists	<input type="checkbox"/>	<input type="checkbox"/>	
Physiotherapists	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational therapists	<input type="checkbox"/>	<input type="checkbox"/>	
Orthoprosthesis technicians	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	



Complete the chart below to understand better the **role of public authorities and users in the provision of rehabilitation services.**<sup>99</sup>

Place a cross in the relevant box or note additional details in the space provided.

<b>Public authorities</b>	<b>Yes</b>	<b>No</b>
Do the public authorities meet their responsibilities for ensuring the population has access to these services?	<input type="checkbox"/> Local authorities <input type="checkbox"/> National authorities	<input type="checkbox"/> Local authorities <input type="checkbox"/> National authorities
Do the public authorities fund these services?	<input type="checkbox"/> Local authorities <input type="checkbox"/> National authorities	<input type="checkbox"/> Local authorities <input type="checkbox"/> National authorities
Do the public authorities directly manage these services?	<input type="checkbox"/> Local authorities <input type="checkbox"/> National authorities	<input type="checkbox"/> Local authorities <input type="checkbox"/> National authorities
Do the public authorities control and evaluate these services?	<input type="checkbox"/> Local authorities <input type="checkbox"/> National authorities	<input type="checkbox"/> Local authorities <input type="checkbox"/> National authorities
<b>Users</b>	<b>Yes</b>	<b>No</b>
Do users intervene in the planning of these services? Yes/no? How?	<input type="checkbox"/>	<input type="checkbox"/>
Do users intervene or contribute to the management of these services? Yes/no? How?	<input type="checkbox"/>	<input type="checkbox"/>
Do users intervene in the evaluation of these services? Yes/no? How?	<input type="checkbox"/>	<input type="checkbox"/>
Do users contribute to the funding of these services? Yes/no? How?	<input type="checkbox"/>	<input type="checkbox"/>

# A.1.d

## (Continued)

Complete the chart below to understand better the **role of other actors related to the rehabilitation sector**.<sup>100</sup>

Note additional details in the space provided.

<p><b>Which other actors intervene in this sector at country level?</b></p>	
<p><b>What role do the following actors play?</b></p> <ul style="list-style-type: none"> <li>- Direct service providers</li> <li>- Government consultants</li> <li>- Local authority consultants</li> <li>- Partners for local NGOs</li> <li>- Others</li> </ul>	

Complete the chart below to list the **donors** that contribute to the funding of rehabilitation services for people with disabilities.

Indicate the opportunities and challenges related to their funding.<sup>101</sup>

Donor	Opportunities	Challenges



---

## A.2.a

### Identification of actors

---

1. Using the information compiled in Toolbox actors involved in the rehabilitation sector. A.1.d, complete the table by listing all of the

#### ACTORS INVOLVED IN THE REHABILITATION SECTOR

<b>National authorities (i.e. Ministry of Health and/or Social Affairs)</b>	<b>Regional authorities</b>
<b>Service providers</b>	<b>User groups</b>
<b>Disabled people's organisations</b>	<b>Self-help groups</b>
<b>Donors</b>	<b>Professional associations</b>
<b>Other international organisations</b>	<b>Other national organisations</b>
<b>Other</b>	

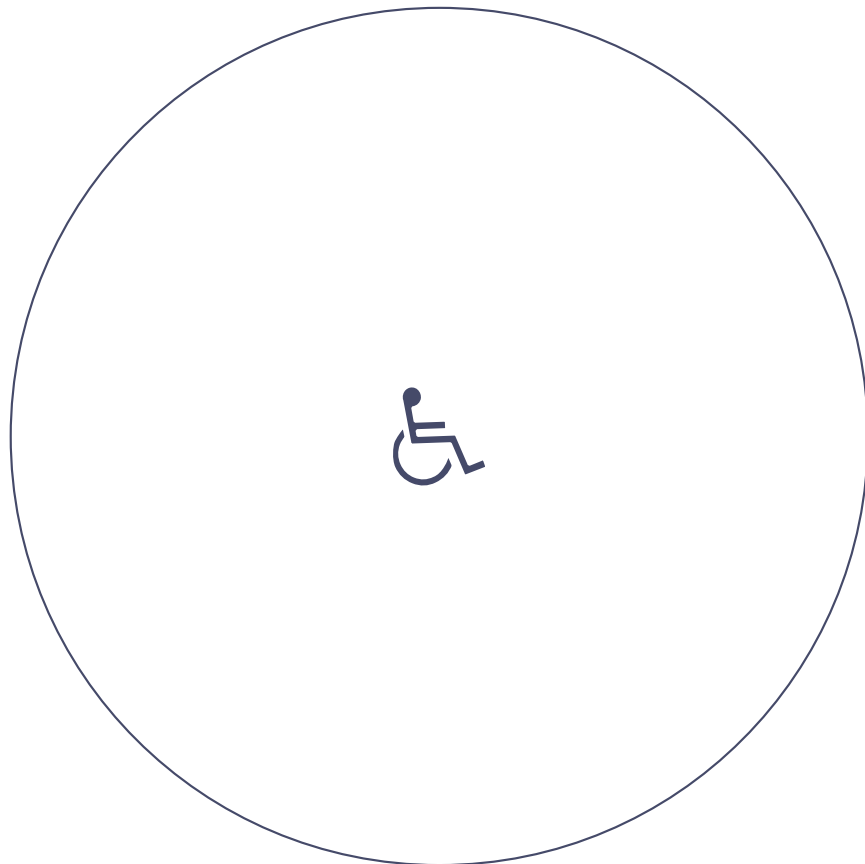
## A.2.a

(Continued)

---

2. The circle below represents the local system. In the centre of the circle there is a symbol for a person with disabilities. The key actors within the rehabilitation sector should be written around the person with disabilities. The actors who have the greatest impact on the rehabilitation of a person with disabilities should be written closest to the

picture of the person. Actors who have a less significant impact should be written further away from the picture. The actors who are not within the rehabilitation sector, but who still have an impact on the rehabilitation of people with disabilities, should be written outside of the circle.



# A.2.b

## Mapping actors' contributions

Using the Stakeholder Involvement Analysis Matrix<sup>102</sup> below, prioritise which actors to involve and how to involve them. This matrix maps actors according to their interest in the vision for the national rehabilitation programme, and by their power/influence

over whether the vision is achieved. The name of each actor listed in Toolbox A.2.a should be arranged on the matrix.



# B.1

## Spatial scale

---

Using a map of the country where the rehabilitation sector is located and the table from Toolbox A.2.a, mark the actors' geographical locations on the country map. If an actor provides services in the capital

city as well as regional locations, be sure to include all of the locations on the map.

You can use the following colour coding to provide a clearer visual presentation of the national distribution of actors.

<b>Actor</b>	<b>Colour</b>
National authorities	<b>Black</b>
Regional authorities	<b>Blue</b>
Service providers	<b>Red</b>
User groups	<b>Orange</b>
Disabled People's Organisations	<b>Green</b>
Self-help groups	<b>Brown</b>
Donors	<b>Purple</b>
Other International organisations	<b>Pink</b>
Other National organisations	<b>Grey</b>
Other	<b>Yellow</b>





# C.1

## Vision of a non-sustainable rehabilitation system

The participants need to define their vision of non-sustainability according to each component of the SF.

Refer to **pages 40-41** for the definitions of the six components of the SF.

The following table can be used to describe the rehabilitation actors' common vision of non-sustainability. The subthemes in the middle column clarify the various topics that relate to their vision of non-sustainability.

		The rehabilitation sector is sustainable when...
<b>C1 Rehabilitation outcomes</b>	<b>Response to demand</b>	
	<b>Continuum of care</b>	
<b>C2 Service provision</b>	<b>Distribution and coverage of services</b>	
	<b>Efficiency</b>	
	<b>Quality</b>	
	<b>Inputs</b>	
	<b>Inputs: diversity of services</b>	
	<b>Inputs in human resources</b>	



		The rehabilitation sector is sustainable when...
<b>C3&amp;C4 Organisational capacity and viability (Ministry &amp; local NGO)</b>	<b>Financial viability</b>	
	<b>Strategy and planning</b>	
	<b>Team management</b>	
<b>C5 Community capacity</b>	<b>Participation</b>	
	<b>Knowledge of services</b>	
	<b>Financial capacity</b>	
<b>C6 Enabling environment</b>		

## C.2

### Vision of a sustainable rehabilitation system

The participants need to define their vision of sustainability according to each component of the SF. Refer to Tool C.1 above. The following table can be used to describe the rehabilitation actors' common vision of sustainability by changing the statements

about non-sustainability into positive statements about sustainability. The subthemes in the middle column clarify the various topics that relate to their vision of sustainability.

		<b>The rehabilitation sector is sustainable when...</b>
<b>C1 Rehabilitation outcomes</b>	<b>Response to demand</b>	
	<b>Continuum of care</b>	
<b>C2 Service provision</b>	<b>Distribution and coverage of services</b>	
	<b>Efficiency</b>	
	<b>Quality</b>	
	<b>Inputs</b>	
	<b>Inputs: diversity of services</b>	
	<b>Inputs in human resources</b>	



		The rehabilitation sector is sustainable when...
<b>C3&amp;C4 Organisational capacity and viability (Ministry &amp; local NGO)</b>	<b>Financial viability</b>	
	<b>Strategy and planning</b>	
	<b>Team management</b>	
<b>C5 Community capacity</b>	<b>Participation</b>	
	<b>Knowledge of services</b>	
	<b>Financial capacity</b>	
<b>C6 Enabling environment</b>		

# D.1

## Selection and measurement of the sustainability indicators and sustainability standards

Below is a table for listing sustainability indicators identified for the rehabilitation sector, as well as their measurement and related sustainability standard(s). A completed table from the Somaliland workshop in 2011 is also provided as an example.

For **Step IV**, the second column labelled 'sustainability indicator' should be completed, using the sustainability statements for each of the six SF components in Toolbox C.2.

For **Step V**, the sustainability level at the time of the workshop should be measured by the actors. The measure for a point in time is an estimated average of what is currently happening in the rehabilitation sector in the specific country context. An additional 'Compendium of sustainability indicators' table is provided below to document how the sustainability indicators are measured.

For **Step VI**, the sustainability standard is subjectively defined by the actors. Details of this measurement should be documented in the 'Compendium of sustainability indicators' table.

**SUSTAINABILITY INDICATORS: NATIONAL LEVEL**

Components	Sustainability indicator	Sustainability standard	Sustainability level in ____ / ____ (Insert month/year)
<b>Component 1</b>			

Components	Sustainability indicator	Sustainability standard	Sustainability level in _____ / _____ (Insert month/year)
Component 2			
Components 3 & 4			
Component 5			
Component 6			

# D.1

(Continued)

---

## COMPENDIUM OF SUSTAINABILITY INDICATORS

Components	Sustainability indicator	Sustainability standard	Calculation	Source of data	Reporting frequency
Component 1					
Component 2					
Components 3 & 4					
Component 5					
Component 6					





The sustainability indicators identified for the rehabilitation sector in Somaliland are presented below as an example. The table also shows their measure in January 2011 and the relevant sustainability standards.

The sustainability standard is subjectively defined by the actors. The measure for January 2011 is an estimated average of what is currently happening in the two rehabilitation sectors of Somaliland.

### SUSTAINABILITY INDICATORS<sup>103</sup> NATIONAL LEVEL

Components	Sustainability indicator	Sustainability standard	Sustainability level in January 2011
<b>Component 1</b>	% of people with disabilities entering the centre and whose needs were fulfilled	100	75
	% of people on the waiting list at the centre	2	10
	% of people with disabilities in the regions whose needs were not fulfilled	5	50
	% of people with disabilities who were referred to other services	10	20
	% of people with disabilities who were referred from other services	100	50
<b>Component 2</b>	% of P&O who produce 6-8 devices per month	100	70
	% of PT who treat 10-15 people per day	100	80
	% of devices that missed standard delivery times	100	75
	Existence of national quality standards	Yes	No
	% of devices that respect quality standards	100	75
	% of people with disabilities who experience pain with their new device	0	20
	% of rehabilitation centres with adequate level of equipment	100	50
	Number of different suppliers of raw materials	5	5
	% of regions with at least 2 PT assistants and 2 P&O assistants	100	20
	Number of PT and P&O in Somaliland	24	15

# D.1

(Continued)

Components	Sustainability indicator	Sustainability standard	Sustainability level in January 2011
<b>Components 3 &amp; 4</b>	% of income received from donors	40	85
	Number of different sources of funding	5	4
	Existence of strategy and action plan	Yes	Yes
	% of staff with job descriptions	100	20
	% staff assessed every year	100	75
	Number of coordination meetings per year	12	12
<b>Component 5</b>	Number of satisfaction questionnaires analysed every semester	50	10
	% of assessment and planning exercises involving community members	100	50
	% of people with disabilities and parents who know the existence of rehabilitation centres	40	10
	% of people with disabilities who contributed to the cost of the service	20	10
	% of people with disabilities who can afford the price of the service	60	30
<b>Component 6</b>	% of price covered by users	20	10
	% of price covered by donors	40	85
	UN level of security	2	3
	% of UN conventions on disability ratified by the Government	100	0
	% of price covered by Government	40	0



---

# E.1

## Radar diagram tool

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Create radar diagrams for each of the six SF components.

Use the information from chart D.1 to draw each component's radar diagram.

For example, for component 1:

1. Draw the axes for all component 1 indicators by starting at the same centre point and ending at the sustainability standard for each indicator.
2. Connect all of the end points to complete the radar diagram outline for component 1 sustainability standard. This creates the outer circle.
3. Mark the sustainability measurement on each axis.
4. Connect all of the sustainability measurements to create your radar diagram for the sustainability measurements.

See **Figure 10** for an example.

Alternatively, there is a tool available online that automatically generates the radar diagrams from an Excel spread sheet.

The tool is available on the Sustaining Ability website.<sup>104</sup>

# F.1

## Analysis of sustainability levels

Analysis levels	Questions	Answers
<b>Component</b>	Which components are most sustainable?	
	Why?	
	Which components are least sustainable?	
	Why?	
<b>Project level</b>	Can the indicators be integrated into individual projects' M&E systems?	
	How could this integration occur?	
<b>National level</b>	Where does the sector need to invest efforts?	
	How does the choice of specific indicators reflect the priorities of the actors?	
	What tools need to be developed?	
	Which actors can collaborate more?	

---

Using your analysis, complete the sustainability action points below for each component of the SF.

**Sustainability action points**

**Component 1: Rehabilitation outcomes**

- 1.
- 2.
- 3.
- 4.
- 5.

**Component 2: Service provision**

- 1.
- 2.
- 3.
- 4.
- 5.

**Components 3 and 4: Organisational capacity and viability**

- 1.
- 2.
- 3.
- 4.
- 5.

**Component 5: Community capacity**

- 1.
- 2.
- 3.
- 4.
- 5.

**Component 6: Environment**

- 1.
- 2.
- 3.
- 4.
- 5.

# Appendices

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## A.1

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## A.2

### Sustainability definitions – advantages and disadvantages<sup>105</sup>

*	Advantages	Disadvantages	Overall
Continuity of health benefits	<ul style="list-style-type: none"> <li>- Sustainability is viewed as the prolongation of benefits during a period of time after international funding ceases.</li> <li>- This view is especially favourable to the international donor community.</li> </ul>	<ul style="list-style-type: none"> <li>- Implies that sustainability can only be measured at a particular point after the withdrawal of the donor (i.e. 5-10 years after).</li> <li>- Limits project managers' decision-making during the course of the project.</li> <li>- Reinforces the donor perspective because focuses on the benefits produced by a certain amount of investment and ignores the extent of national government capacities.</li> </ul>	<p>Sustainability is much more than the continuity of benefits and this type of definition does not take into account a whole area that concerns the organisations. A World Bank study questions the continued benefit flow paradigm by showing that a strong and positive relationship exists between the reinforcement of local institutions and the prolongation of benefits beyond donor assistance.</p>
Institutional and organisational capacity: Institutional survival	<ul style="list-style-type: none"> <li>- Sustainability indicators are easy to measure.</li> <li>- Measurement consists of checking the existence or disappearance of the implementing organisation after a period of time following the end of the project.</li> </ul>	<ul style="list-style-type: none"> <li>- Gives no indication of the time period of existence after which the institution will be considered sustainable. Is five years appropriate, or twenty years?</li> <li>- The survival of the institution does not guarantee that the services delivered by health facilities are appropriate and of quality.</li> <li>- The extinction of the institution is not necessarily a negative. It may result from an appropriate adaptation of the health sector to new conditions of delivery or new emerging needs of the population.</li> </ul>	<p>Exploring sustainability from an institutional survival standpoint is limited and incomplete.</p>

\* Sustainability definition

*	<b>Advantages</b>	<b>Disadvantages</b>	<b>Overall</b>
<b>Institutional and organisational capacity: Financial viability</b>	<ul style="list-style-type: none"> <li>- Most common view promoted by international donors.</li> <li>- Sustainability is measured financially by calculating the percentage of recurrent costs met by the operational health organisation.</li> </ul>	<ul style="list-style-type: none"> <li>- Financial viability is about raising revenues which is not always possible within health services for the poor, and the risk is that profit-generating activities receive the majority of both inputs and efforts of health staff.</li> <li>- Countries in the greatest need are often the ones that have the least capacity to absorb huge investments; therefore, becoming 100% financially self-sufficient is a significant challenge for the most constrained countries. Lafond (1995) highlights the need to put the concept of self-reliance into realistic perspective and admits that a “minimum external input” does not preclude sustainability in a globalised context where organisations are interdependent.</li> </ul>	<p>Sustainability does not necessarily mean full financial self-reliance, particularly when talking about services for the poorest groups within the population. Financing is an important component of sustainability but not the only one. Other aspects should be considered when defining sustainability, which are more closely related, for example, to the capacities of health structures to make the right decisions, to attract sufficient resources and manage these inputs efficiently and effectively.</p>
<b>Institutional and organisational capacity: Institutional capacity–activity profile level</b>	<ul style="list-style-type: none"> <li>- Service is sustainable if it corresponds to the perceived needs of the population.</li> <li>- Service is sustainable if the population values the quality and appropriateness of the service, and is willing to pay for it.</li> <li>- Programme components and activities are adopted or absorbed into the regular activity of community agencies.</li> </ul>		

## A.2

(Continued)

*	Advantages	Disadvantages	Overall
<p><b>Institutional and organisational capacity - organisational capacity level</b></p>	<p>Vast area that covers the internal capacity for decision-making and the distribution of jobs among people, the internal structure, the culture of the organisation, manpower, leadership and financial management.</p> <ul style="list-style-type: none"> <li>- Emphasises the importance of the capacity of local operational organisations to adapt their strategy and interventions to an evolving environment and the changing needs of the population, or the capacity of local organisations to learn lessons from the past and integrate them into future actions.</li> <li>- Views sustainability as a dynamic process and highlights the relationship between a predicted future and the present situation of the organisation.</li> </ul>		
<p><b>Community capacity</b></p>	<ul style="list-style-type: none"> <li>- Community capacity or competent community relates to the capacity of communities to adapt to changes, innovate and solve problems.</li> </ul>	<ul style="list-style-type: none"> <li>- The notion of involvement and participation is perceived in different ways by different authors, varying from passive participation to full control.</li> <li>- The level of involvement of communities in health projects depends on the activity profile of any given project (i.e., vertically implemented projects may be more focused on health professionals than on the strengthening of community capacities).</li> </ul>	

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# A.3

## Follow-up workshop guide

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### Sustainability Study Part II: Workshop Facilitator's Guide

#### Day 1

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#### 1. Introduction to the workshop [30 min]

- Introduction to global study
- Overview of Part II
- Summary of Part I
- Discussion of research participation and consent procedure

Facilitation note: During presentation of Part I summary, be sure to include contributions from participants who were present for the previous workshop.

#### 2. Construction of timeline of changes since Part I [1.5 hour]

- Group brainstorming of any changes since the previous workshop that may impact the rehabilitation sector. Ask participants to systematically discuss changes in four areas and plot in different colours on a timeline. Key analytical task is for participants to discuss how these changes impacted the sector.

The four areas:

- National social and political context
- General health sector
- Rehabilitation sector
- By organisation (e.g. government ministries, DPO umbrella organisations, NGOs, international NGOs etc.)

#### Tool: Large template timeline

**Facilitation note 1:** Each organisation will effectively be updating all other participants on major developments within their organisations.

**Facilitation note 2:** Advise participants that group interviews will be conducted with each organisation present, outside the workshop, to collect more detailed information.

**Facilitation note 3:** The focus of this activity should be to get people talking and thinking analytically. Brainstormed interventions and shocks can be categorised after the workshop during analysis in terms of positive or negative impact, external or internal factors, etc.

#### [Break]

#### 3. Re-measurement of indicators [1 hour]

- Divide participants into three groups to provide new data on indicators chosen in the previous workshop for assessing the project. Groups will discuss by individual components:
  - Component 1 and 6
  - Component 2
  - Component 3/4 and 5

**Facilitation note 1:** Mix organisations.

**Facilitation note 2:** Encourage participants to make approximations when data is not available, given that extensive expertise from the sector is present in the workshop. Participants should feel free to consult other participants in different groups as necessary.

#### Tools: Component definitions, list of indicators from the previous workshop, Table 1

# A.3

(Continued)

**Table 1. Re-measuring indicators**

Indicator	Sustainability standard	Previous workshop status	Current Status	Source of information used by participants

**4. Plotting of new indicator diagrams [15 min]**

- Groups chart new estimates on previous radar diagrams in a different colour to illustrate changes.

**Tool: Previous template radar diagrams**

**5. Group presentations and initial analysis [1.5 hours: 15 min per component]**

- Presentations of each component (estimates and diagrams).
- Brief group discussion with all participants about initial impressions (prompts: anything surprising, helpful?)

**Facilitation note 1:** In group presentations, encourage validation of data presented by the whole group.

**Facilitation note 2:** Facilitators should keep a list of potential tools needed to collect data for indicators not currently available.

**[Lunch/end of day]**

**Day 2**

**6. Explaining progress since the previous workshop [30 min]**

- Participants are organised into the same small groups to analyse indicators by component.

- Participants discuss which indicators have and have not changed, and ideas for why. Ideas are presented using Table 2.

**Tool: Table 2**

**Table 2. Analysis of changes**

Indicator	Progress Yes/No	Reason



## 7. Progress on action points

[30 min]

- In small groups participants reflect on what action points have or have not been addressed and why. Ideas are presented using Table 3.
- Participants brainstorm future action points for each component.

**Tool: Table 3**

**Table 3. Analysis of recommendations**

Action point	Implemented Yes/No	Factors			Circumstances for success
		Prevent	Distract	Assist	

## 8. Reflection on components

1 & 6, 2, 3/4 and 5

[1 hour: 20 min per group]

- Groups present analyses of changes and progress.
- The whole group validates small group analyses and future action points.
- Through the discussions, participants begin to generally discuss problems with previous indicators and any ideas to adapt these. This should be noted and revisited in step 9.

**Facilitation note:** Pay attention to participants' discussion of re-phrasing in order to track changes in the vision of sustainability.

[Break]

## 9. Revision of indicators and sustainability standards

[1.5 hours]

- Small groups reconvene for participants to revise the indicators and sustainability standards. Participants should review the indicators and rephrase, redefine, delete/omit or create new indicators. Participants should measure any new indicators.
- In small groups participants then need to analyse the sustainability standard of each indicator and redefine if necessary, indicating any assumptions and the source of data. Ideas can be presented for each indicator using Table 4.
- Participants can illustrate a new set of component indicators and sustainability standards using new radar diagrams.

# A.3

(Continued)

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**Table 4. Revision of indicators and sustainability standards**

Component	
Sustainability indicator	
Definition	
Assumptions	
Source of data	
Sustainability standard	

**Tools: Tables 1, 2 and 3 completed, Table 4, Blank flip chart papers for new diagrams**

**[Break]**

### 10. Reflection on components

**1 & 6, 2, 3/4 and 5**

**[1.5 hours: 30 min per group]**

- Groups present their revision of indicators and sustainability standards and new radar diagrams.
- Participants discuss problems with previous indicators and sustainability standards.
- The whole group validates small group revisions.

### 11. Conclusions and recommendations

**[30 min]**

- Groups share new diagrams.
- The whole group discusses action points and what needs to be done to improve sustainability of the sector.

**Facilitator note:** Discuss how action points could be taken forward.

**Tool: Flip chart papers to list action points by component**





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## A.4

### Glossary

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**Actor:** An individual, a group of people or an organisation (public or private) who are affected by the sector or who have an influence on how the sector performs.<sup>106</sup>

**Component:** One of the six elements in the Sustainability Framework determined to have an impact on sustainability.

**Index:** A summary measure created from the average of all scores in each component.

**Indicator:** A measurable variable which helps to show changes relevant to the sustainability of the goals, objectives and targets.

**Local system:** A network of people and institutions whose coordinated actions will bring about sustainable positive health outcomes in a population.<sup>107</sup>

**Monitoring and evaluation (M&E):** The collective use of research methods to assess the implementation of programmes.

**Programme:** An activity that is expected to be permanent.

**Project:** An undertaking that is time-limited. It describes a set of actions that are carried out over a defined period of time and then terminated.

**Score:** A standardised measure of each indicator ranging from 0 to 100.

**Scale:** A tool used to create a uniform scoring system by transforming raw data from an indicator into a standardised score.

## A.5

### Abbreviations and acronyms

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<b>CBR</b>	Community-based rehabilitation
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>DPO</b>	Disabled people's organisation
<b>ICED</b>	International Centre for Evidence in Disability
<b>ICRC</b>	International Committee of the Red Cross
<b>LSHTM</b>	London School of Hygiene and Tropical Medicine
<b>M&amp;E</b>	Monitoring and evaluation
<b>MOH</b>	Ministry of Health
<b>OT</b>	Occupational therapist
<b>P&amp;O</b>	Prosthetist and orthotist (the person)
<b>P&amp;O</b>	Prosthetics and orthotics (the profession)
<b>PT</b>	Physiotherapist
<b>SAP</b>	Sustainability Analysis Process
<b>SF</b>	Sustainability Framework
<b>UN</b>	United Nations

## Footnotes 1/4

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the 1990s, the number of people in the world who are undernourished has increased from 600 million to 800 million (FAO 2001).

There are a number of reasons why the world's population is becoming more undernourished. One of the main reasons is that the world's population is growing rapidly. In 1990, there were 5.3 billion people in the world, and by 2000, there were 6.1 billion. By 2010, there are expected to be 6.9 billion people in the world, and by 2020, there are expected to be 7.6 billion people in the world (UN 2002).

Another reason why the world's population is becoming more undernourished is that the world's food production is not keeping pace with the world's population growth. In 1990, the world produced 1.8 billion tonnes of food, and by 2000, the world produced 2.1 billion tonnes. By 2010, the world is expected to produce 2.4 billion tonnes of food, and by 2020, the world is expected to produce 2.7 billion tonnes of food (FAO 2001).

There are a number of reasons why the world's food production is not keeping pace with the world's population growth. One of the main reasons is that the world's agricultural production is becoming more inefficient. In 1990, the world's agricultural production was 1.8 billion tonnes, and by 2000, the world's agricultural production was 2.1 billion tonnes. By 2010, the world's agricultural production is expected to be 2.4 billion tonnes, and by 2020, the world's agricultural production is expected to be 2.7 billion tonnes (FAO 2001).

Another reason why the world's food production is not keeping pace with the world's population growth is that the world's agricultural production is becoming more expensive. In 1990, the world's agricultural production was 1.8 billion tonnes, and by 2000, the world's agricultural production was 2.1 billion tonnes. By 2010, the world's agricultural production is expected to be 2.4 billion tonnes, and by 2020, the world's agricultural production is expected to be 2.7 billion tonnes (FAO 2001).

There are a number of reasons why the world's agricultural production is becoming more expensive. One of the main reasons is that the world's agricultural production is becoming more dependent on fossil fuels. In 1990, the world's agricultural production was 1.8 billion tonnes, and by 2000, the world's agricultural production was 2.1 billion tonnes. By 2010, the world's agricultural production is expected to be 2.4 billion tonnes, and by 2020, the world's agricultural production is expected to be 2.7 billion tonnes (FAO 2001).

Another reason why the world's agricultural production is becoming more expensive is that the world's agricultural production is becoming more dependent on fertilizers. In 1990, the world's agricultural production was 1.8 billion tonnes, and by 2000, the world's agricultural production was 2.1 billion tonnes. By 2010, the world's agricultural production is expected to be 2.4 billion tonnes, and by 2020, the world's agricultural production is expected to be 2.7 billion tonnes (FAO 2001).

There are a number of reasons why the world's agricultural production is becoming more dependent on fertilizers. One of the main reasons is that the world's agricultural production is becoming more dependent on nitrogen fertilizers. In 1990, the world's agricultural production was 1.8 billion tonnes, and by 2000, the world's agricultural production was 2.1 billion tonnes. By 2010, the world's agricultural production is expected to be 2.4 billion tonnes, and by 2020, the world's agricultural production is expected to be 2.7 billion tonnes (FAO 2001).

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## The Sustainability Analysis Process

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This guide describes the Sustainability Analysis Process (SAP), a coordinated planning approach that aims to facilitate the development of a common vision of sustainability among various actors in a system. Specifically, it is a participatory process which outlines how to achieve consensus on a common vision, and how to define sustainability indicators that can be used to monitor progress towards this vision within the context of the national rehabilitation system.

Ultimately, the SAP outlined in this guide is a practical tool that can help all actors in a system to understand the various components of sustainability and analyse the concept of sustainability in relation to their own system.

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