LESSONS LEARNED

DECEMBER 2025

An accessible collection of lessons learned and good practices from the implementation years of the Make Way programme.

MAKE WAY

Embracing Intersectionality for Health Equity & Justice



FOREWORD

As I hunker down at my desk to write this, I feel a swirl of emotions. It has been an amazing journey. I am sad the Make Way programme is coming to an end. Yet, I am also excited to share this compilation of our experiences and lessons learned.

Make Way was the first and only strategic partnership funded by the Dutch Ministry of Foreign Affairs that set out to build advocacy capacity for sexual and reproductive health and rights (SRHR) through an explicitly intersectional lens. We sought to understand how best to operationalise the approach—developing, among other things, a practical toolkit. This booklet captures our journey and the insights we gained along the way.

We are very grateful to the many people from the programme who contributed to this publication. Inside, you'll find reflections on the SRHR landscape in our implementation contexts[1] and on the transformative effects of meaningful youth engagement and safe spaces. You'll also read about the changes achieved—largely by the young people themselves—using the tools we developed: improved health facility infrastructure, expanded access to SRH services, increased SRH budgets, stronger UN outcome documents, and even support from religious leaders and faith communities for young people's SRHR. These are just a few of the many inspiring results. I hope they encourage you to use our tools in your own work.

While the Make Way 2.0 we all envisioned may not take shape as hoped, our fire to fight for SRHR for all still burns brightly. Young people are formalising safe spaces as community-based organisations to access local funding, replicating trainings, and expanding advocacy efforts. Partners are forming national coalitions and pursuing new collaborations, while we explore funding to continue the most successful parts of the programme through smaller spin-off projects.

On behalf of the Make Way consortium, I am honoured to share this booklet with you—and I hope you will draw inspiration from our journey as you advance your own initiatives.

Jennifer Bushee,
Coordinator of the Make Way programme



[1] To be comprehensive when we want to refer to Make Way's overall scope of implementation, and not leave the work being done at the regional and global levels, we refer to "contexts" instead of "countries".

WHAT YOU WILL FIND IN THIS BOOKLET

Introduction to the Make Way programme 5

Our main lessons 6

The status of sexual and reproductive health and rights 8

The approaches we used 10
- Intersectionality to ensure we leave no one behind 10
- Meaningful youth engagement 12
- Faith-based dialogues 14
- Participatory collaboration 15
- Solidarity to navigate political challenges 17

Our initiatives 18
- Building capacity for intersectional SRHR advocacy 18
- A toolkit to guide your journey towards inclusive advocacy 20
- Creating safe spaces to build confidence, connection and change 22
- Driving policy change at multiple levels 25
- Communication and campaigns 29

Our stories of impact 31

The way forward 35

Colophon 37

INTRODUCTION TO THE MAKE WAY PROGRAMME

The Make Way programme aims to break down barriers to sexual and reproductive health and rights (SRHR) by applying an intersectional lens. Making overlapping vulnerabilities visible helps us to understand their effects on a person's SRHR.

In the five-year programme (2020-2025), we developed and implemented intersectional tools and engaged in mutual capacity strengthening with other civil society organisations and allies to advocate for policy and societal changes. The consortium partners are Akina Mama wa Afrika (Uganda), The Circle of Concerned African Women Theologians – Kenya (Kenya), Forum for African Women Educationalists (Kenya), Liliane Fonds (Netherlands), VSO Netherlands (Netherlands), Wemos (Netherlands) and the Dutch Ministry of Foreign Affairs.

Make Way is implemented in Ethiopia, Kenya, Rwanda, Uganda, Zambia, at the Eastern African regional level and globally. To ensure broad and inclusive engagement, we collaborated with 45 other partners working at grassroots level in the countries. Jointly, we demanded health justice and defended the rights of young people who are marginalised in their societies. For example, people with disabilities, sex workers, LGBTQ+ persons, and rural youth living in poverty.

OUR MAIN LESSONS

Here is a snapshot of some of our main lessons.
You can read more about them later on.



Intersectionality

We learned that intersectionality is a complex and abstract concept that takes time, patience, and the right tools to understand and apply. But once it "clicks", it fundamentally changes how people think about young people, their SRHR, and access to SRHR-related services. It helps stakeholders recognise that young people are not a homogenous group and that overlapping vulnerabilities can increase barriers to access.

This shift in mindset leads to more responsive and equitable services. The tools we developed were instrumental in triggering that "click", turning a theoretical concept into a practical approach.

Meaningful youth participation

Involving young people from the very beginning—in choosing priorities, designing advocacy initiatives, and leading implementation and evaluation—transforms them into strategic, and effective advocates. Partners and young people themselves observed that young people involved in Make Way showed greater confidence and assertiveness in engaging with duty-bearers compared to peers outside the programme. They began to be recognised as co-creators of policy and systems and not passive beneficiaries.

Policy change

Influencing legal, policy, and regulatory frameworks proved most difficult in contexts where governments were closed to civil society engagement. Policies were sometimes introduced—or blocked—without consultation or transparency, particularly at the national level where politics are most fraught. Yet, meaningful progress was still possible. By working with sub-national leaders, we achieved tangible changes that can influence higher level decisions. Even in highly restrictive contexts, discreet engagement with select leaders yielded results.

Across contexts, success depended on raising awareness among duty-bearers, engaging them as partners from the outset, and fostering their ownership. Through training and confidence building, young people also became credible advocates, ensuring their perspectives and requests were heard and taken seriously in dialogue with duty-bearers.

Faith-based dialogues

In the context of pushbacks on gender and rights, partners and young people were able to facilitate respectful dialogues with religious leaders and faith communities. Treating faith leaders as potential allies rather than obstacles and using familiar religious language and narratives to frame SRHR-related issues turned out to be very effective.

The Intersectional See-Judge-Act tool, developed under Make Way, helped open discussions on topics considered taboo. The discussions showed we can bridge divides in belief and culture to find common ground for advancing SRHR. The key lesson here is that success does not just depend on what you discuss, but on how you do it.

Participatory collaboration

As one partner reflected, "Make Way is special. It's really participatory. We've been in other consortiums where they just tell you what to do and hand you a budget." From the start, we emphasised joint, consensus-based decision-making at all levels. Contrary to the perception that democratic processes slow things down, we found that inclusive governance enhanced commitment and timeliness.

However, in the first half of the programme, implementing partners did not have as much say in decision-making as intended—a gap we corrected. The experience taught us that governance needs regular reflection and adjustment. Don't wait for formal moments like the mid-term review; treat governance as a living system that evolves with the partnership.

Safe spaces

As one Make Way Kenya partner put it, "Safe spaces have been one of the most successful initiatives in the programme." These spaces gave young people opportunities for honest, intimate conversations they could not have elsewhere, while also offering SRHR-related education and service referrals. Over time, these safe spaces evolved into incubators for youth-led advocacy.

THE STATUS OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



Sexual and reproductive health and rights are human rights

Across Eastern and Southern Africa, young and vulnerable people continue to face significant barriers to realising their sexual and reproductive health and rights (SRHR). While many countries have progressive policies on paper, implementation remains weak due to lack of funding, social attitudes, fragmented collaboration between civil society organisations and with governments, among other reasons.

The failure to implement progressive policies poses significant barriers to access to quality SRH services, particularly affecting adolescents, rural populations, young people with disabilities, and those with low income. The contraction of civic space we have seen develop over the course of Make Way makes these barriers that much higher, while undermining accountability and squelching people's voices.

Across the region, conservative and anti-rights actors gained influence, restricting advocacy and silencing civil society. In Uganda, we saw the Anti-Homosexuality Act (2023) severely limit access to essential SRHR-related services and criminalise support to LGBTQ+ persons, further shrinking civic space. Also, governments, for instance in Kenya, increasingly excluded civil society organisations from policy processes. All in all, the opposition to SRHR grew in most places.

Globally, conflicts, economic pressures, and climate crises reinforce these negative trends, leading to SRHR being deprioritised and contested. As a result, our relationships with global health stakeholders have fundamentally shifted. Despite these challenges, local organisations and activists continue to advocate for bodily autonomy, dignity, and inclusive access to SRHR-related services—often at great personal and political risk.

No SRHR without sustainable finance for health systems

We need strong health systems to provide the right care, like having well-trained health workers and access to the medicines we need — without encountering financial hardship. Health systems are also key for realising our SRHR, for example, having access to comprehensive sexuality education, contraception and services around childbirth.

We developed a video that explains the urgent need for sustainable investments in health and indicates what governments, global actors and civil society can do to ensure everybody can be as healthy as possible. The video shows data from Ethiopia, Kenya, Rwanda, Uganda and Zambia.



THE APPROACHES WE USED

Intersectionality to ensure we leave no one behind

Intersectionality refers to the interconnectedness of social categories, such as race, gender, class, sexuality, and ability — all of which shape an individual's experiences and opportunities. It recognises that different forms of discrimination and privilege can overlap, and people with multiple disadvantaged identities face specific challenges.

When we first spoke about intersectionality, it was often misunderstood. In many contexts, the term was difficult to translate and explain, and some colleagues struggled to grasp its meaning or relevance. It was clear that, before we could promote intersectionality in communities at large, we first needed to build understanding and buy-in within our own teams and organisations.



Our early testing ground was Ethiopia. To receive government approval to operate, our plans had to align with the priorities of the Ministry of Health of Ethiopia. To present the concept of intersectionality in a way that government officials would understand and buy-into it, we framed it in terms of "leaving no one behind". Tied to the Sustainable Development Goals, this framing would be familiar and acceptable for government duty-bearers and others. It proved to be a powerful entry point, not only in Ethiopia but across the entire programme.

Applying an intersectional lens to SRHR advocacy meant embracing complexity while staying focused. During our first reflection meeting in Lusaka, Zambia, partners discussed how to balance ambition with feasibility. We concluded that our expertise in strengthening health systems, especially financing for health and service quality assurance, was our distinctive contribution. This became the anchor for our intersectional work, ensuring that our advocacy remained both strategic and grounded.

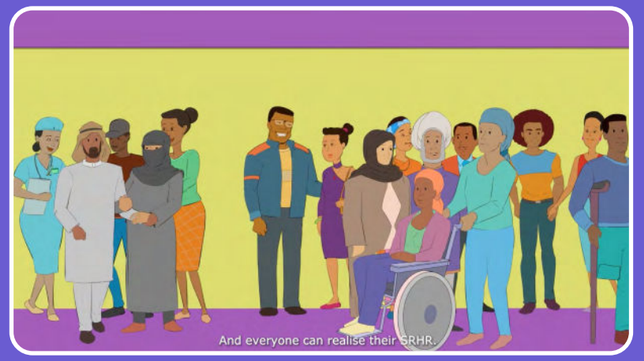
Over time, our understanding of intersectionality deepened. And we found allies who were already working from this approach—without necessarily using the term intersectionality—which allowed for a process of exchange and "reframing" based on their own understanding and capacities. We organised joint trainings on intersectional coalition-building, feminist advocacy, and SRHR—among other key topics—and facilitated values clarification and attitude transformation exercises. We also developed tools to help apply the approach in practice.

The Intersectional Community Scorecard helped youth-led advocacy achieve tangible results. In several areas, youth centres were built or upgraded, clinics hired staff trained in adolescent health, and gaps in SRH supply chains were addressed. In other contexts, governments increased funding for laboratory testing and SRH commodities. These visible outcomes strengthened confidence in and commitment to the intersectional approach.

We also critically examined our tools and practices. A study of the scorecard revealed that, while it successfully reached highly marginalised youth, the voices of LGBTQ+ young people were being lost. That was the case because they were integrated into gender-based focus groups rather than engaged separately for safety reasons. To address this, we adapted the tool — resulting in a scorecard 2.0, which offers more options for safely gathering diverse perspectives. The updated version of the manual is being edited and translated into Swahili.

The scorecard process also highlighted the barriers young people with disabilities face, bringing their needs and rights to the forefront of advocacy and programming. By visibly working with young people with disabilities, we were able to demonstrate our broader commitment to diversity and inclusion. Gradually, conversations about intersectionality became more comfortable and accepted.

Ultimately, although the intersectional approach was challenging to introduce, it proved transformative. It reshaped how partners viewed diversity and inclusion, strengthened advocacy outcomes, and inspired key stakeholders and policymakers to integrate intersectionality into their own strategies and programmes. What began as a difficult concept became a powerful driver of change in the Make Way programme.



How intersectionality can help everyone realise their SRHR

The members of the Make Way communication group developed a video to explain the concept of intersectionality and how it relates to SRHR. The process helped the colleagues involved to better understand the concept themselves and opened relevant discussions on sensitive aspects and how to deal with them. It was a great learning experience, turning into a helpful tool to explain and spread the concept further.

Meaningful youth engagement

In global health and SRHR advocacy, meaningful youth engagement is more than a buzzword—it's a transformative way to ensure young people shape the policies and programmes that affect their lives.

To promote meaningful youth engagement, we established "youth panels" across all contexts as advisory groups of three to five young people with lived experience of vulnerability or marginalisation. Linked to collaborating partners (implementing organisations), these panels were in charge of holding the Make Way programme accountable for youth engagement, raising youth concerns, and ensuring the programme met the SRHR-related needs of young people. Over time, like the safe spaces, the panels evolved from advisory bodies into hothouses for youth-led advocacy, leadership, and skills development.

To strengthen meaningful youth engagement across the programme, we created a dedicated working group early on, bringing together partners working at different levels, the Make Way secretariat, and youth panellists. This group developed a strategy for meaningful youth engagement, formed the Make Way Youth Council to represent and bring the voices of the youth panellists in the programme's governance, and organised in-person meetings to identify gaps and design youth-led solutions. These gatherings gave youth panellists direct opportunities to voice their views, set priorities, and engage with programme participants at various levels.



Youth panel members and collaborating partners at a budget advocacy training in Kenya in 2022



Youth panel members at the annual reflection meetings in Kigali, Rwanda, 2024

The youth panel in Kenya is a good example of what meaningful engagement looks like in practice. The panel brought together diverse young advocates, including those with disabilities and gender-diverse identities, and played an active role in the Kenya Context Coordination Group (KCCG)—the country's main programme management body. Their involvement ensured youth participation was not symbolic but central to decision-making.

One key innovation was the introduction of a double vote for youth panellists in the KCCG—an "affirmative action" measure that gave their perspectives real influence and helped address power imbalances. Often, young people are placed in a weaker position due to their age and the assumption that they lack knowledge, skills and experience. The double vote ensured youth priorities, such as having fully functional youth-friendly centres and spaces at health facilities, carried weight in developing programme strategies.

The KCCG also institutionalised youth engagement by including a standing agenda item for youth updates at every meeting—replicated in the Regional and Global group—and designating one meeting each month to be led by the youth panel.

In addition, some partners created youth-led structures to advise and work with them specifically. The regional council of youth with disabilities is an example. Initially set up by a consortium partner to implement youth-led research on SRHR and service delivery, this body evolved to become a sounding board for the partner on SRHR and disability and contributed significantly to our global advocacy work.

Taken together, these initiatives supported youth leadership, strengthened the confidence of young people, brought in expertise and reinforced a culture of inclusion and accountability across the programme.

Make Way set up **six youth panels** (five at country-level and one at global and regional level) and **one youth council**.

Liliane Fonds also formed a regional council of youth with disabilities with **fifteen youth members**, including a representative from each of the six Make Way's youth panels.

See our interactive roadmap that shows how to ensure meaningful youth engagement from a disability lens.

Faith-based dialogues

The Make Way programme recognised that religion guides many people's lives, and faith leaders have considerable influence. Instead of bypassing religion and religious leaders or treating them as gatekeepers, Make Way sought to broach and nurture direct but constructive dialogue with and among faith leaders and religious communities on SRHR from an intersectional perspective.

Recognising the central role of faith in shaping norms across East and Southern Africa, Make Way intentionally engaged religious leaders as partners rather than adversaries. To do so, we developed the Intersectional See-Judge-Act tool. The tool uses religious stories to spark reflection and respectful discussions on SRHR.

Sometimes, one session is enough to spark change. In Zambia, the tool inspired members of the clergy to champion SRHR-related education in their churches. At a workshop, Christian leaders, health workers, youth, and Make Way partners used the tool to explore comprehensive sexuality education and the SRHR of adolescents and marginalised groups. By the end, religious leaders committed to educating themselves on SRHR, creating safe spaces in churches for youth, addressing rights violations in their communities, and replicating the See-Judge-Act approach. They also invited us to continue SRHR-related dialogues within their congregations — marking a significant step toward faith-based support for inclusive, youth-centred advocacy for SRHR.



Facilitating a session with religious leaders, using the See-Judge-Act tool.

In Kenya, dialogues using the tool led to the formation of the SRHR Interfaith Coalition in Siaya County—a network of 25 faith leaders advocating for the SRHR of adolescents. The coalition established twelve faith-based safe spaces across mosques, churches, and community centres, facilitating dialogue on SRHR, backed by input from healthcare providers. They also use the referral system of the Ministry of Health of Kenya to formalise SRHR-related referrals from safe spaces to public health facilities—ensuring that conversations translate into real access and better health outcomes for young people. Furthermore, partners in Kenya testify to a growing openness among faith leaders and young people to challenge harmful norms around sexuality, menstruation, and reproductive health where Make Way discussions have taken place, with sermons and pastoral guidance increasingly including positive, rights-affirming messages on SRHR.

These results show that articulating SRHR-related concerns through faith-based and culturally sensitive discourse can powerfully dismantle long-standing barriers.

Participatory collaboration

The Make Way programme's governance structure was intentionally multi-layered. Though complex—particularly for newcomers—this design proved essential in fostering ownership, accountability, and inclusion. Consortium partners, collaborating partners, and youth panellists worked together in multiple structures, such as working groups and technical forums, to design, plan, and implement activities. The Programme Management Forum (PMF) provided overall strategic direction and quality assurance, while Context Coordination Groups (CCGs) managed implementation in each country and at the regional and global level—bringing together staff working in the countries but also in the Netherlands. Each CCG brought together consortium staff and youth panels.

Midway through implementation, collaborating partners voiced concerns about their limited involvement in CCG decision-making, which had created power imbalances. These were most visible in budgeting processes, where strategic priorities sometimes overshadowed local needs.

Acknowledging these gaps, we restructured the CCGs to include formal representation of collaborating partners, allowing each country to decide the most practical approach. PMF meetings were also opened to collaborating partners and the Youth Council, ensuring broader participation and consensus-driven governance. This multi-part solution helped address imbalances in power dynamics and created opportunities for strengthened ownership and upstream accountability. Furthermore, the CCGs and PMF, like all Make Way structures, encouraged

consensus-based and strongly participatory decision-making.

Reflecting on these developments, the consortium recognised the governance model reflected the “early adopter” idea for diffusing the intersectional approach. The early adopter idea was an innovative adaptation of a marketing theory and part of the original programme design. In Make Way, it meant consortium partners would pilot intersectional SRHR advocacy and others, seeing its success, would quickly adopt it. At inception, we realised it would not work. The implementation timeline was too stingy for a two-step implementation process. In addition, smaller, grassroots organisations—particularly youth-led and community-based groups—needed direct involvement and financial support from the outset to engage meaningfully. So, we included collaborating partners in the programme to co-create and implement contextualised versions of Make Way with young people in each country.

These experiences underscored critical lessons:

1. Governance structures must evolve with programme realities. Regular governance self-assessments are essential to ensure shared decision-making, joint ownership, and two-way accountability.
2. Rotating chairing or management of governance platforms among different partners can prevent concentration of power and build collective capacity.
3. It is important to include implementing partners at the highest decision-making level. In this case, in the Steering Committee, alongside youth representatives.

By embracing adaptive governance and equitable participation, Make Way transformed its complexity into a strength—building a collaboration model rooted in inclusion, transparency, and shared purpose.









Annual reflection meetings in Kigali, Rwanda, 2024



Make Way partners drawing advocacy plans in Uganda.

Solidarity to navigate political challenges

Across the Make Way countries, contestations around human rights remain a critical barrier for the full realisation of SRHR. As civic space shrinks and authoritarian tendencies rise, the inalienable right of individuals to have the voice, choice and agency to make decisions about their bodies and lives is increasingly politicised. On top of that, the recent global funding cuts and the interconnected and interlinked crises mentioned earlier are negatively impacting millions of people worldwide. Yet, Make Way has shown that through solidarity, intersectionality, and evidence-based advocacy, progress remains possible even in restrictive environments.

Over the past five years, Make Way partners, activists, and youth leaders held governments accountable to their SRHR commitments. Through advocacy grounded in global and regional human rights frameworks, they amplified marginalised voices and built coalitions able to withstand backlash.

In the first two years of the programme, we focused on trust-building, capacity strengthening, ensuring disability inclusion across feminist, sex worker and LGBTQ+ movements, addressing Sexual Orientation, Gender Identity & Expression (SOGIE) gaps, and integrating meaningful participation of youth in all their diversities. We went on to champion inclusive movement-building, bridging divides across feminist, youth, LGBTQ+, disability, and sex worker movements. Having built a solid foundation around shared goals—such as equitable health financing and SRH service access—the programme was able to foster unity and resilience across civil society actors facing common threats and intensified political regression.

In Uganda, for example, the Make Way alliance continued intersectional SRHR advocacy despite the chilling effect of the Anti-Homosexuality Act (2023). Health financing became a strategic entry point, providing a non-divisive issue around which movements could continue operating. Using data from the Intersectional Community Scorecard, budget analyses, and testimonies from safe spaces, Make Way Uganda sustained dialogue with local leaders, ensuring continued accountability even amid restrictions.

OUR INITIATIVES

Building capacity for intersectional SRHR advocacy

Make Way is part of the Dutch government's Strengthening Civil Society Policy Framework (2020-2025). The SRHR funds under this framework aim to equip civil society actors with the knowledge, skills, and resources to hold leaders accountable and ensure citizens can fully enjoy their sexual and reproductive health rights, as part of their basic human rights. At its core, therefore, Make Way is a capacity-strengthening programme.

From the outset, we committed to examining how consortium partners integrate diversity and inclusion within their own organisations. Importantly, the programme design did not assume that partners "had all the answers" while only collaborators required strengthening. This approach—though seemingly obvious—is far from standard practice in the development sector. We created a self-assessment tool to explore our organisational cultures and identify (shared and non-shared) values with regards to sensitive topics related to SRHR and SOGIE. And we looked at our existing operational measures.

Based on these insights, each partner implemented action plans to strengthen gender justice, equity, inclusion, and diversity across organisational management. Examples included: designing more inclusive programmes and partnerships, clarifying organisational positions, and improving internal policies.

125 organisations (67 of which youth-led) report to have strengthened capacities thanks to **Make Way**.



Dialogue session with service providers.



Training on meaningful youth engagement.

We also developed a capacity assessment tool for collaborating partners, enabling joint reflection on their ability to implement intersectional SRHR advocacy. The findings informed our Baseline Report and guided a series of trainings—many built on our own intersectional tools. We trained each other on a wide range of topics, including:

- Social accountability
- Meaningful youth engagement and leadership
- Disability inclusion
- Comprehensive sexuality education
- Strategic advocacy planning
- Budget analysis and advocacy
- Engaging religious leaders
- Working with the media
- Safety, security, safeguarding, and risk management
- Cross-cultural communications
- Intersectional coalition building

Through this comprehensive approach, Make Way has laid a strong foundation for intersectional, inclusive, and sustainable SRHR advocacy.

In **Kisumu County**, in **Kenya**, Make Way presented evidence that adolescent girls with disabilities had **less than half** the SRH service uptake rate of their peers. This prompted the county to invest in **accessible infrastructure** in new health facilities. This shows that robust data is not only for reporting but is a **powerful instrument for policy influence**.

A toolkit to guide your journey towards inclusive advocacy

We developed a special toolkit to guide civil society actors and organisations on how to conduct intersectional lobby and advocacy so they can better promote SRHR. It contains twelve participatory tools that increase and improve capacity, skills and knowledge. The tools help uncover and discuss power dynamics, foster inclusion, and strengthen the voices of young people with compounded vulnerabilities. You can use them individually or in combination, depending on your needs and context.

Lobby and advocacy cycle

This step-by-step tool guides you through the full advocacy cycle, from setting goals to measuring success, with practical tips to strengthen every stage of your journey.

Intersectionality 101

Discover how power and identity intersect, and why this matters if you are advocating for truly inclusive SRHR.

Self-assessment tool

How equitable is your organisation, really? This self-assessment tool challenges you to take an honest, intersectional look within and start building lasting change from the inside out.

Meaningful Youth Engagement training guide

Want to turn youth involvement from tokenistic to transformative? This training guide unpacks how to embed truly young voices in every step of your programme.

The Intersectional Community Scorecard

Want to turn youth involvement into real influence? This guide equips you with the tools to integrate meaningful youth engagement across policies, programme and leadership.

The Intersectional See-Judge-Act Tool

What happens when sacred texts meet social justice? This interactive tool invites communities to see, judge, and act on real-life issues through a religious and intersectional lens.

Intersectionality-based Policy Analysis tool

This tool guides you to analyse (SRHR) policies through an intersectional lens, helping you uncover who is included, who is left out, and how power shapes policy outcomes.

Checklist for budget analysis for advocacy

This checklist equips you to analyse and influence budgets so youth-focused policies get the funding they need to make real impact.

Quality checklist for training

Want to lead inclusive, impactful training sessions? This smart checklist gives you everything you need to get it right.

Developing an intersectional communication and media strategy

From defining your message to choosing the right channels, this guide helps you develop an intersectional communication and media approach that strengthens your advocacy.

Intersectional messaging

This tool guides advocates in crafting inclusive messages that disrupt stereotypes, centre lived experiences and build collective power through intentional storytelling.

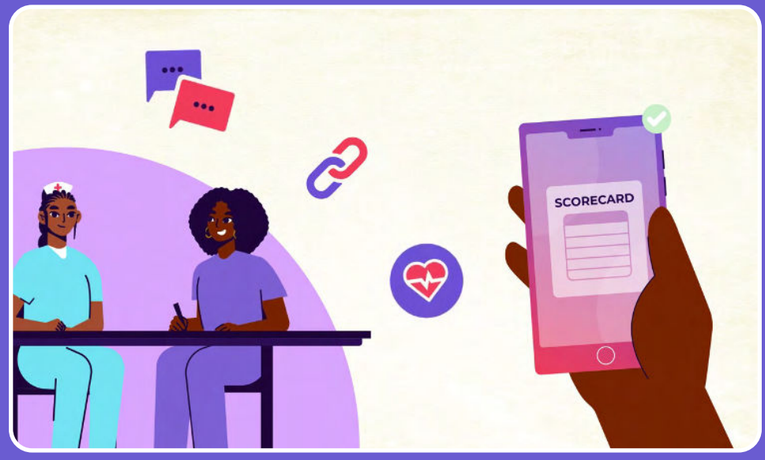
Checklist for accessible communication

This practical checklist helps you make your communication accessible, meaningful and usable for as many people in your audience as possible.

Discover the full toolkit, including templates, examples and guides on make-way.org/toolkit.

Dialogue between youth and health service providers improves SRH services

This animated video explains how the Intersectional Community Scorecard empowers marginalised young people to advocate for their SRHR by enabling them to connect with health service providers and assess, score and improve services.



Creating safe spaces to build confidence, connection and change

The concept of safe spaces was included in the original programme design but lacked clarity. It referred variously to coordination structures, embassy-hosted meetings, or online platforms addressing SRHR. Inspired by support groups in the movement of persons living with HIV, we took the support group concept and mashed it up with the "school clubs" concept where young people in and out-of-school acquire life skills. We refined the idea with a team of experts in the programme.

We agreed that safe spaces would function as peer support groups where young people could discuss SRHR issues they felt unable to raise at home or school, receive accurate information, and access referrals for psychosocial, legal, or medical support. These spaces would welcome young people facing multiple vulnerabilities and serve to:

- Apply and diffuse the intersectional approach
- Promote peer learning and capacity building
- Build confidence and advocacy skills
- Address SRHR needs directly

We also recognised the need to make our coordination meetings safer, developing internal guidance on how to ensure that all programme events promote safety, inclusion, and respect.



Programme participants are happy to participate in the safe space. Read the article about their experience.

From dialogue to action

Across all five countries, safe spaces became transformative environments for learning, sharing, and advocacy. Young people gained confidence through open discussions, which translated into greater use of SRH services, peer mentoring, and community leadership. Many advanced from personal reflection to collective action—organising campaigns, engaging local leaders, and influencing local policies. Participants also developed advocacy and organising skills. Using the Intersectional Community Scorecard, they assessed local SRH services and presented gaps to authorities. Young people and duty-bearers joined forces in monitoring committees to ensure follow-up.

Highlights from the actions that flowed from engagement in safe spaces include the following:

- In Ethiopia, young people led a popular online disability inclusion campaign which received 110,000 views, 11,000 reactions, and 1.7M shares. The campaign resulted in structural improvements for greater accessibility for persons with disabilities at health facilities.

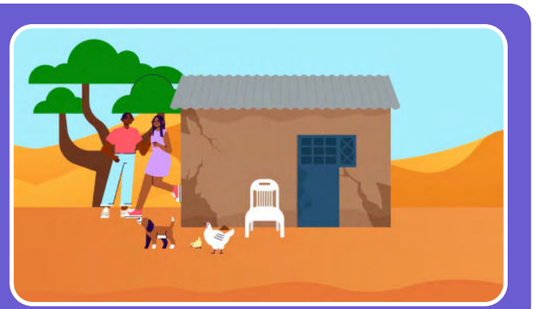


A safe space meeting in Kibera, Kenya

- In Kenya, participants led dialogues on SRHR barriers, joined county budget forums, and ran campaigns on teenage pregnancy, HIV, and gender-based violence.
- Safe spaces in Rwanda doubled up as savings groups, creating a promising self-sustaining model for promoting young people's health and economic and social well-being.
- In Uganda, the use of digital platforms made it possible to reach many girls and women who identify as lesbian, bisexual, queer, and gender expansive persons—despite the current legal framework.
- In Zambia, young people tracked budgets, wrote policy briefs, and presented them to Members of Parliament.

How to create an inclusive Safe Space?

This video shares seven steps to create inclusive safe spaces, inviting youth, parents, organisations and leaders to foster environments free from discrimination, judgement or violence.



The role of facilitators and inclusion

The success of each safe space depended on its facilitators, who fostered empathy, confidentiality, and openness. Trained in intersectional facilitation, they co-developed ground rules, used storytelling and games to reduce stigma, and gathered anonymous feedback. In several contexts, youth mentors from the same communities led discussions, ensuring authenticity. Facilitators were also linked across countries for peer support and learning.

Inclusivity was central. Partners introduced flexible meeting times, sign language interpretation, local language use, and transport assistance for young people with disabilities—ensuring that participation was equitable and diverse voices were represented.

Documentary on Safe Spaces

In Safe Spaces, diverse youth share experiences, build confidence and advocate for SRHR. This video features voices from Ethiopia, Uganda, Zambia, Rwanda, and Kenya, showing how inclusive environments can transform lives.



Challenges and lessons

There was considerable diversity in the sizes, facilitation models, and membership of safe spaces. Some prioritised the needs of young people who feel excluded in other spaces, such as queer youth or young people with disabilities, while others convened young people without emphasising particular identities. Truly acknowledging diversity among young people and offering support that fits their need was a major step forward since tailored support is not typically available in the daily lives of young people facing vulnerability or marginalisation.

While safe spaces achieved strong results, several challenges persist. In some safe spaces, teen moms expressed experiencing lingering prejudice. Moreover, limited resources threaten the continuity of safe spaces, while community resistance can cause safety concerns. Some participants noted that economic hardship prevented them from focusing on SRHR. Integrating income-generating activities and entrepreneurship training proved an effective way to sustain engagement and address these barriers.

Make Way set up, reactivated, enhanced or convened **more than 150 safe spaces**. These include safe spaces for specific occasions/ advocacy initiatives, for a specific target group. The number includes both **physical as well as virtual safe spaces**.

Driving policy change at multiple levels

Across multiple levels, Make Way has transformed youth and civil society advocacy into tangible policy change—embedding intersectionality, inclusion, and SRHR into national frameworks.



Dialogue session with service providers in Ethiopia.

Building a foundation for inclusion in Ethiopia

Using the Intersectionality-based Policy Analysis tool to gather insights, Make Way Ethiopia supported the development of a national audit guide for inclusion, promoting representation of women, youth, and persons with disabilities across all ministries. For example, by providing technical support to the Office of the Auditor General and the Ministry of Women, Children, and Social Affairs.

The Ministry of Women and Social Affairs also put forward a “National Policy for Persons with Disabilities”. Make Way Ethiopia contributed to its content and pushed for endorsement, resulting in nationwide rollout.

Another milestone was the integration of intersectional considerations in health budgeting. The Central Ethiopia Regional Health Bureau institutionalised an SRH budget code—improving service delivery, coordination, and demand—currently being replicated by the Addis Ababa City Administration and to be followed in the Amhara and Oromia regions. These achievements highlight Ethiopia’s growing institutionalisation of inclusive, intersectional approaches to SRHR and disability rights within national and regional governance.

“Before the Make Way programme, I resisted the inclusion of Sexual and Reproductive Health at high schools. But thanks to the programme, which introduced me to the idea of intersectionality, I am now an advocate. The Ministry of Education is therefore producing reproductive health manuals which include intersectional considerations for high schools.”

- Ministry of Education of Ethiopia.

Turning youth advocacy into law in Kenya

Make Way Kenya helped shape the Kilifi County Reproductive, Maternal, Newborn, Child, and Adolescent Health Act 2025, which guarantees equitable access to SRH services for young people, women, and persons with disabilities. This milestone was achieved through evidence-based youth advocacy with structured policy engagement, including public consultations and technical reviews with the County Assembly and Department of Health.

Through a campaign integrating grassroots organising and digital advocacy, Make Way Kenya pushed for the government to adopt the Persons with Disabilities Act (2025). The act strengthens the National Council for Persons with Disabilities and embeds SRHR, inclusion and economic empowerment of persons with disabilities in Kenya's development agenda.

These achievements in meaningful legal reform highlight the power of co-creation; civil society and government working in partnership. They also underscore that vulnerable or marginalised young people are perfectly capable of leading effective, intersectional advocacy when provided support and coordination, including the opportunity to speak with one voice.

Reforming laws for adolescent health in Rwanda

When Rwanda's parliament rejected an amendment to allow adolescents aged 15 and above to access SRH services without parental consent, Make Way Rwanda mobilised a coalition of civil society organisations, human rights defenders, and media influencers to advocate for reform. Through Twitter/X dialogues, youth consultations, and direct engagement with policymakers, Make Way Rwanda sustained public and political attention on adolescent health rights. This persistent advocacy led to the 2025 revision of the Law Regulating Health Services, granting adolescents aged 15 and over access to SRH services, including contraceptives, without parental approval. The process—rooted in youth-led, evidence-based advocacy and trust-building with government actors—marked a major step toward safeguarding adolescent health and autonomy in Rwanda's legal landscape.



Young women in a safe space learning about SRHR, in Gatsibo district in Rwanda.

Influencing health budgets and legislation in Uganda

In Uganda, Make Way enhanced youth engagement in health planning and budgeting, resulting in stronger SRHR investments at district and national levels. In 2024, youth advocacy efforts led Kalangala District to commit to more inclusive health budgeting. Two health centres added ramps, X-ray equipment, and dedicated staff to better serve persons with disabilities—marking a concrete step toward accessible healthcare.



Youth Panel member advocating for National Health Insurance Bill on national radio in Uganda.

Youth advocates also influenced revisions to the National Health Insurance Bill which seeks to reduce financial barriers to healthcare, emphasising the need to address youth-specific health challenges. Through policy briefs, media campaigns, and stakeholder dialogues, Make Way Uganda helped increase political will to re-table the Bill (withdrawn in 2021 after passing in Parliament), and contributed to raising the national health budget from 6.1% (2020–2021) to 8.1% (2024–2025). These examples demonstrate how meaningful youth engagement can influence both legislative reform and resource allocation in SRHR.

Influencing national health budgets and policy on adolescent health in Zambia

In Zambia, Make Way influenced national health financing and strengthened accountability for SRHR spending. Following an analysis of the national health budget, using our Checklist for Budget Analysis for Advocacy tool, Make Way Zambia presented findings to the Parliamentary Caucus on SRHR, calling for increased allocations and youth-friendly infrastructure. The recommendations informed the 2024 national budget, where funding for reproductive health commodities rose by 9.7%, from K1.74 billion to K1.91 billion.

Make Way Zambia co-authored Zambia's first shadow report, which applies an intersectional lens, on progress on the Sustainable Development Goals and submitted it to the Ministry of Finance and National Planning and the Permanent Mission to the UN. By embedding intersectionality into national reporting and policy dialogue, the programme helped reframe health and development priorities to ensure that investments reach the most marginalised youth and communities.



Make Way youth and partner representatives from Zambia presented the shadow report at the 2023 High Level Political Forum in New York.

Safeguarding health in International Monetary Fund (IMF) programme in Zambia

In Zambia, where debt payments consumed 26% of the 2024 government budget, we examined how IMF-imposed austerity measures affected healthcare. The Make Way Regional and Global study showed that, while health budgets increased on paper, inflation significantly eroded their real value. At the same time, IMF-mandated hikes in fuel and electricity costs—during one of the worst droughts in over 70 years—made healthcare even less affordable for people living in poverty. Minimum spending targets were set too low to sustain health services, and civil society engagement remained ad hoc and disconnected from IMF-government dialogue. The Make Way Regional and Global Coordination Group recommended improved safeguards, such as higher spending thresholds for essential services and stronger civil society engagement. The study informed dialogue with IMF staff and Zambian policymakers, leading to more meaningful civil society inclusion in loan programme meetings. It also influenced national debates on health financing and debt, amplifying calls for more accountable and equitable economic policies.



Young people and other community members dealing with various forms of vulnerabilities in a weekly safe-space meeting in Kanyama, Zambia

Make Way developed many lobby & advocacy activities towards duty-bearers: **over 260** at **national and international** levels and **more than 210** at the **sub-national** level.

We brought changes to **4 laws**, **7 by-laws**, **26 government policies** and **11 international agreements**. Youth-led advocacy sustained after programme end will push for results on the many more we targeted.

Communication and campaigns

Across multiple levels, Make Way has transformed youth and civil society advocacy into tangible policy change—embedding intersectionality, inclusion, and SRHR into national frameworks.

Strong alignment on communication

Throughout the programme, we worked together on myriad initiatives, from developing guidelines, branding and key messages to full campaigns, and aligned on how to communicate about sensitive topics. We also created a website where all partners could share their content, offering the opportunity to share content that was harder for them to share on their own channels due to sensitivities in their contexts. You can find a wide range of knowledge products, stories, resources on the Make Way website, including, of course, the Make Way toolkit.

Since its launch in early 2023, the website attracted over 33,000 visitors globally—ranging from the partner countries to countries in North America and Asia. Our resources, in particular, were viewed frequently; for example, the toolkit garnered over 6,000 clicks.

We created various knowledge products to support the uptake of our tools, like infographics and PowerPoint slides. These materials help new users understand the tools and how to use them, including for training sessions. To increase capacity, we held an online workshop on storytelling and one on social media, and shared an elaborate list of resources to support communication, including on working with the media and on website management. Make Way also appeared in many (sub)national media outlets and published an opinion piece in Devex: The best policy for youth is policy by youth.





Make Way for youth produce their own podcast

We launched the Make Way for Youth podcast, with nine episodes in 2024 and six in 2025. It is an entirely youth-led podcast with conversations on SRHR in sub-Saharan Africa. With co-hosts from the Regional and Global Youth Panel, the series dives into an array of SRHR-related topics, including meaningful youth engagement, disability justice and intersectionality. With SRHR under threat around the world, the podcast offers a space to break taboos, normalise conversations on SRHR and provide inspiring stories on the work of SRHR youth advocates, religious leaders, policymakers and civil society actors. At the time of writing, the podcast episodes have been listened to over 350,000 times by more than 130,000 listeners.

#SeeMe campaign yields over 4 million impressions

In 2024 and 2025, we ran the #SeeMe campaign. Through interviews with young people, journalists, civil society and religious leaders, the campaign sought to support those of us who are excluded and rendered invisible to be seen, and promote SRHR for all.

We reached over 4 million impressions, getting our messages across to policymakers, civil society organisations, advocates, governments and donors. Through people-centred, visually appealing and hope-based messaging, combined with partner-wide co-creation and targeted advertising, you can reach a wide and diverse audience.



OUR STORIES OF IMPACT

Active youth engagement driving inclusive SRH services in Ethiopia

Through comprehensive training, ongoing mentorship, and the use of Make Way's Intersectional Community Scorecard, young people in Addis Ababa, Debre Birhan, and Adama successfully advocated for stronger SRH services. Their efforts led to tangible results: SRHR materials were produced in Braille, 15 health professionals received sign language training, and SRH service hours expanded to 24/7 at over 30 facilities (from 12 to 38 in Addis Ababa and 3 to 10 in Debre Birhan). And the Ministry of Health committed to extending these hours nationwide. Youth advocates also secured fee exemptions for young people, improved facility infrastructure and disability access, and ensured better availability of essential supplies, commodities and equipment.

Establishing a youth-friendly centre in Nakuru County, Kenya

The opening of the Rhonda Youth-Friendly Centre marked a major milestone for Make Way Kenya, showcasing the tangible results of sustained youth-led advocacy and coordination. Central to this success was the engagement of the Nakuru Youth and Adolescent SRHR Technical Working Group. Trained in SRHR and budget advocacy and mentored for multi-stakeholder dialogue, young advocates organised a petition and held targeted meetings with county health officials and local leaders, presenting a clear framework for the centre's establishment. These efforts culminated in a memorandum of understanding, formalising a shared commitment to inclusive, intersectional, and accessible SRH services for young people in Rhonda. Today, the centre, funded by the county, stands as a model of youth-led, rights-based collaboration between civil society and government, with strong potential for replication across other counties.



Training to empower youth on their sexual and reproductive rights.



Young girls at a safe space.

Elevating SRHR for women and girls with disabilities in Rwanda

Make Way Rwanda, in collaboration with other civil society organisations, developed a shadow report to the Commission on the Elimination of All Forms of Discrimination against Women (CEDAW), addressing violations of the SRHR of women and girls with disabilities. They submitted the report to CEDAW, which took up all of the report's findings in the Commission's formal response to the Rwandan government.

Make Way Rwanda also contributed to an alternative report for the UN Committee on Economic, Social and Cultural Rights (CESCR). By using an intersectional SRHR lens, the report identified gaps in access to health, education and employment for persons with disabilities. Thanks to targeted advocacy, CESCR adopted key recommendations in its concluding observations—such as flexible work policies for caregivers, disability-inclusive gender-based-violence legislation, and accessible health services. These efforts helped embed SRHR concerns within broader human rights frameworks and demonstrate the power of coordinated rights-based advocacy.



The NUDOR team with the Government of Rwanda Delegation headed by the Minister of Justice.

Uganda - Shifting views on intersectionality in Uganda

Make Way Uganda contributed to shaping public narratives. In 2024 and 2025, on the International Day of Women's Health, photo exhibitions were organised with partners outside Make Way to tell the untold and under-reported stories of minoritised groups. The exhibitions underscored that women are not a homogenous group, and we must respond to the SRHR-related needs of women in prison, queer people, persons with disabilities, refugee women, and many more. By working with a broader group of civil society actors and involving journalists from mainstream media, the stories could be broadly amplified, including across different countries. The exhibitions also strengthened partnerships between civil society organisations, the media, and creatives around the common agenda to highlight stories, frames and narratives that are often overlooked or ignored.

Amid the passage of the Anti-Homosexuality Act (2023), many people and organisations fell silent or distanced themselves from queer communities. Yet Make Way Uganda chose a different path. It continued to gather, strategise, and campaign with queer organisations. The #ResistAHA23 campaign exposed how the law would devastate Uganda's health outcomes and reaffirmed the commitment to inclusive advocacy. Through these actions, it was possible to prove the power of principled feminist solidarity, even in the most hostile environments—sending a message of hope for all of us fighting for SRHR.



Journalist exhibition 'Underreported stories', July 2024.

Intersectionality for girls' education in Zambia

In 2025, Zambia's Ministry of Education commended Make Way Zambia for exposing how poverty, disability, location, early pregnancy, and other vulnerabilities combine to exclude the most marginalised girls from quality education. The Ministry of Education recognises that an intersectional framework would strengthen their own national Keeping Girls in School initiative. The initiative provides sponsorship for girls and young women with low income, including young mothers, to attend secondary school. Applying an intersectional approach systematically could significantly enhance their ability to identify, reach and support the most vulnerable girls.



Learners from Malimba Secondary School pose for a group photo after their meeting in Zambezi District, Zambia.

The Ministry of Education pledged they would:

- Embed intersectional criteria in the selection and support mechanisms of the aforementioned education initiative, going beyond gender and economic status
- Apply Make Way's insights to address overlooked barriers such as disability and SRHR and geographic isolation
- Strengthen collaboration with the Ministry of Health for a multisectoral response

The Ministry of Education formally requested Make Way Zambia provide additional technical information to support them. By mainstreaming intersectionality in a national initiative, the ministry will help ensure Zambia's investment in girls' education truly reaches those furthest behind.



At the multistakeholder hearing on universal health coverage at the UN, in May 2023.

Influencing global level commitments on universal health coverage

In 2023, the Make Way Regional and Global Coordination Group influenced the UN Political Declaration on Universal Health Coverage (UHC). At the Multistakeholder Hearings on 9 May, they urged Member States to prioritise public financing for health, stressing that healthcare is a public good and that reliance on private finance can increase costs and deepen inequalities.

Ahead of the meeting, Make Way Regional and Global partners contributed inputs on draft declarations and held informal discussions with country delegations at the World Health Organization (WHO) Executive Board and World Health Assembly. At the High-Level Meeting in September 2023, partners further called for reform of the international financial system to address debt and illicit financial flows.

As a result of this persistent advocacy, the final Political Declaration removed language promoting private financing and affirmed domestic public resources as the main source for UHC funding (Article 87). This demonstrates Make Way's impact in advancing global policies that promote equitable access to quality healthcare for all.

More impact stories

Read more examples of our impact on the Make Way website and this overview of best practices of youth advocates with disabilities driving change across Africa.

THE WAY FORWARD



Building long-term, structural change lies at the heart of the Make Way programme. To strengthen advocacy for SRHR through an intersectional lens, the programme developed a suite of practical tools that are now publicly available and promoted among advocates and civil society beyond the consortium. These tools have equipped young people with knowledge on intersectionality, SRHR, and budget advocacy, while sharpening their skills in evidence-informed advocacy and data generation.

A powerful example of youth-led research emerged in Zambia, where young people with disabilities designed and conducted an accessibility study of SRH services. From developing research questions based on their needs to interviewing peers, they built confidence and credibility, using their findings and skills to advocate for the adoption of the African Disability Protocol of the African Union.

To sustain this momentum, Make Way established a pool of trainers—young people capacitated to use and disseminate the tools within and beyond their communities. These trainers now facilitate initiatives ranging from local awareness dialogues to global platforms such as Women Deliver and CEDAW. This multiplier effect ensures enduring expertise and continuous peer-to-peer learning across the Make Way countries.

Safe spaces for young people—peer-led forums to discuss SRHR—also underpin the programme's sustainability. These spaces offer a trusted environment for young people to exchange knowledge, challenge stigma, and build advocacy confidence. In several contexts, young people trained peers in new communities, inspiring youth-led advocacy that improved SRH services outside the original programme areas. Similarly, in Kenya, youth groups in Kisumu County are transforming their safe space into a community-based organisation to sustain the work beyond Make Way.

Ensuring the longevity of these safe spaces depends on local ownership and integration into community structures. Collaborating partners are therefore formalising partnerships with local authorities, embedding safe spaces in existing structures, like schools and churches, and diversifying funding sources to secure long-term operation.

Finally, we reinforce sustainability through the alliances we formed under Make Way. In Rwanda, consortium partners and youth panellists have joined other civil society organisations to form a national coalition mobilising resources and continuing advocacy after the programme's close. A similar coalition is emerging in Ethiopia, bringing together civil society actors committed to advancing SRHR through intersectional, inclusive approaches.

The achievements of Make Way's partners and youth advocates will continue to drive lasting change. At the same time, we must confront a harsh reality: powerful actors are undermining human rights with an agenda of hate and division. We will not let them prevail. United across diverse movements, we are unstoppable. Let us continue to join forces to create a just future that leaves no one behind!



COLOPHON

Developed by the Make Way programme

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For more information, visit
www.make-way.org

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