

## **The dynamics of disability: The experience of Handicap International in Togo**

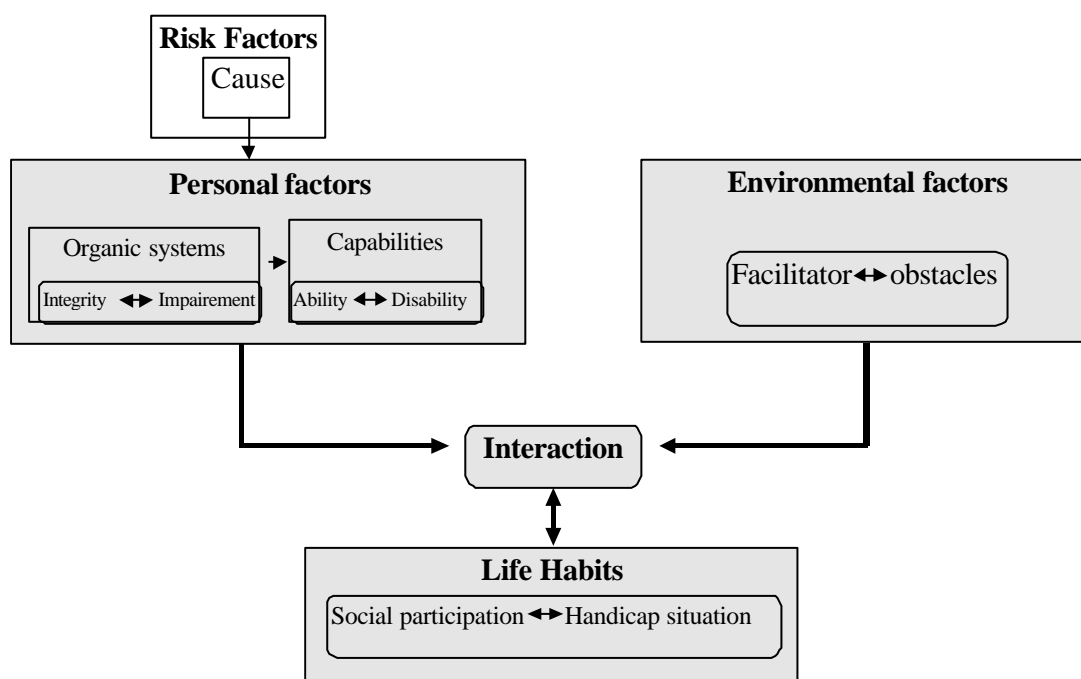
Handicap International was created in 1982 and was founded by three medical doctors who were focusing on the medical needs of amputee Khmers in refugee camps on the Thai-Cambodian. Using locally available materials, Handicap International opened its first orthopaedic workshop and produced prostheses made of wood and leather. Very quickly, Handicap International became aware that a prosthesis alone would not change the life of an amputee, but that it was necessary to consider the variety of other issues faced by the individual. The development of tools and methodologies, such as needs assessments and participatory approaches, highlighted the social and economic needs of disabled people and the necessity for inclusion. These tools also showed the need to shift from a generalised group approach to the recognition of more individual needs in which the local environment and the individual capacities of the person are taken into account.

### **From practice to theory, from projects to concepts:**

This new global approach gave rise to the need for Handicap International to reassess its definition of disability and to respond through the development of interdisciplinary measures.

At the same time, a research team in Canada carried out research with aim to redefine the concepts of disability and handicap. In 1989, Patrick Fougeyrollas and the Quebec Committee on the International Classification of Impairments, Disabilities and Handicaps began a 7-year-long process of successive consultations and revisions that led to the publication of the 'Disability Creation Process'<sup>1</sup> in 1995 (see Graph 1).

**Graph 1: Disability Creation Process**



The disability creation process considers that disability is not an end-state, but rather a dynamic process closely related to the interaction of three variables: personal factors, environmental factors and life habits. Life habits are the daily activities or ambitions, social and cultural roles that contribute to the physical and psychological well-being of an individual. The personal factors, i.e. the individual's capabilities and potentials to carry out these activities, will be also linked to the obstacles or ease of interaction within their direct social and physical environment. Disability is therefore clearly seen as a situational state that varies from individual to individual and depends on the environment in which the person lives.

### **Disability: towards a new management**

Different angles of intervention are necessary to address the various issues related to disability and the implications of this global approach on project management are significant. Disabled people should be recognised not only as the primary beneficiaries but also the key drivers behind disability intervention measures. Thus it is fundamental that disabled people participate directly in the baseline surveys and management of new projects. In 1999, the National Federation of Disabled People in Togo carried out a national survey<sup>2</sup> with the technical and methodological support of Handicap International. The aim of this survey was to collate the demands and expectations of disabled people in different parts of the country. The enumerators recruited were all members of local disabled people's organisations; they knew the context and could easily gain trust of people interviewed.

At an environmental level, disabled people are central to appropriate adaptation of the environment to their needs and capacities. They should therefore play an influential role in advocacy and development of local or national policies, recognition of rights and accessibility to buildings or transport for example. Togolese disabled people's organisations have proposed new legislation regarding equal opportunities for employment and have also successfully advocated for the building of ramps into key buildings in the main cities.

Likewise, the life habits and social role of disabled people should be valued in different ways so to ensure that they are involved in disability-related or general community decisions, as well as to enable their full participation within their communities. After many years of advocacy, Togolese organisations finally obtained the right to be represented in local councils.

The need to address disability from these variant angles means that a considerable range of competencies and professional skills are required, which can be readily called upon by disabled people if needed. These competencies required may be in the field of health (e.g. doctors, physiotherapists or orthopaedic technicians), but may equally be from the education sector or social and cultural sectors such as arts or sports. The role of these professionals is to find an appropriate response to the demands of disabled people and to address the needs of individuals within the environment they live.

### **Working in developing countries with disabled people. What does that mean for an international NGO?**

In order to respect disabled people and the activities of local organisations, Handicap International adopted a partnership approach. Environments may be so complex that an international organisation may have difficulties in understanding the delicate balance of relationships within communities i.e. the personal interactions, interests,

values and beliefs that create a community structure. The role of Handicap International is to identify potential partners and leaders that can create a supportive network for disabled people. These partners may be the government, health services, local non-governmental organisations, the community, the family and individuals. Through capacity-building activities, Handicap International aims to reinforce the capacities and competencies of local stakeholders so that long term intervention can become sustainable. In Togo, Handicap International has provided training to orthopaedic technicians and physiotherapists working in public facilities with the objective of increasing the quality of available services. Handicap International also provided technical support to local organisations that wanted to increase their competence in community-based rehabilitation projects. Handicap International teams reinforce the capacities and abilities of these organisations to be more efficient to reach their objectives.

Handicap International has contributed to the development of multidisciplinary networks and has been attentive to facilitate a coherent and complementary approach amongst diverse stakeholders. In Togo, regular coordination meetings and joint training sessions were organised with all different stakeholders and for example, Handicap International has made links between orthopaedic workshops and local organisations so to ensure the involvement of both in the improvement of follow-up networks and better understanding of disabled people's needs within the community.

### **Conclusion:**

Handicap International's role is to improve the capacities and practice of professionals as well as to adjust the attitudes of professionals and society towards disabled people. In order to effectively address these issues, professionals need to introduce innovative ways of needs assessment and project management and to enable disabled people to be fully responsible for the development of own projects. Handicap International's paramount goal however is to encourage the understanding that disability is not just an issue for healthcare workers, but that it is a multifaceted issue whereby social, healthcare and development workers are accountable to disabled people.

Karl Blanchet, Director  
Claire Acworth, Program Support Officer  
Handicap International UK  
Phone: 0870 774 3737  
Email: [hi-uk@hi-uk.org](mailto:hi-uk@hi-uk.org)  
Website: [www.handicap-international.org.uk](http://www.handicap-international.org.uk)

---

<sup>1</sup> Fougeryrollas P., Cloutier R., Bergeron H., Cote J., St Michel G., The Quebec Classification: Disability Creation Process, International Network on the Disability Creation Process, 1999, Canada.

<sup>2</sup> Fetaph, Handicap International, les conditions de vie des personnes handicapées au Togo, 1999