Embracing Intersectionality for Health Equity & Justice

THE INTERSECTIONAL COMMUNITY SCORECARD

Young people are not a homogenous group. Many have layered, marginalising vulnerabilities related to their gender, age, ability, socioeconomic status, geographic location, among other characteristics. For these young people access to vital sexual and reproductive health (SRH) services is difficult, if not impossible. Health systems and SRH services are not geared to “leave no one behind”. As a result, marginalised young people face increased rates of unintended pregnancies , STIs and unsafe abortions and limited access to comprehensive SRH information and support.

The **Make Way programme**’s Intersectional Community Scorecard bridges the disconnect between the needs of marginalised young people and health services by empowering the young people to advocate for their SRH rights and enhancing the availability, accessibility, acceptability, and quality of services.

The scorecard has six steps. It starts by identifying barriers to SRH access, followed by training young people on their rights. Young people then assess service gaps, while providers conduct self-evaluations. Both groups collaborate on an action plan to make services more inclusive and responsive to marginalised youth. A committee tracks progress through regular assessments to ensure ongoing improvements.

Impact: examples from the Make Way programme

The Make Way programme, funded by the Dutch Ministry of Foreign Affairs and led by **Wemos**, leverages the Intersectional Community Scorecard to dismantle barriers to sexual and reproductive health and rights (SRHR) across Ethiopia, Kenya, Rwanda, Uganda and Zambia. With its intersectional lens, the scorecard enhances community-driven advocacy, empowering youth-led organisations to demand structural changes in health systems. This approach has led to notable changes across several countries:

- In Ethiopia, local health facilities adopted a feedback system for vulnerable young people to report discrimination or unfriendly behavior anonymously. The reports are used to train staff.
- In Kenya youth corners were established in health centres, which are now recognised as essential spaces for delivering SRH services.
- In Rwanda, the government committed to reintegrate teen mothers into schools, breaking the cycle of exclusion, improving long-term educational and health outcomes, and reducing teenage pregnancies.
- In Uganda, local health authorities were inspired to implement regular joint monitoring committees. This created a sustainable system for community and service provider engagement to improve service delivery and accountability on a continuous basis.

» In Zambia, several health facilities contributed to the institutionalisation of adolescent-specific SRH service days, benefiting over 18,000 young people. This change was adopted by health authorities as part of their standard service provision.

Black Coffee Network, a youth network and collaborating partner of Make Way in Kenya, using the Make Way toolkit.

Taking the scorecard to the next level: potential for scale up

The scorecard has proven to be a powerful tool for engaging communities and enhancing marginalised young people's access to SRH services at the local level. Scaling it up could create an effective national framework for accountability on SRH service delivery, by centering marginalised voices in both service design and improvement. Governments could integrate this model into public health systems, fostering partnerships with local health facilities, youth organisations, and community leaders to ensure SRH services are inclusive and responsive. This approach aligns with universal health coverage goals and can drive health system reforms, ensuring equitable SRH access for all and leaving no one behind.

More information

You can find the **Intersectional Community Scorecard**, along with many others from the Intersectional SRHR Toolkit, on the Make Way website: **make-way.org/toolkit**.