

Duty-bearers at (sub)national, regional and global levels need to formulate and implement strategies, policies and plans with an intersectional lens that lead to quality SRHR services, available, accessible and acceptable for all;

Society at large needs to respect the SRHR of all, including marginalised youth (*leave no one behind*).



## What our programme entails

Our five-year programme actively promotes innovative practices in intersectional SRHR advocacy. Firstly, we will adapt and develop new types of tools to reveal and analyse the complexity of SRHR inequities and identify solutions to the interrelated barriers that marginalised youth face. This step involves new analysis of existing data as well as complementary research and will result in a user-friendly guideline for intersectional SRHR advocacy.

Next, we will select, train, and mentor a wide range of organisations and their (youth) representatives - from community to global level - to take up intersectional SRHR advocacy and push for the change they want to see in their communities and amongst local, national, regional, and global decision-makers. During the programme we aim to encourage a growing number of organisations at all levels to adopt and implement an intersectional SRHR approach in their advocacy. It is also our objective to widen the civic space for marginalised youth to stand up for their SRHR. Increasingly, under mentorship and guidance, we will do our lobbying with and by marginalised youth themselves.

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# MAKE WAY

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## Embracing intersectionality for Health Equity and Justice



FAWE Forum for African Women Educationalists  
Forum des éducatrices africaines



wemos  
HEALTH UNLIMITED



## Make Way programme – Embracing intersectionality for Health Equity and Justice

### Sexual and reproductive health and rights for all

Everybody, including those who are most marginalised, should be able to realise their sexual and reproductive health and rights (SRHR). SRHR are human rights, that allow people to make informed decisions about relationships, their bodies, family planning, sexuality, and wellbeing. It also means having access to a full range of sexual and reproductive health services, including antenatal and maternal care, prevention detection and treatment of STIs, including HIV, choice of safe and effective contraceptive methods, prevention and management of sexual and gender-based violence, and positive comprehensive sexuality education.

### The intersectionality programme

Make Way Programme (2021-2025) aims to break down barriers to SRHR by promoting a new way of looking at, and organising, SRHR issues, through an intersectional lens. This means making overlapping vulnerabilities visible to understand their effects on people's SRHR. With insights and sound data, as a consortium, we develop innovative tools and build capacities of other civil society organisations to advocate the needed policy and societal changes.



### Who we are

The Intersectionality Consortium, which leads our programme, consists of Akina Mama wa Afrika, The Circle of Concerned African Women Theologians, Forum for African Women Educationalists, Liliane Fonds Netherlands, VSO Netherlands, and Wemos, and we work in partnership with the Dutch Ministry of Foreign Affairs. We will implement the programme in Ethiopia, Kenya, Rwanda, Uganda, and Zambia, the (Eastern and Southern) African region and at the global level.

In Rwanda, Liliane Fonds is represented by National Union of Disabilities' Organisations in Rwanda (NUDOR).



### The problem our programme addresses

Many people cannot have access to the full range of their SRHR, particularly, those with multiple, compounded vulnerabilities. For example, youth (especially girls) living in poverty with a disability - face high barriers to accessing the services they need and want.

Interrelated and systemic barriers keep marginalised youth from having access to SRHR. Negative societal views and (gender) norms cause stigma, discrimination, and exclusion. Sexuality education is often not comprehensive and inclusive or even non-existent. SRH services are often not accessible or of low quality. This is due to chronically underfunded and understaffed health systems as well as persistent siloes in health system funding. Moreover, youth are not involved in decision-making that affects their lives, and their rights and needs are not reflected in SRH policies, budgets and health system strengthening plans. Finally, civil society organisations working on SRHR have limited (financial) support, and the SRHR agenda lacks intersectional awareness.



### Change needed to achieve SRHR for all

For everyone to have access to SRHR fully, change is needed at various levels: Marginalised youth need to speak out collectively in defence of their SRHR and hold duty-bearers to account;