

Make Way: Embracing intersectionality for Health Equity and Justice

Name:

MakeWay

Location:

Ethiopia, Kenya, Rwanda, Uganda, Zambia, Regional (Eastern and Southern Africa) & Global

Funded by:

Dutch Ministry of Foreign Affairs

Dates:

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Key partners:



Background

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, and have access to a full range of sexual and reproductive health services, and protection from sexual and gender-based violence. However, interrelated and systemic barriers prevent marginalised youth from realising their SRHR. Negative societal and religious views and (gender) norms cause stigma, discrimination and exclusion. Rates of teenage pregnancy, harmful traditional practices, and sexual and gender-based violence have increased rapidly as a result of COVID-19-related

lockdowns, curfews, and travel restrictions. Sexuality education is often weak. School closure – due to the current pandemic – has further decreased access. Sexual and Reproductive Health (SRH) services are often not accessible or of low quality due to poorly functioning health systems. Many countries have seen shifts and cuts in their existing, limited national health budgets as a result of the pandemic. There have been serious health service disruptions and the already overburdened and understaffed health workers have not been able to provide quality services. Moreover, youth are not involved in decision-making that affects their lives. Finally, CSOs working on SRHR have limited support (both financial and otherwise), and SRHR agendas lack intersectional awareness.

Accordingly, change needs to happen at three interrelated levels:

- Marginalised youth need to collectively speak up about their SRHR, make informed decisions and hold duty-bearers to account;
- Duty-bearers at (sub)national, regional and global levels need to formulate and implement better policies that lead to intersectional SRHR services;
- Society at large in all regions of the different countries need to respect and accept the SRHR of marginalised youth.

Goal and strategies

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.

In our programme, we aim to mobilise a critical mass of CSOs, that increasingly engage with and consist of diversified youth with little power, who have overlapping vulnerable identities, for them to claim and exercise their SRHR. Our goal is to leave no one behind in accessing their SRHR, by trailblazing an intersectional approach.

Three strategies form the core of our programme:

1. Diffusing innovative practices in intersectional SRHR advocacy
2. Strengthening the advocacy capacity of CSOs
3. Lobby & advocacy to widen the civic space for diversified youth with overlapping vulnerable identities to stand up for their SRHR.

Expected outcomes

- **Short-term:** The consortium finds and contextualises innovative advocacy approaches from all over the world, from grassroots to the global level, that can effectively promote intersectional SRHR
- **Mid-term:** A tipping point is reached when Make Way collaborating partners at various levels use innovative and evolving intersectional SRHR advocacy approaches to gradually shift the narrative among duty-bearers and in society at large
- **Long-term:** A critical and growing mass of duty-bearers and society at large actively supports intersectional SRHR

Target groups

Currently, there are 48 collaborating partners (22 being youth-led) across the six contexts of implementation. These include:

- Civil Society Organisations (CSOs) in the six locations, that are youth-centred, involved in Sexual and Reproductive Health and Rights (SRHR) advocacy, and have an interest in incorporating an intersectional approach to their work (referred to as our “collaborating partners” and “CSO allies”)
- Relevant stakeholders in Ethiopia, Kenya, Rwanda, Uganda, and Zambia, such as national and sub-national governments, churches, and religious and community leaders
- Global health institutes and other global actors
- Other strategic partnerships and consortia working on SRHR
- Media actors such as journalists, opinion leaders and influencers

Indirect target groups

- The diverse group of youth whose SRHR we aim to improve in the contexts we work in (that is, the primary actors)
- The broader public in the contexts we work in
- Supporters and network of the consortium partners

Total grant value €27.379.000

VSO's budget €5.972.817

(including The Circle: €8.375.000)

Partners

The Intersectionality Consortium, which leads our Make Way programme, consists of:

1. Wemos
2. Akina Mama wa Afrika
3. The Circle of Concerned African Women Theologians, Kenya
4. Forum for African Women Educationalists
5. Liliane Foundation
6. VSO
7. Dutch Ministry of Foreign Affairs

