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# WHAT IS THE MAKING IT WORK METHODOLOGY?

## Introduction

Making It Work is a global initiative of Handicap International started in 2009 after the adoption of the UN Convention on the Rights of Persons with Disabilities (CRPD) to provide States with concrete examples or good practices for inclusive development. The initiative revolves around the use of a methodology, designed to document good practices, and that has been tested at all levels (local, national, regional and international) on a variety of topics (education, health, employment, disaster risk reduction ETC.) in more than 40 countries across regions. The Making it Work (MIW) methodology offers a set of tools to guide actors through the process of identifying, documenting and analysing **good practices** that contribute to advancing the rightsenshrined in the CRPD, such as the right to education. The good practices collected are then used to support actors and/or service providers or the community to change attitudes and practices to become more inclusive of, and accessible to, people with disabilities.

This methodology therefore supports key actors to make the most of what significant changes have already been achieved, in order to broaden their impact. It values civil society engagement and that of people with disabilities in particular, throughout its 3 main steps.

This method is usable across sectors, and is to be implemented through collaboration between key actors, in which persons with disabilities and their representative organizations play a central role. All parties involved determine the changes they want to see.

Building on the recommendations, drawn from the good practice and developed in a collaborative way, actions can include:

* Awareness raising and advocacy to improve access to services or influence policy implementation by providing inclusive and concrete examples.
* Replicability and scaling of the good practice in the neighbouring village, for instance, or in another district.

## The Making It Work process

**Persons with disabilities** co- or

leading

Description:

* Step 1: Building multi-stakeholder engagement and agreeing on common criteria for good practice.
* Step 2:Collection, analysis and documentation of good practices.
* Step 3 : Action for change, including advocacy based on good practice evidence.
* People with disabilities are in the center of this process.

### Step 1 - Establishing multi-stakeholder engagement

* Selecting the appropriate stakeholders to participate in your action.
* Defining what multi-stakeholder collaboration you strive for
* Defining the roles of each person involved in the multi-stakeholder committee
* Defining how your work will be facilitated, for instance the development of Terms of Reference or any other rule that may help facilitating your work.

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| Example  In a rapid collection of existing good practices that demonstrate people with disabilities accessing HIV prevention and treatment services in Addis Ababa (Ethiopia), the multi stakeholder engagement was created by gathering together local DPOs and NGOs working on HIV/AIDS prevention and treatment issues. The group formed a multi-stakeholder committee to guide the MIW process and build a collaborative advocacy strategy leading to the development of an action network. |

### Step 2 - Documenting and analysing good practices

* Defining the criteria for the good practice collection
* Collecting information about a good practice through field investigation, interviews or workshops.
* Producing a publication (or media support i.e. a video or interviews or picture slides) on this good practice featuring the recommendations developed through a participatory and multistakeholder process.

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| Example  Good practices will help to inform the design and implementation of the pilot project. In addition, local HIV prevention and treatment service providers have a better understanding on how to make their services accessible to people with disabilities. NGOs involved in HIV prevention and treatment service issues are aware of the need for inclusion of people with disabilities. DPOs have a better understanding of HIV prevention and treatment services and how to promote inclusion of people with disabilities in these services. DPOs can act as advocates on this issue and can provide consultation to service providers on inclusion issues. Relationships have been formed between DPOs, service providers and NGOs so that a network exists on inclusive HIV prevention and treatment services. |

It is very important to define your target when planning your good practice collection.

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| Example  In this case, for instance, targets group were: Local HIV prevention and treatment service providers, HAPCO, national network on HIV/AIDS in Ethiopia, international organizations working on HIV/AIDS prevention and treatment, NGOs working on HIV/AIDS prevention and treatment. |

### Step 3 - Actions for change

* Strategizing on how to influence change.
* Defining what processes or services you wish to change.
* Disseminating information and engaging with target groups
* Raising awareness, sensitizing and advocating, through the evidence collected, to see the change you’ve strategized for.

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| Example  The changes you want are those your target group need for. In this case, Local HIV/AIDS prevention and treatment service providers have an understanding of how to make services inclusive and accessible to people with disabilities. They have formed relationships with DPOs. DPOs have a stronger understanding of HIV/AIDS issues and can promote inclusive HIV/AIDS prevention and treatment services in their work. The national network on HIV/AIDS issues in Ethiopia is aware of the good practices that exist and has begun to promote an inclusive agenda within their work. An action network is formed as a result of the multi-stakeholder committee’s work to promote inclusive HIV/AIDS prevention and treatment services and provide technical guidance to local service providers. NGOs are beginning to make their work inclusive and they are forming relationships with DPOs. Advocacy activities included trainings for local HIV prevention and treatment service providers, NGOs and DPOs in which the groups will develop strategies for collaboration and partnership. The good practice film will be used for awareness raising activities on a national level to bring visibility to disability and HIV/AIDS issues. The good practices collected also served as a basis for learning as the pilot project is developed and implemented. |

## What is a good practice for Making It Work?

The term “good practice” refers to a practice that facilitates the “*full and effective participation in society on an equal basis with others*” (CRPD, Preamble), and actions that people with disabilities have confirmed as having a positive impact. Initiatives using MIW can establish their own criteria to identify such practices in a multi-stakeholder process.

We propose the following standard criteria that may be used as a starting point to be adapted to each context:

1. Demonstrable Impact: clear recorded change and positive impact.
2. Replicability: adaptable or scalable in another context.
3. Sustainability: potential for local actors to develop or sustain this action in the future.
4. Efficiency: in terms of time, finances, and human resources.
5. Person centred: active involvement of individual users in any decisions which concern them.
6. Conforming to the general principles of the CRPD, which are (art.3, CRPD):

* Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
* Non-discrimination;
* Full and effective participation and inclusion in society;
* Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
* Equality of opportunity;
* Accessibility;
* Equality between men and women;
* Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

## What is the added value of Making it Work?

The Making it Work methodology can be used for various purposes:

* Learning: MIW builds on existing knowledge, and develops new knowledge and technical expertise, through sharing experiences across communities, countries and regions. This methodology is an opportunity to learn from experts in disability specific and other development sectors. It aims to bring greater visibility for disability issues by involving stakeholders from all sectors.
* Collaborating: MIW requires multi-stakeholder actions, whereby several organisations work together to define, select and validate good practices and then use this knowledge for collective, evidence-based action for change (most commonly advocacy). Different stakeholders include, but are not limited to: DPOs, service providers, government authorities, civil society organisations, development organisations, human rights entities and universities. The MIW online Good Practice Database also provides a global platform for sharing solutions regarding disability-inclusive development.
* Empowering: MIW gives a voice to people with disabilities and their representative organisations. By deciding what has worked well and how they think it could be replicated or scaled-up, these key actors have the opportunity to analyze development practices and formulate evidence-based claims or recommendations to promote their rights.
* Advocating and acting for change: MIW can be used to influence change through advocacy or a wider range of actions, such as lobbying, awareness-raising, technical training, or mentoring. The good practices collected can be used as evidence, credibility and qualitative information on the changes expected.

**Example 1: Regional project on inclusive local governance in West Africa**

“Rights in Action” was a regional project to document and disseminate good practices on people with disabilities and their representative organisations actively participating in local governance in West Africa. With a focus on Article 29 of the CRPD, the project was carried out on a regional level in which 26 good practices were collected in Benin, Burkina Faso, Mali, Niger, Senegal, Sierra Leone and Togo.

Rights in Action was carried out with a regional multi-stakeholder committee as well as national level steering committees that included DPOs, development, civil society and government actors.

Outcomes from this initiative:

* **Local level:** replication of a good practice in a neighbouring village in Burkina Faso.
* **Regional level:** Strong representation and promotion of local inclusive governance during the Africities Summit held in Dakar, December 2012.
* **International level:** The president of the Malian Federation of Associations of Disabled People presented the good practices collected in Mali at the Conference of States Parties to the CRPD held in New York in September 2011 and recommendations from the good practices were also used to influence the Human Rights Committee resolution on article 29.

**Example 2: National project on promoting the right to work for people with disabilities in El Salvador**

In this national-level Making it Work project, DPOs, private companies and national authorities worked together to collect good practices on inclusive employment of people with disabilities. They used the findings to train leaders of national DPOs and other relevant stakeholders on inclusive employment.

**National-level outcomes from this project:**

* The El Salvador Ministry of Labour was influenced to amend labour laws to be more inclusive.
* UniLever El Salvador (a large private company and major employer in the region) designed an inclusive model for recruiting people with disabilities.