Best Practices of:

Youth Advocates with Disabilities Driving Change Across Africa







Youth with disabilities face many barriers in accessing their Sexual and Reproductive Health and Rights (SRHR), such as the absence of accessible infrastructure, information and inclusive communication, as well as misunderstandings about their sexual and reproductive needs, stigma and social prejudices. Inclusive advocacy by and for young people with disabilities is a strategy to call for policy and societal changes that reduce the barriers that young people face in accessing their SRHR.

Cheshire Disability Services Kenya (CDSK), Cheshire Homes Society Zambia (CHSZ), IPAS Ethiopia, Katalemwa Cheshire Home for Rehabilitation Services, the National Union of Disability Organisations in Rwanda (NUDOR) and Liliane Fonds have been working through the Make Way program since 2020 to break down barriers to sexual and reproductive health. They support young people with disabilities to (self)advocate for their own rights and more accessible, acceptable, available and quality sexual health services.

They achieve this by promoting the inclusion of young people with disabilities, for example by using the toolkit¹ developed during the Make Way programme to enhance the capacity, skills and knowledge of civil society groups and organisations regarding intersectional advocacy. This booklet captures the best practices in inclusive advocacy efforts across the five countries, including the Liliane Fonds case, over the five years of the program.

¹ www.make-way.org/toolkit/



PHOTO: NATIONAL UNION OF DISABILITY ORGANIZATIONS IN RWANDA (NUDOR)

Mentorship to movement: young disability advocates in Rwanda

Inclusive advocacy requires mentorship, training, and resources. In Rwanda, NUDOR has trained over 50 young people with disabilities to become advocates for human rights-based SRHR. This training has allowed them to gain more confidence and speak out about stigma, barriers, and discrimination affecting their lives

Through mentorship and resources access, these young advocates participated significantly in a governmental consultation on the new National Youth Health strategy, sharing their personal testimonies about the exclusion they face from SRHR information and services. Their stories have proven to be powerful tools to challenge stigma and influence decision-makers, gradually shaping the policies that affect their realities.

In the Nyagatare district, many young people with disabilities lacked access to SRHR due to physical barriers, communication gaps, and stigma from the healthcare workers. As part of the Make Way advocacy training, a team of youth advocates, including those without disabilities, documented their challenges. Afterwards, they organized a community dialogue that included local leaders, health workers and young people with disabilities. They used the method of drama to share their experiences of being denied privacy and clear information at the health center. As a result, the health center committed to training staff in disability inclusion, and a ramp was installed to improve access to the clinic.



PHOTO: CHESHIRE DISABILITY SERVICES KENYA (CDSK)

Safe Spaces as a catalyst for change: the case of Kenya

For the last four years, CDSK has focused on creating Safe Spaces for girls and young women with disabilities from the informal settlements of Kibera, Mukuru kwa Reuben and Nyalenda in Kenya. One of these Safe Space hold about 20 girls and young women with disabilities, providing an environment where they can feel comfortable sharing their experiences and participating in activities without fear of judgment, discrimination, or stigma.

Each Safe Space has an assigned mentor, a trained young woman with a disability who acts as a role model for the girls and young women. The Safe Spaces help the girls and young women with disabilities to practice expressing their choices, needs, and boundaries without fear of being coerced. They also offer platforms for disclosure, reporting and healing from previous trauma, further reinforcing bodily integrity, autonomy and self-determination.

The Safe Spaces function as a first step for the girls and young women to become advocates and agents of change. They are provided with information on their SRHR and supported in their self-esteem. There, participants can also learn and practice inclusive advocacy strategies, becoming skilled advocates for intersectional policy and legal changes. By using stories of lived experiences, they have strengthened their active participation in local and national advocacy platforms influencing policy and budget allocation.



PHOTO: KATALEMWA CHESHIRE HOME FOR REHABILITATION SERVICES

From training to transformation: disability advocacy in Uganda

In Uganda, youth with disabilities advocated for actions to improve accessibility and equal treatment. One of the strategies implemented was training for health workers that covered disability identification, the diversity of impairments, and the use of inclusive language.

Alongside this training, adjustments to health facilities were made, including provision of sign language interpreters, constructing accessible structures like special chairs for people with disabilities to avoid long queues, installing ramps, and posting clear information boards.

In the Kalangala district, young people with disabilities were able to start attending meetings of the health management unity committees. As a result of their participation and advocacy, one young person with a disability was elected to be part of the committee to represent his peers at local and district level.

Additionally, young people with disabilities were trained in budget analysis and advocacy. They learned that no funding is allocated to a local health facility unless it is included in the budget. Now, they always make themselves heard at budget conferences at the village level in Nama sub-county. After the training on meaningful youth engagement, Eriabu Bam, a young man with a physical disability, decided to join the election for direct counsellor for persons with disabilities in Nama Sub County.



PHOTO: IPAS ETHIOPIA

Empowering Voices, Transforming Lives in Ethiopia

In Debre Birhan in Ethiopia, the challenging reality for internally displaced people (IDPs) became the backdrop for a powerful story of change. The dire circumstances that led to the creation of these centers, coupled with the harsh living conditions, created an environment filled with hardship, particularly for young women and girls with disabilities who are constantly at risk of Sexual and Gender-Based Violence (SGBV).

One such case involved a young girl with hearing impairment who spent a significant part of her adolescence in an IDP-center and experienced SGBV herself. Eventually, she found the courage to seek help by confiding in a peer her story. Her friend participated in coffee ceremonies organized through the Make Way program which provides a vital Safe Space for discussing critical issues like SGBV and sexual and reproductive health among youth. These gatherings offer valuable resources for education and empowerment.

With this knowledge, her friend recognized the urgent need for support. They attended the ceremonies together, where the young girl could access essential services and began a healing journey. Her story of recovery has inspired others, encouraging more girls to share their experiences and seek help, particularly concerning SGBV. The coffee ceremonies show how inclusive advocacy can be transformative when it prioritizes the voices of those most affected, giving them Safe Spaces to speak out, heal and empower others.









PHOTO: CHESHIRE HOMES SOCIETY ZAMBIA (CHSZ)

Assessments as a leverage for change in the Safe Spaces in Zambia

The introduction of inclusive Safe Spaces brought together young people with different disabilities and from diverse backgrounds, making them realize that they are equal and have the same human rights as everyone else. They also gained a better understanding of the challenges they faced when accessing Sexual and Reproductive Health (SRH) services.

The Safe Space enabled them to identify the gaps in the facilities, such as a lack of sign language interpreters, lack of information, education and communication materials, and inaccessible infrastructure. The environment fostered the exchange of experiences across different disabilities and provided a safe setting for sharing which promoted confidence and allowed for activities tailored to their specific needs.

Assessing health centers with the Intersectional Community Score Card (ICSC), adolescents and young people with disabilities were able to identify their challenges and develop possible solutions to overcome the barriers they faced. They started advocating for information in an accessible format, for a change in healthcare providers' attitude towards young people with disabilities and for the building of ramps in many centers. They have also effectively advocated for inclusive spaces to be opened within their healthcare services by exploring available opportunities such as community development funds from the government. This has helped most adolescents and young people enjoy their rights to access SRH from the facilities with fewer problems.



Liliane Fonds



PHOTO: LILIANE FONDS

From research to the United Nations: the Regional Youth with Disabilities Council's path to advocacy

In 2022, Liliane Fonds formed the Regional Council of Youth with Disabilities under the Make Way programme, bringing together fifteen young people from Ethiopia, Kenya, Rwanda, Uganda, and Zambia. They come together once a month to share about their advocacy efforts in addressing the Sexual and Reproductive Health (SRH) challenges of young people with disabilities.

The Youth Council serves as a platform for mutual learning and capacity building, equipping members with skills and knowledge on intersectionality, SRH, and youth-led advocacy. A key initiative involved conducting youth-led research, allowing council members to develop proposals to assess the accessibility and inclusiveness of SRH services.

They gathered insights through focus group discussions and interviews with young people with disabilities, parents, community members, health practitioners, and other stakeholders. This data was crucial to inform health practitioners and decision-makers about the current challenges young people with disabilities face, advocating for inclusive practices.

Council members also participated in high-level meetings like the United Nations Commission on the Status of Women, with logistical and capacity building support from Liliane Fonds. Before these events, the young advocate would be in close contact with their fellow council members, providing them with updates, and using their insights to prepare their speeches.

Notably, a young advocate from Ethiopia delivered a speech during the youth dialogue at the Commission, where she addressed gender inequality and ableism within Ethiopia. She was the only young woman with a disability to do an intervention in this space.