

## **DISABILITY FROM CONCEPT TO PRACTICE: THE EXAMPLE OF HANDICAP INTERNATIONAL IN WEST AFRICA**

### **1. CONCEPT OF DISABILITY:**

Organisations working in the disability field and in international development have different approaches. These are mainly due to their perception of disability. Handicap International has developed its own approaches and policies based on 20 years of experience in developing countries.

According to Handicap International, disability covers a wide range of topics that all correspond to people's needs: medical (medical treatments) and paramedical activities (physiotherapy, orthopaedics), education, employment, social inclusion, art and culture, leisure and sport. The WHO (World Health Organisation) international classification of disability was unlikely to be applied by field teams and partners, as its medical approach does not take into account social aspects and non-medical factors. Furthermore, it does not show whether and how people can evolve from one state to another by improving their capacities or by adapting their environment.

The university of Laval, Quebec, defined a new concept of disability based on their studies, the Disability Creation Process<sup>1</sup>. They also involved people with disability and integrated their needs. This new definition presents the interaction of three factors:

- ?? Personal factors that distinguish each person: age, sex and cultural identity
- ?? Environmental factors determine the social context where the person lives
- ?? Living habits: the daily activities undertaken by each individual

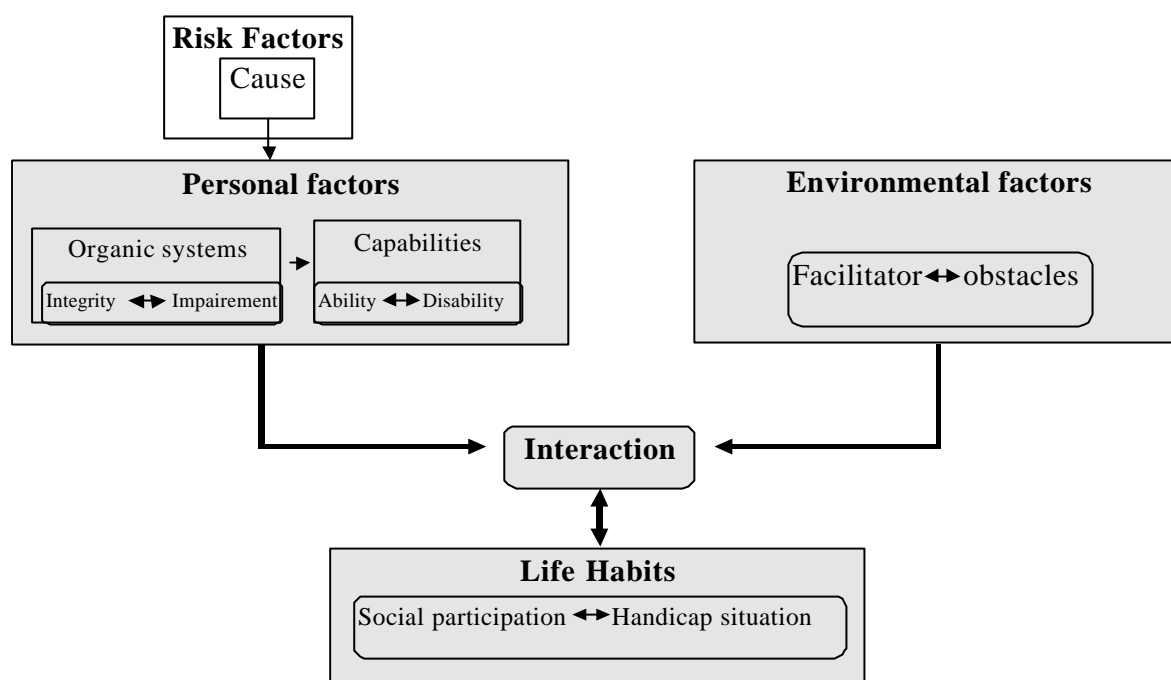
The "Disability Creation Process" model emphasizes factors that depend on individual capacities, societal factors and interactions between personal and environmental factors. This model brings some evidence that life for people with disabilities can only be improved if actions that are changed have a direct impact on these three aspects.

Living habits are very important in this process. The observation of these will lead to determine people's needs. The way people eat, dress or work will enable us to assess individual capacities and how appropriate their close environment is.

Thanks to this approach, the changes made will not be focused on the modification of psychological or physical aspects of the individuals. They will now have to deal with obstacles created by the environment: e.g. physical accessibility to buildings, existing regulations and laws.

Vocabulary has also been adapted to this model. We now talk about "people in a situation of disability" instead of disabled people. This means that disability is closely linked to the environment where people live and can disappear if the context is adapted to people. To illustrate this idea, let's give an example: a wheelchair user, who has access to buses and lifts, will not be considered as a disabled person in this situation. But as soon as the person goes to a West-African capital and has to move in streets full of sand and to enter buildings with steps, the person will experience difficulties due to a negative environment.

## Disability Creation Process



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Handicap International has adopted this new model, The “Disability Creation Process” model, and disseminated this concept through field teams. The result has led to a new way of managing projects. The programme in Togo is one of them. This case study really shows how projects can emerge from new concepts.

### The starting point: a National Survey

When Handicap International decided to open a new program in Togo in October 1997, no data was available on national organisations and on social and health services destined to people in situations of disability. In 1998, the Togolese national federation (FETAPH) and Handicap International decided to undertake a national survey to identify people’s needs, difficulties that people with disabilities met in the Togolese society and stakeholders involved in projects with people in a situation of disability.

The methodology used was based on a participatory approach. 15 interviewers were recruited amongst organisations and public social services. They came from the five regions of Togo. Interviewers used different techniques and tools to animate focus groups in villages. Tools were specifically adapted to the local context and the language spoken in the area: problem trees, priority matrix, life stories collection... 792 persons were contacted and interviewed through this survey.

The **main findings** of this survey<sup>2</sup> concern social inclusion. Adults gave recommendations about inclusion approaches. They were averse to education

programmes and had some doubts about their impact on the population. They suggested another strategy. According to them, work is the starting point of social inclusion. If they get a job, they can earn money and they can rent a room. That means that they will be able to marry someone and financially support a family. The final result of this virtuous circle is social inclusion. Unfortunately, most of them had difficulties in getting a job or an income-generating project and therefore saving money.

*Story 1:*

*I passed the exams to become a civil servant. When I arrived for my first day, my boss stared at me and without saying a word, he closed his office door. I stayed in the corridor the whole day without having any information. At the end of the day, he came back and gave me a fax from Lome. It said that the central administration made a mistake with my name at the exam and concluded that my application had been rejected.*

Although the phenomenon of discrimination in salaried jobs varies from one area to another, all people with a disability perceive stigmatisation as the main obstacle to their inclusion. Different stories and traditional adages can illustrate this aspect. They show the role that people with disabilities play in the Togolese society. They symbolize the spell put on them by another village or by spirits. The child with a disability has the duty to remind the whole community that a fault was committed by one of their members. This is the reason why children with disabilities are still hidden in houses. Trying to change the living conditions of disabled people is perceived by villagers as unnatural. If spirits decided to make this child disabled, their will must be respected. As part of the community, people need to look after them so as not to make the spirits angry.

*Story 2:*

*I said hello to other students at university. They gave me 25 Francs CFA. I explained them I just wanted to meet them.*

The consequence of this belief is that many children are still hidden in houses if they are blind, deaf or have a physical or mental disability. Some differences exist between regions. In the South of Togo, IMC children might be considered as snakes. The whole village helps through a religious ceremony to drown the baby in the river in order to give back his/her snake spirit to the river. In the North, field teams were very surprised not to see any children or adults with Down's syndrome. But no explanation was found.

*Adage:*

*The best period for a person with disabilities is during harvest. (At least he is sure to get enough food)*

The survey also enabled us to identify the main stakeholders in the disability field. 21 non-profit Togolese organisations were identified. Half of them are located in the Southern region next to the capital, Lome. The others are across the country, based in the main towns but also having activities in remote areas.

11 specialised centres also exist in Togo mainly managed by international charities. They provide services for blind or deaf pupils and a big network of schools is in charge of children with mental disabilities.

## 2. HANDICAP INTERNATIONAL'S APPROACH IN TOGO:

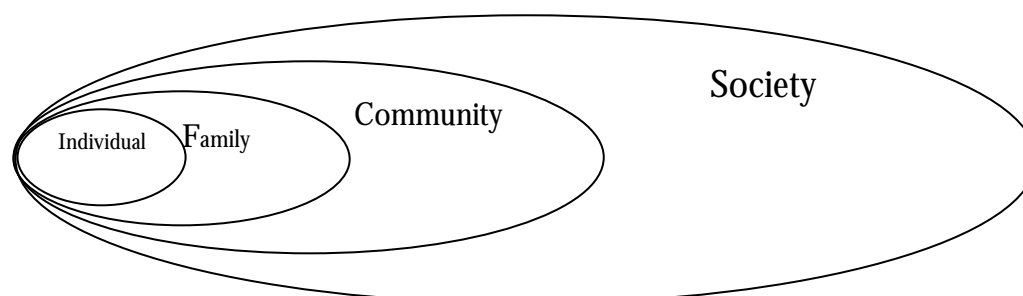
A four-year plan was designed with the different Togolese organisations and centres during a national seminar after the survey. Handicap International decided to support this plan and to provide technical and financial assistance.

### Partnership:

The strategy of Handicap International in Togo is based on partnership. The aim of the program is to support national organisations and public facilities to improve access to social and health services destined to people in a situation of disability. In consequence, Handicap International had only an impact on the quality and quantity of services delivered to people with disabilities by Togolese organisations. Training, technical and financial supports were the main classical tools provided by Handicap International for its partners. However, others have been set up: the building of a national disability network, the publication of a national newsletter and the central role of coordination played by the Togolese federation.

### Acting at different levels:

In order to have a better impact on the inclusion of people with disabilities in the Togolese society, Handicap International favoured a global approach to tackle obstacles at different levels of the environment.



At the individual level, Handicap International had no direct role. Handicap International teams were not directly involved with people with disabilities. They preferred to empower local organisations and their employees. However, Handicap International was careful to maintain relationships with people in a situation of disability in order to update information and assess the impact of the organisations' activities.

At family level, Handicap International was careful to morally support families to ensure that they did not become isolated and alone. The main role of Handicap International was to provide technical support to the staff supporting families. They were trained in order to provide families with a source of information and some advice. They also received in-service training mainly for physiotherapy activities. Family networks were created around Togolese organisations' activities and also through the organisation of special events (music shows, sport, lobbying).

At community level, Handicap International was involved with local organisations to push other community members to being committed to projects where people with disabilities could be included. In rural areas, for example, it was encouraged that income-generating activities would be managed by at least one person with disability as a member

of the project. To emphasize this change in behaviour, Handicap International developed educational tools to inform people how people with disabilities can participate in daily activities. A kit was specially designed. It was composed of drawings adapted to the local context that illustrated the answers given by the population. No message was really delivered by educators. They only tried to make people express their ideas and conclusions. Community members discovered by themselves that people with disabilities were members of the community.

At national level, Handicap International had an influence on national policies and tried to lobby the Ministry of Health and the Ministry of Social Affairs to change laws. The national federation in collaboration with Handicap International proposed a new regulation to avert discrimination in job recruitment. They also developed pilot projects that could be expanded at a larger scale. In Togo, Handicap International and Fetaph, the national federation, initiated an innovative project to make buildings accessible to people in wheelchairs. Through this project called "disability and buildings", 10 slopes were built at the entrance of the main services of Lome identified by people with disability: Ministries, health centres, markets, churches and mosques. One person was designated in each location to be in charge of a wheelchair that could facilitate the movement of people with disabilities inside the place. Another pilot project was developed with a private company that sold yoghurts and ice creams in streets thanks to cyclists. They agreed to hire ten new sellers able to use tricycles especially custom-made for selling refrigerated goods.

### **3. IMPACT OF THE PROGRAM:**

#### **Positive impact:**

In April 2002, a team evaluated the impact of the program.

It showed that the number of people with disabilities who had benefited from services delivered by organisations had increased by 35%. The organisations supported by Handicap International had widened the range of services proposed to the population: orthopaedic and physiotherapy services, prevention, school education, professional training, rights.

The level of knowledge and know-how had increased and the behaviour of the organisations' employees had changed. They really understood that they were now accountable to disabled people and that "beneficiaries" played a central role in this process. People with disabilities had the power to criticise and demand new activities. New management tools and techniques were introduced to help community agents deal with projects. After 5 years, Organisations were recognised by donors, such as the European Union and the French Cooperation, as competent development organisations. In the last three years, each association sent 3 project proposals to donors per year.

Furthermore, new organisations emerged from communities mainly supported and encouraged by organisations for and with people in a situation of disability. These new organisations could also represent the parents of disabled children or economic groups composed partly of people with disabilities. These grassroots organisations played a supportive role in the community in the inclusion of people with disabilities in daily activities.

**The limits of this type of program:**

The main findings that the evaluation mentioned were that Togolese association managers faced new administrative tasks due to donors' constraints that obliged them to attend training sessions and invest money in technology (e.g. computers and faxes). Community agents were more and more involved in administrative activities without having followed appropriate training. This whole period of adaptation lasted the last three years of the program and created frustration and tension in the teams.

Moreover, the political situation of Togo endangered the financial situation of all these local organisations. Donors were reluctant to invest their funds in Togo. Donors were expecting favourable political signs that would show that Togo was on the way to democracy. As a result, Togolese organisations did not get many positive answers to their project proposals. This created frustration and led to a lack of self-confidence within the organisations. Teams had many expectations and hopes due to the presence of an international organisation at their side. But after 5 years of collaboration, they did not notice any increase in their salaries. And their workload and responsibilities had impressively increased without improving their living standards.

**4. CONCLUSION:**

The introduction of new concepts influences field approaches of disability organisations and the "disability creation process" concept is a really good example how research may have an impact on NGO (Non Governmental Organisation) practices.

The disability creation process requires an action not only with people with disabilities but also an improvement and adaptation of the environment where the person lives. Obstacles created by an inappropriate environment must be removed to enable the person to be independent as much as possible in all activities.

Having a global approach on disability creates also new constraints for national organisations and international NGOs. It demands a wide range of skills. Local and international organisations need to complete their competencies in order to be able to respond to people's needs.

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<sup>1</sup> Fougeyrollas P., *The Quebec Classification: Disability Creation Process*, International Network on the Disability Creation Process, 1999

<sup>2</sup> Fetaph, Handicap International, *Les Conditions de Vie des Personnes Handicapees au Togo*, 1998