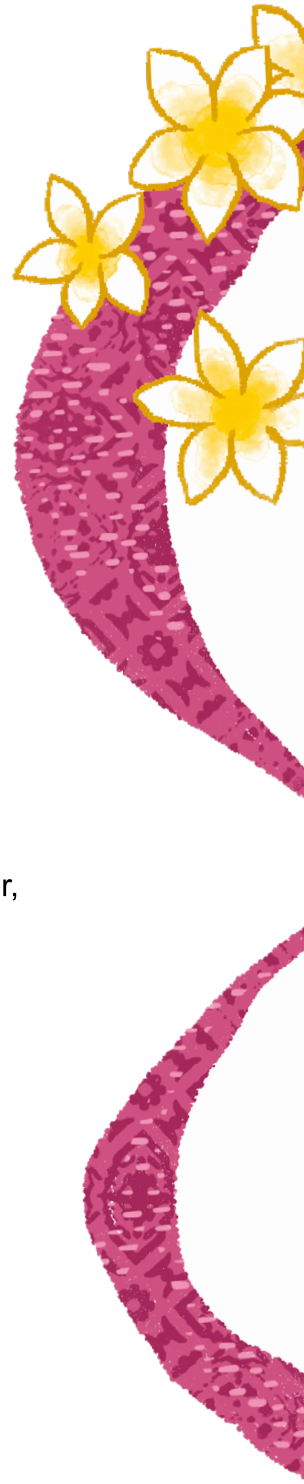
TRANSFORMING FUTURES

Stories of Disability Inclusive and Gender Transformative Change



Credits

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This publication has been supported by the Ministry for Foreign Affairs of Finland (MFA). The views expressed in this publication are the authors' alone and are not necessarily the views of the MFA.

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To Those Who Made This Possible

We extend our heartfelt gratitude to our incredible colleagues who supported the My Body My Future 2 programme at Plan International Finland, across country offices, and partner organisations; to our dedicated Organisations of Persons with Disabilities (OPD) partners; and to all project participants whose voices were woven into the fabric of this publication.

Your strength, resilience and unwavering commitment to justice have brought these stories to life. Through these words, we seek to amplify your power, celebrate your leadership and honour the transformative work you are already doing.

Your stories shine as a beacon of solidarity and hope for a world where no one is left behind. In the spirit of feminism and collective action, we stand together, united in the belief that change is not only possible but inevitable when we work hand in hand with those who have been most excluded.

SETTING THE SCENE

Change begins with stories. Stories of resilience. Stories of defiance. Of systems challenged and barriers dismantled. Of voices of girls and young people with disabilities who refuse to be silenced and instead step forward to lead the way.

These stories do not just inspire. They disrupt. They demand attention. They ignite movements. They drive transformation not only for individuals, but for entire communities and for generations yet to come.

In the pages that follow, you will not find project summaries or technical reports. You will find six stories of lived resistance and leadership. Each one is a vivid, unapologetic reflection of what it means to build disability inclusive and gender transformative change in the places where it is most urgently needed.

These stories are rooted in real life, in classrooms, clinics, villages and urban centres across Laos, Myanmar, Ethiopia, Mozambique, Uganda and Zimbabwe. They emerged through a participatory, feminist and reflective process within Plan International Finland's My Body My Future 2 (MBMF2) programme, which advances disability inclusive and gender transformative change in sexual and reproductive health and rights (SRHR). They are told by those who understand both the weight of exclusion and the power of claiming space.

At their core, these stories respond to a fundamental question: What does inclusive and rights-based change look like when led by the most excluded?

Across diverse settings, from rural villages in Mozambique to schoolyards in Uganda, home visits in Zimbabwe to vocational centres in Laos, MBMF2 sought to answer this question not with theory, but with practice. What you'll read here is not a one-size-fits-all model replicated across borders, but rather, locally led, contextually grounded approaches to disability inclusion, each profoundly shaped by its social, political, and cultural environment.

These are stories about power. The power to speak, to decide, to resist, to transform. They show what becomes possible when those historically pushed aside take the lead, when adolescents and youth with disabilities are not only included, but centred. These are the stories that break barriers and pave the way for new futures. These are some of the untold stories that drive transformation.

HOW WERE THE STORIES DEVELOPED?

The creation of these stories reflects the programme's fundamental commitment to inclusion. The process began with a multi-country learning workshop, where Plan International country teams and local partner Organisations of Persons with Disabilities (OPDs) came together online. Their aim was to critically reflect on their work and explore what "good practice" in disability inclusive and gender transformative SRHR truly means.

This was far from a tick-box exercise. Instead, it offered a space for shared learning and honest dialogue, posing challenging questions such as:

- What's working?
- Where are the gaps?
- What have we learnt that others need to hear?

Following the workshop, we conducted in-depth interviews with Plan International staff and OPD partners to gain a deeper understanding of each country's unique context: the barriers they faced, the strategies they employed, and the stories that resonated most. These conversations uncovered rich insights into leadership, trust, adaptation, and the often-invisible labour required to shift social norms and expanding access. From these discussions, we developed and expanded a narrative for each story. These narratives were not intended as showcases of success, but as honest accounts of transformation in progress, highlighting not just the outcomes but also the processes, tensions, and relationships that made these changes possible.

WHAT UNITES THE STORIES?

Each story is unique, yet together they form a powerful narrative that shows what is possible when disability inclusion is not treated as an add-on but embraced as a catalyst for profound, transformative change. They prove that lasting impact comes from centring those most excluded and challenging the systems that keep them at the margins.

So, what connects them?

- **A commitment to centring those most often excluded.** In every story, adolescents and youth with disabilities were not an afterthought. They were central to the design, delivery, and leadership of the work, whether through peer educators in Myanmar, peer navigators in Uganda, or SRHR clubs in Mozambique.

- **The use of trusted, familiar spaces.** Instead of creating parallel systems, the projects integrated SRHR into existing spaces where youth felt safe: homes in Zimbabwe, coffee and tea ceremonies in Ethiopia, vocational centres in Laos, and schools in Uganda.

- **Systemic thinking.** These were not isolated interventions. Each story engaged multiple entry points: health systems, education, families, and community leadership to create layered, relational, and sustainable change.

- **Contextual intelligence and adaptation.** The stories demonstrate how disability inclusion can thrive amidst fragile political conditions, linguistic diversity, social stigma, and infrastructural limitations. They proved that disability inclusion is not about uniformity, but about flexible approaches rooted in dignity and respect.

- **Prioritising presence over scale.** These stories are not about massive reach or sweeping reforms. They focus on depth: building trust, accompanying change, and staying long enough to shift relationships and social norms.

WHY ARE THE STORIES IMPACTFUL AND TRANSFORMATIVE?

The true impact of these stories cannot be measured simply in numbers or policy wins, although those are present as well. Their real value lies in how they redefine what SRHR can be when disability inclusion is genuinely prioritised.

- In Laos, girls with disabilities not only learnt about menstruation and consent but did so in a space where they were already seen as capable, creative and whole.

- In Myanmar, youth with disabilities became educators during political upheaval, reaching communities not through clinics but through everyday dialogue.

- In Ethiopia, informal coffee and tea circles created access to SRHR where formal systems sometimes fail, making conversations culturally rooted, peer-led, and accessible.

- In Mozambique, intergenerational conversations and disability inclusive youth clubs sparked system-wide shifts in how SRHR is delivered and understood.

- In Uganda, youth with disabilities redefined access, not only by reaching schools and clinics but by auditing and transforming them from within.

- In Zimbabwe, facilitators knocked on doors and brought inclusion home, reaching young people with disabilities often forgotten by every formal system.

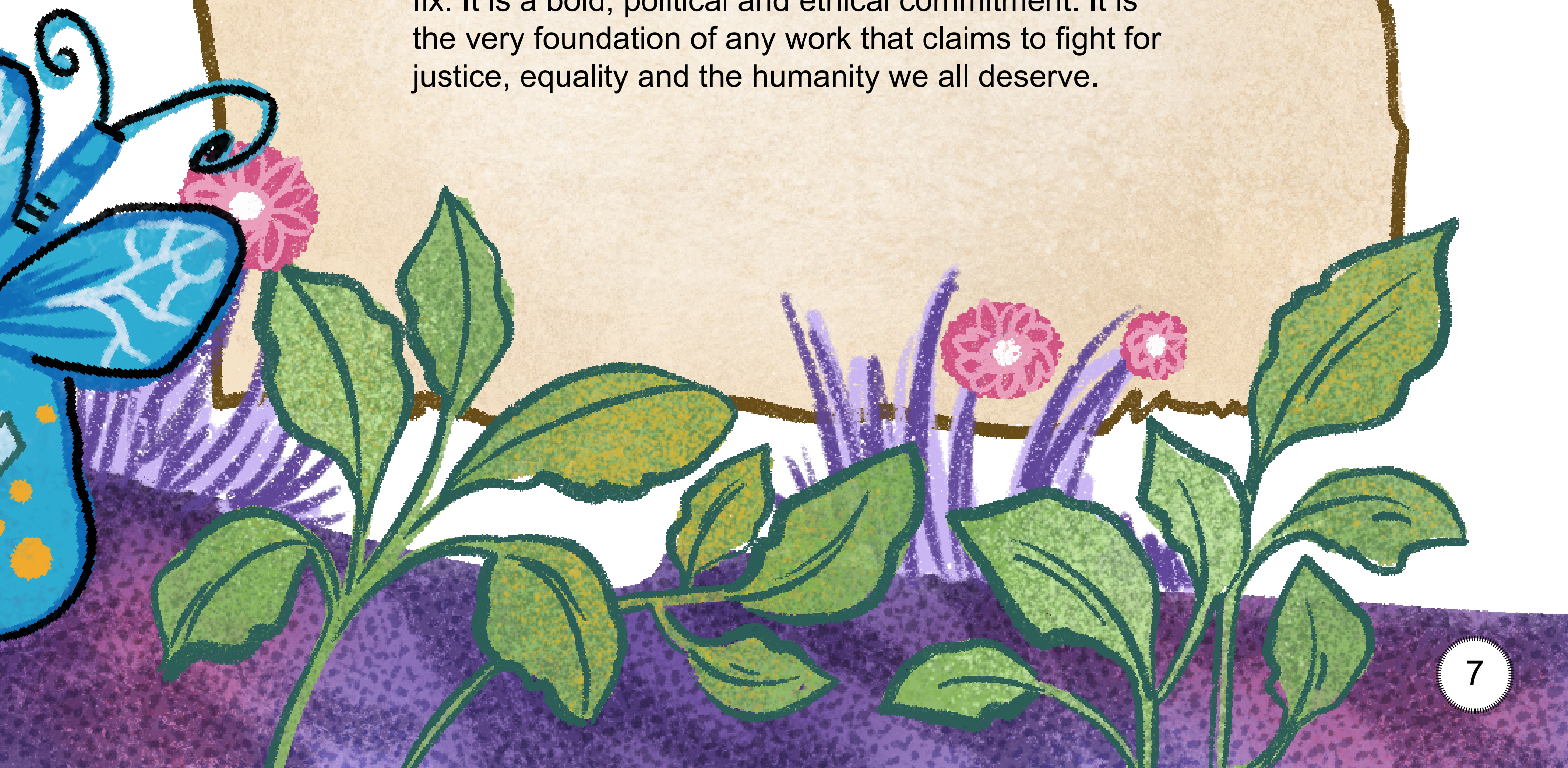
These stories do not offer perfect models. Instead, they provide living examples of how gender transformative and disability inclusive SRHR demands courage, creativity, and collective leadership. They show us that disability inclusion is not just an additional programming component; it is the measure of whether our work is truly transformative.

AN INVITATION TO REFLECT AND ACT

These stories are not merely a record of what was done as part of MBMF2. They are an invitation and powerful call to action, a challenge to every one of us to step up and be part of change.

They invite us:

- To reflect on what it truly means to engage in disability inclusive work
- To question why certain voices remain unheard
- To explore how we can build systems where everyone not only receives services but has a real say in shaping them.
- They remind us that transformation is not only possible, it is already happening: quietly, persistently, and powerfully, often led by those who, for far too long, have been told they do not belong. They are proof that transformative change is possible when courage meets commitment, and when those who have been silenced find their voice and their place.
- Let these stories inspire us to do more than listen. Let them compel us to act boldly, creatively and collectively. Disability inclusion is not a box to tick or a technical fix. It is a bold, political and ethical commitment. It is the very foundation of any work that claims to fight for justice, equality and the humanity we all deserve.



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ACRONYMS

CSE	Comprehensive Sexuality Education
CRPD	Convention on the Rights of Persons with Disabilities
ECDD	Ethiopian Center for Disability and Development
FAMOD	Forum of Disabled Persons Organizations of Mozambique
FGAE	Family Guidance Association of Ethiopia
LIDUPED	LIDUPED Foundation Uganda
MBMF2	My Body My Future 2
NCDPZ	National Council of Disabled Persons of Zimbabwe
OPD	Organisation of Persons with Disabilities
PADet	Professional Alliance for Development Ethiopia
SAAJ	Adolescent and Youth Friendly Health Services (Mozambique context)
SRC	Sexual Rights Centre
SRHR	Sexual and Reproductive Health and Rights
TLMM	The Leprosy Mission Myanmar
WWDA	Women with Disabilities Association

TERMINOLOGY

Comprehensive Sexuality Education	Curriculum-based teaching that covers a broad range of topics related to human development, gender, relationships, and sexual health in a culturally relevant and age-appropriate manner.
Disability Inclusive	An approach that ensures people with disabilities are included, consulted, and provided with equal opportunities in all aspects of programming and service delivery.
Gender Transformative	Gender transformative refers to actions or interventions that actively challenge and change harmful gender norms, power imbalances, and social structures to promote equality, inclusion, and empowerment of all genders, leading to lasting social change.
Organisations of Persons with Disabilities	Organisations led, directed, and governed by persons with disabilities that advocate for their rights and promote their full inclusion in society.
Sexual and Reproductive Health and Rights (SRHR)	A comprehensive set of rights and services ensuring individuals can make informed decisions about their sexual health and reproduction without discrimination, coercion, or violence. It also involves upholding rights such as bodily autonomy, the right to consent, and the right to access healthcare services without stigma or barriers. SRHR is recognised as essential to achieving gender equality, public health, and sustainable development.
Youth-friendly sexual and reproductive health (SRH) services	Health services designed to be accessible, acceptable, and appropriate for young people. They provide confidential, non-judgmental, and respectful care that meets the specific needs of all youth, including information, counselling, and services related to contraception, STI prevention, sexual health education, and other reproductive health issues. These services aim to empower young people to make informed decisions about their SRH in a safe and supportive environment.

ETHIOPIA

TRANSFORMING CONVERSATIONS

SUMMARY

Plan International Ethiopia's My Body My Future 2 project, locally known as Yene-Raey 2, has pioneered a transformative model for delivering disability inclusive sexual and reproductive health and rights (SRHR) education. In collaboration with the Ethiopian Center for Disability and Development (ECDD), the Professional Alliance for Development (PADet), and the Family Guidance Association of Ethiopia (FGAE), the initiative established biweekly tea and coffee discussion groups which have offered warm, familiar gatherings that have become gateways to empowerment.

This story is about these spaces, tucked within community centres and shaded courtyards, where young people with disabilities found something rare: a chance to speak and be heard, to ask the questions they had never dared voice, and to finally see themselves reflected in conversations about their own bodies and futures. These weren't sterile workshops with stiff chairs and rigid lessons; they were vibrant, organic dialogues where stories flowed as freely as the tea, where laughter softened difficult discussions, and where the weight of stigma slowly lifted, sip by sip. Implemented across the Amhara and Oromia regions, the model wove together peer leadership and professional facilitation, ensuring that young people led the conversations while healthcare providers, trained in disability inclusion and adolescent SRHR, listened and responded with care. The topics were as crucial as they were personal: menstruation, family planning, bodily autonomy. But it wasn't just about information; it was about recognition, about ensuring that every participant felt seen and valued. Whether it was through family-supported communication assistance for those with speech difficulties or ensuring that no one had to struggle up a flight of stairs to join a session, the project tailored accommodations to each young person's reality, removing barriers one by one.

The impact rippled outward, touching lives far beyond the discussion circles. Young people stood taller, voices grew stronger, and confidence took root where there had once been hesitation. More youth accessed essential SRHR services, Organisations of Persons with Disabilities (OPDs) became more influential advocates, and communities, once hesitant to acknowledge the rights of youth with disabilities, began to listen. By embedding disability inclusion within existing health and education structures, Yene-Raey 2 has done more than deliver SRHR programming; it has redefined what true inclusion looks like. Because when young people with disabilities are not just included but centred in their own stories, transformation is not just possible, it is inevitable.

VOICES UNHEARD, NOW LEADING: RECLAIMING SRHR FOR YOUTH WITH DISABILITIES IN ETHIOPIA

Across Ethiopia's diverse landscapes, young people with disabilities continue to face multiple layers of exclusion. Not only are they marginalised in education and employment, but they are also routinely left out of critical conversations about their bodies, choices, and rights. Yene-Raey 2 sought to shift this reality by placing young people with disabilities at the centre of their own SRHR journeys.

Operating in Amhara and Oromia, the project partnered with local organisations to reach some of Ethiopia's most marginalised youth. At its heart was a simple yet radical idea: young people with disabilities should have both the space and the support to discuss SRHR openly, safely, and without fear of judgement.

A YOUTHFUL NATION, A SILENT GAP: WHY DISABILITY INCLUSIVE SRHR CAN'T WAIT

Ethiopia has a predominantly young population, with over 60 percent of its people under the age of 25. It is also home to nearly eight million people with disabilities. While national policies have progressed, including the ratification of the UN Convention on the Rights of Persons with Disabilities, significant gaps remain in their implementation. Stigma, inaccessible services, and a medicalised perception of disability continue to shape the landscape.

Research shows that up to 43 percent of children with disabilities never attend school, and nearly 80 percent of youth with disabilities have never discussed SRHR with their parents. Most young people rely on television and radio for information, leaving those with communication or mobility challenges at an even greater disadvantage. Against this backdrop, Yene-Raey 2 emerged with a clear vision: to create a peer-supported, rights-based platform where young people with disabilities could explore, question, and take ownership of their SRHR.

A CONVERSATION OVER TEA AND COFFEE

Every other Thursday, as the midday sun stretched long shadows across courtyards and verandas, the scent of freshly brewed coffee and spiced tea drifted through towns and villages across the three districts in Amhara and Oromia. In these familiar, everyday spaces, under the shelter of acacia trees, in the quiet corners of community halls, or on the woven mats of a neighbour's home, small groups of 12 to 15 adolescents and young people with disabilities gathered.

The setting was warm, unassuming, steeped in tradition.

Cups clinked softly, the low murmur of greetings filled the air, and for a moment, it could have been any ordinary social gathering. But what unfolded in these circles was anything but ordinary. As the tea and coffee were poured, so too were long-silenced thoughts and questions. The content was unique. Led by role models with disabilities, together with health workers, listening was prioritised, and with this strategy at hand these gatherings became sanctuaries of honesty. Discussions ranged from the practical: how to manage menstruation when no one had ever explained it, to the deeply personal: fears, desires, and the right to make decisions over one's own body. For many, it was the first time anyone had ever asked: What do you want for your body and your future?

One young woman, her voice shaking at first, shared her story of an unintended pregnancy. Her partner had abandoned her, and shame had kept her silent. But here, among peers who truly understood, she found guidance. A fellow participant from a local OPD didn't just listen, she took action, accompanying her to a health centre, standing beside her as an advocate, ensuring she received a safe abortion. The provider, at first dismissive, was challenged, reminded that this young woman, like any other, had rights.

Another participant, Dawit, a young man who uses a wheelchair, spoke of the humiliation of being turned away from a health centre simply because its entrance was lined with steps and no one thought to make a space for him. His words struck a chord. Within days, facilitators met with the facility manager, and within two weeks, a solution was found, key SRHR services were moved to a ground-floor room. When Dawit wheeled himself through that door for the first time, he wasn't just accessing a service; he was reclaiming his dignity. That was the first time I felt listened to, not just as a patient, but as a person, he reflected. These tea and coffee circles were more than conversations. They were catalysts for change, spaces where empowerment was not just spoken about but lived. Here, young people were not passive recipients of knowledge but architects of their own futures. They lifted one another up, challenged the barriers before them, and one discussion at a time, reshaped what was possible.

WHAT MADE IT WORK?

The project's success was not driven by infrastructure or funding alone, but by a human-centred approach rooted in trust, relevance, and inclusion. Trust was nurtured organically. ECDD members facilitated sessions, sharing their own experiences of discrimination, resilience, and self-advocacy. This created a sense of belonging and reinforced the idea that disability inclusive SRHR was not theoretical but deeply personal and actionable.

Health providers were not merely trainers; they were listeners first. Many sat through multiple discussions before offering input. Their presence helped bridge the gap between informal peer dialogue and formal healthcare services. Over time, trust in the health system improved.
Tailored accommodations were another critical factor. Many youths with hearing impairments did not use formal sign language, so facilitators incorporated visual aids, peer-assisted translation, and flexible facilitation styles. In one case, a father helped translate his daughter's unique home sign system, a method dismissed by institutions but embraced here.

Finally, the setting played a crucial role. Tea and coffee gatherings are culturally significant, informal, and deeply ingrained in Ethiopian social life. By embedding SRHR discussions within these familiar spaces, the project dismantled psychological barriers to participation. Adolescents were not entering a clinic or a classroom; they were simply joining a conversation.

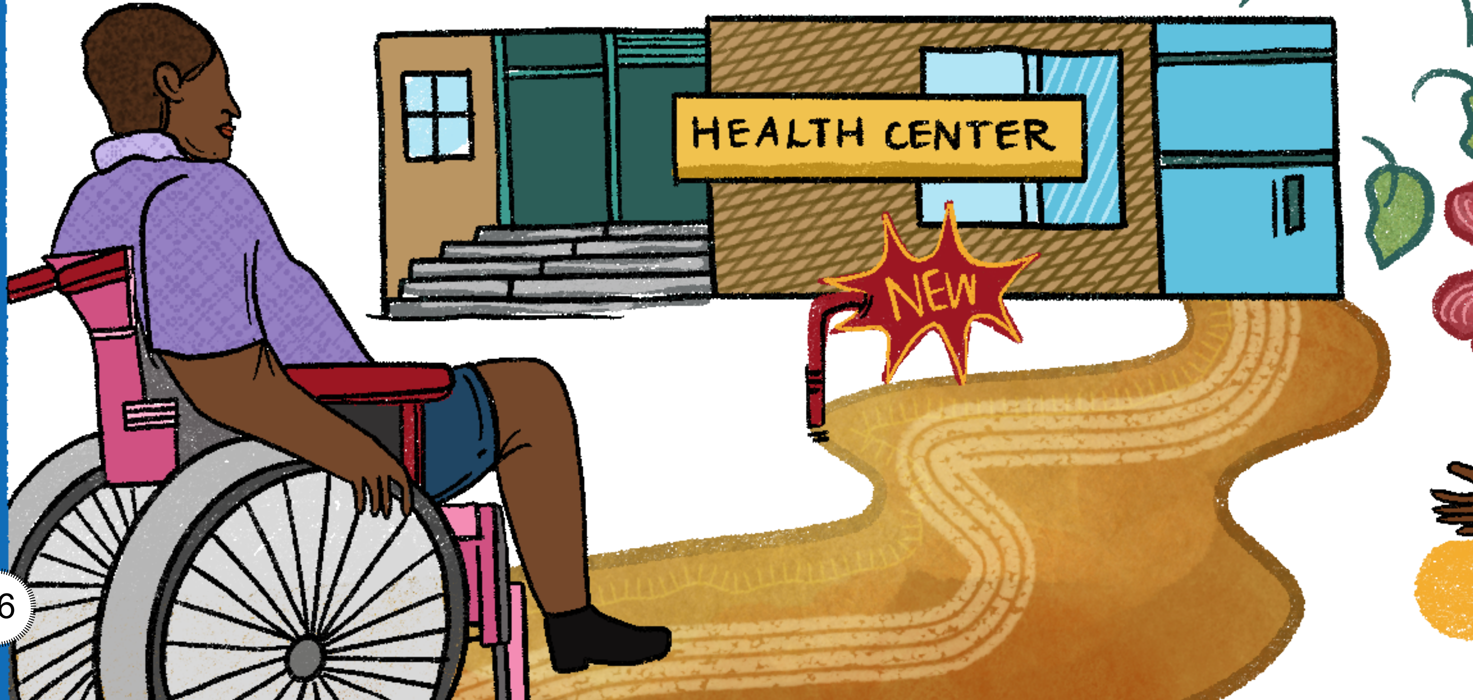
WHERE CHANGE TAKES ROOT: MOMENTS OF GROWTH

Beyond the numbers and data, the real impact of the project was measured in the quiet yet profound shifts that unfolded in the lives of its participants.

Meron, a 17-year-old with an intellectual disability, entered the project hesitant and withdrawn, always clinging to the comfort of her sister's presence. She barely spoke at first, her gaze often fixed on the floor. But as the weeks passed, something changed. In the safe embrace of the group, she began to find her voice, tentatively at first, asking questions about menstruation and hygiene, then more confidently, sharing her own thoughts. By the end of the year, she was no longer the quiet girl sitting on the sidelines; she was a mentor, guiding a new participant through the same journey she had once feared. Her mother, watching this transformation unfold, marvelled: I used to think Meron would always depend on others. Now I see her leading.

The ripple effects extended far beyond individual growth. Local OPDs, long overlooked, began to gain real influence. For the first time, government officials invited them into SRHR planning meetings, acknowledging their expertise and the vital role they played in advocating for inclusive policies. Health centres, which had previously operated without considering the needs of young people with disabilities, started tracking their service use, marking a shift from invisibility to recognition. Families who had once shied away from discussing SRHR began engaging in open, sometimes difficult but necessary, conversations. Community leaders, who had upheld silence around these topics, found themselves challenged by the voices of young people who now understood their rights and refused to be ignored.

Yet, the road to change was not without obstacles. Transport remained a persistent barrier, particularly for those in rural areas where distances were vast and accessible options scarce. Ensuring that momentum did not fade once the project officially ended required stronger coordination with government partners, embedding inclusion into policy rather than leaving it to the goodwill of individual actors. And stigma, deeply entrenched, reinforced over generations, did not vanish overnight. But the groundwork had been laid. The once-unheard voices had spoken, and they would not be silenced again.



A SHIFT IN THE NARRATIVE

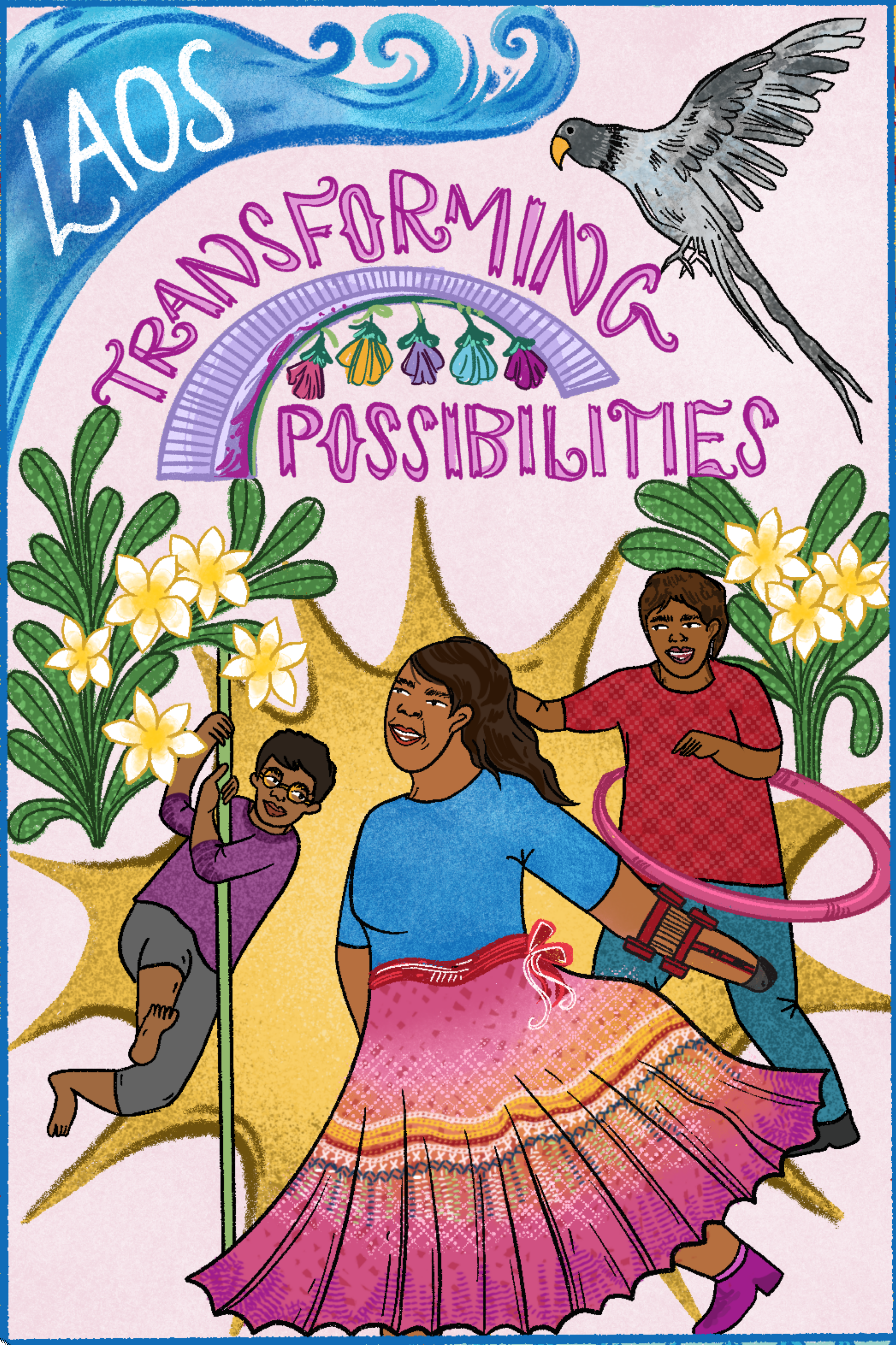
Yene-Raey 2 has been able to create spaces for transformation and contributed to influence the way young people with disabilities saw themselves: as advocates, decision-makers, and leaders. It also reshaped community perceptions of disability, breaking long-held myths through visibility, dialogue, and action.

Where silence had once prevailed, voices long ignored were finally being heard.

LOOKING FORWARD

As Plan Ethiopia and its partners look to the future, the challenge is scale. With careful documentation, continued collaboration with government actors, and an unwavering commitment to disability inclusion, this model has the potential to expand to reach more young people, training more providers, and embedding disability inclusive SRHR within national systems.

Transformation is not always loud or overt. It can be quiet, subtle, and it can begin with a cup of tea or coffee, a safe and brave space, and a willingness to listen and then act, fostering change that grows steadily, from small beginnings to meaningful outcomes. When young people with disabilities lead the conversation, the future is not just inclusive. It is truly transformative: a future where no voice is unheard, no right is denied, and no dream is out of reach.


LAOS
TRANSFORMING
POSSIBILITIES

SUMMARY

This story explores the integration of disability inclusive and gender transformative approaches in Plan International's My Body My Future 2 (MBMF2) project in Laos. In a strategic partnership with Women with Disabilities Association (WWDA) which began in 2023, the project embedded Comprehensive Sexuality Education (CSE) into a long-standing vocational training programme for girls with disabilities.

In early 2024, nineteen girls from across rural Laos, many of them from ethnic minorities, embarked on a transformative journey. This experience provided not only vocational skills but also education on menstruation, contraception, and bodily autonomy. By delivering accessible SRHR information in a safe, trusted environment and supporting girls with wraparound care, the programme tackled both structural and cultural barriers to inclusion.

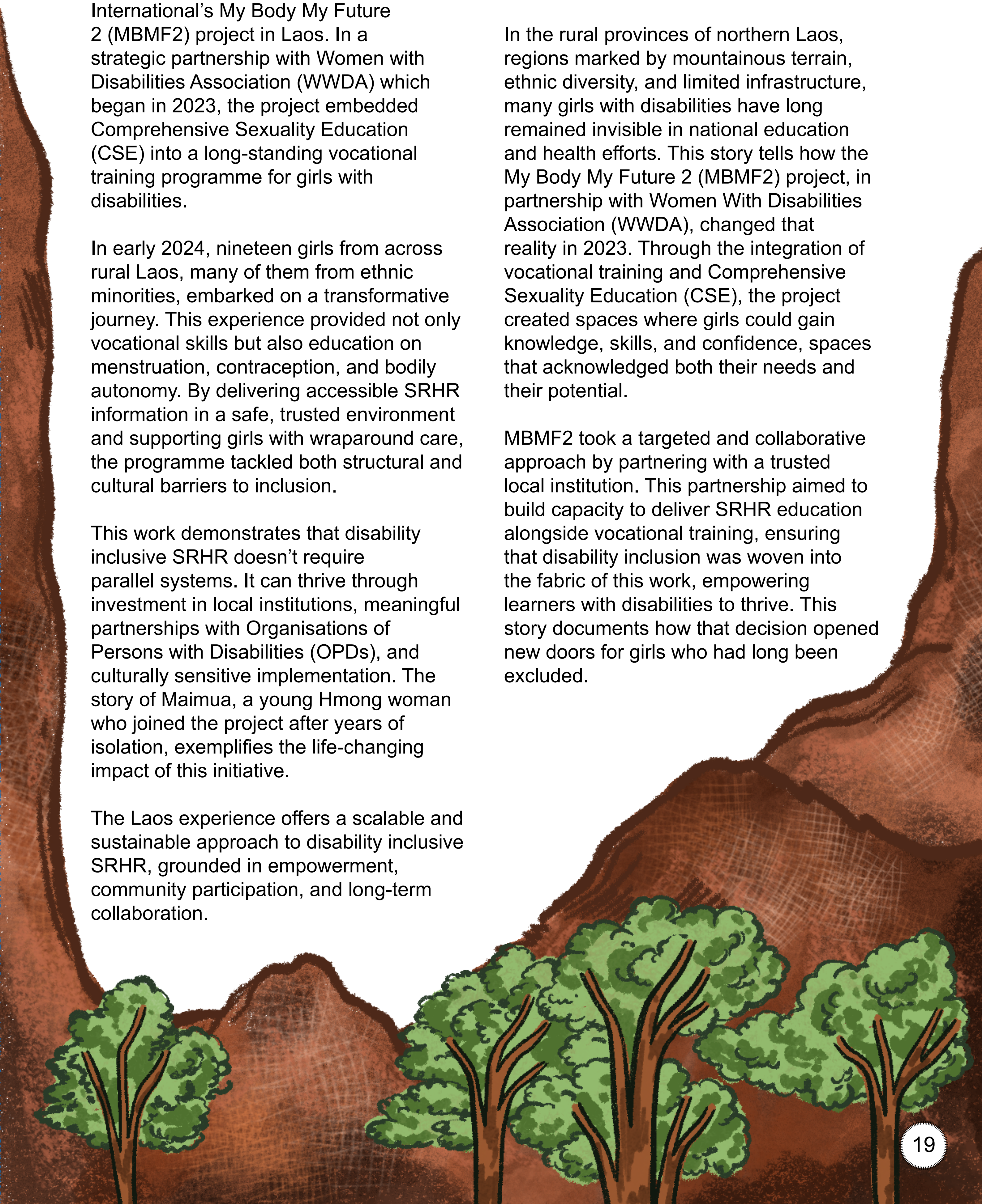
This work demonstrates that disability inclusive SRHR doesn't require parallel systems. It can thrive through investment in local institutions, meaningful partnerships with Organisations of Persons with Disabilities (OPDs), and culturally sensitive implementation. The story of Maimua, a young Hmong woman who joined the project after years of isolation, exemplifies the life-changing impact of this initiative.

The Laos experience offers a scalable and sustainable approach to disability inclusive SRHR, grounded in empowerment, community participation, and long-term collaboration.

FROM THE MARGINS TO THE CENTRE: REIMAGINING POSSIBILITIES FOR GIRLS WITH DISABILITIES IN LAOS

In the rural provinces of northern Laos, regions marked by mountainous terrain, ethnic diversity, and limited infrastructure, many girls with disabilities have long remained invisible in national education and health efforts. This story tells how the My Body My Future 2 (MBMF2) project, in partnership with Women With Disabilities Association (WWDA), changed that reality in 2023. Through the integration of vocational training and Comprehensive Sexuality Education (CSE), the project created spaces where girls could gain knowledge, skills, and confidence, spaces that acknowledged both their needs and their potential.

MBMF2 took a targeted and collaborative approach by partnering with a trusted local institution. This partnership aimed to build capacity to deliver SRHR education alongside vocational training, ensuring that disability inclusion was woven into the fabric of this work, empowering learners with disabilities to thrive. This story documents how that decision opened new doors for girls who had long been excluded.



A COUNTRY OF YOUTH, YET SO MANY LEFT BEHIND

Laos is a youthful country, with over half of its population under the age of 20. It is also one of the most ethnically diverse nations in Southeast Asia, home to 49 recognised ethnic groups. Despite progress in education and health, many adolescents, particularly girls and young people with disabilities, still face significant barriers to accessing accurate information and services related to sexual and reproductive health and rights (SRHR).

The 2015 census recorded over 160,000 people living with disabilities, with the highest prevalence found in rural areas without road access. While the Government of Laos has adopted legislation to protect the rights of people with disabilities and committed to the Convention on the Rights of Persons with Disabilities (CRPD), there remain significant gaps in implementation, particularly when it comes to providing adolescents with accessible, inclusive SRHR services.

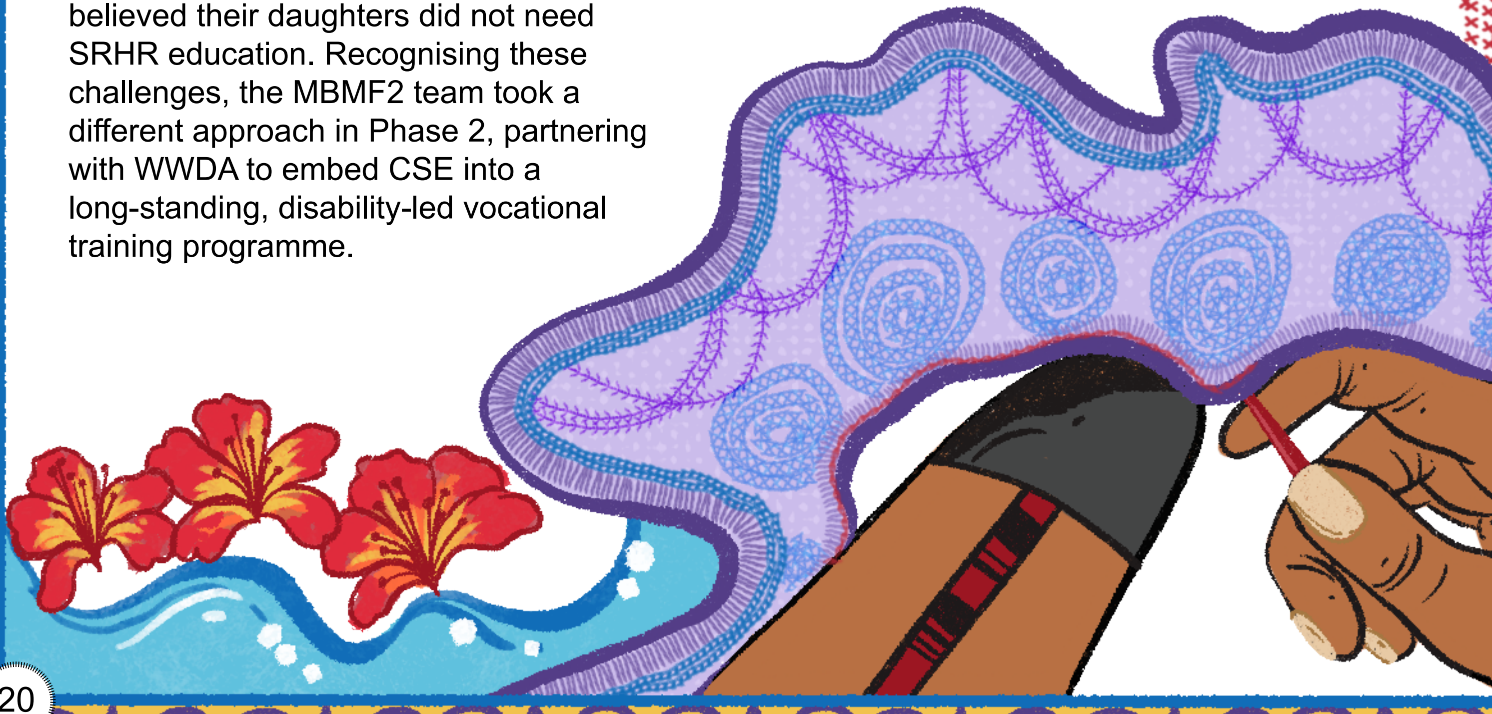
Phase 1 of MBMF revealed that many adolescents with disabilities were excluded from community-level activities. Some families feared social stigma, while others believed their daughters did not need SRHR education. Recognising these challenges, the MBMF2 team took a different approach in Phase 2, partnering with WWDA to embed CSE into a long-standing, disability-led vocational training programme.

MAIMUA'S JOURNEY

One participant, Maimua, a 25-year-old Hmong woman from Bokeo Province, exemplifies the challenges and possibilities of this model. Living with multiple physical disabilities, she had completed only grade three. She stopped attending school due to the distance and the physical burden of crawling to class without support. At home, she spent her days helping with chores and teaching herself embroidery. When a village meeting was announced for people with disabilities, Maimua attended. There, she learnt about the opportunity at WWDA. With support from family and the community, she enrolled.

At WWDA, she received instruction not just in handicrafts, but also in menstrual hygiene, contraception, and other essential SRHR topics, many of which were entirely new to her. For the first time, she used sanitary pads, had access to an accessible toilet, and spoke openly about her health. She reflected: "I feel more confident now. I didn't know how to manage my period before. Now I can take care of myself."

Her story illustrates how the integration of SRHR into a disability inclusive space can address multiple barriers at once.



WHAT MADE IT WORK?

Several key factors underpinned the success of this initiative. Firstly, WWDA's history and credibility meant that families were more willing to allow their daughters to participate. The trust that WWDA had built over years of consistent programming provided a vital entry point. Secondly, the comprehensive support offered by the project, from housing and food to psychosocial care and SRHR education, created an environment where girls could focus on learning and growth without the constant burden of daily survival.

Healthcare collaboration was another cornerstone. By including trained providers in CSE sessions, the programme bridged the often-wide gap between information and service access. Girls could ask questions directly and receive immediate, informed responses. This approach not only increased SRHR knowledge but also built confidence in seeking services outside the programme.

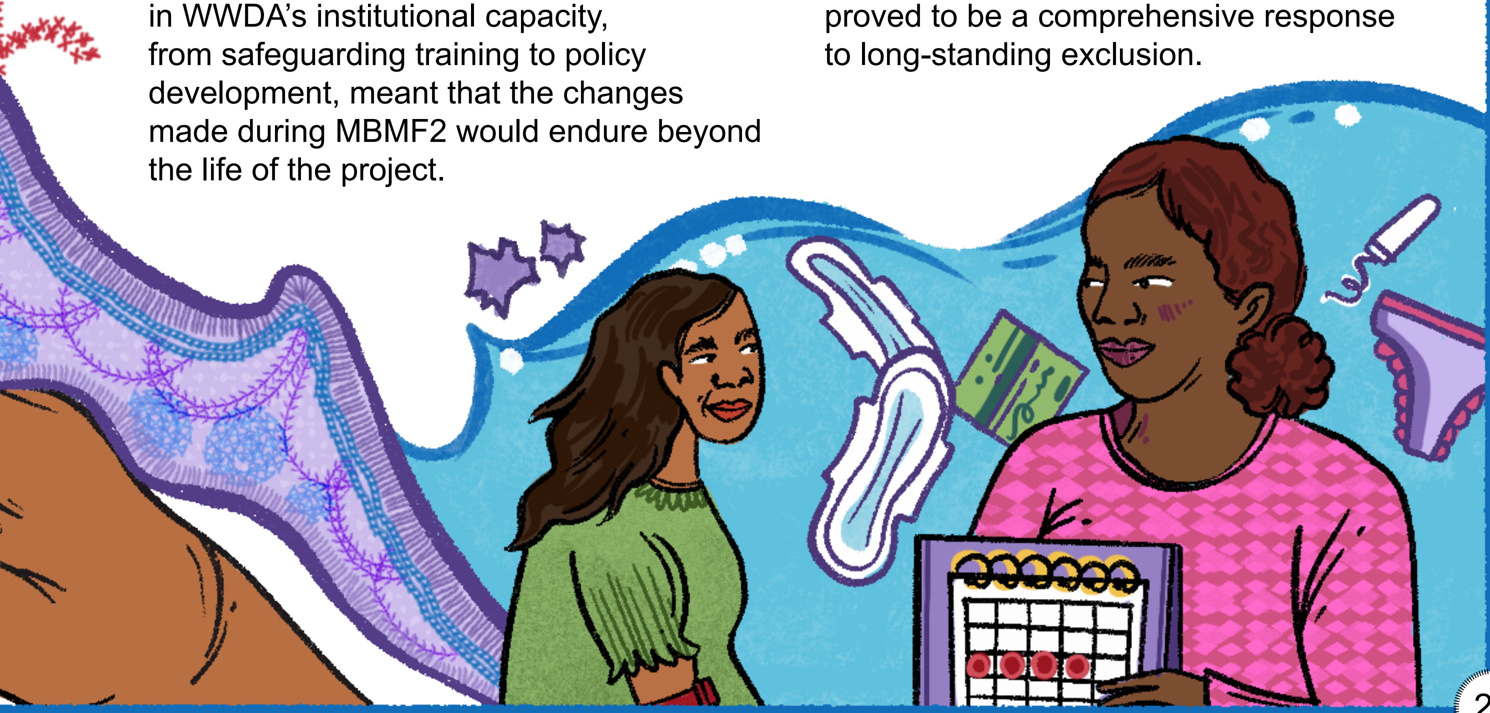
The selection of participants also mattered. Through a participatory approach that involved community leaders and families, the programme ensured that girls who most needed support were identified and engaged. Finally, the investment in WWDA's institutional capacity, from safeguarding training to policy development, meant that the changes made during MBMF2 would endure beyond the life of the project.

WHAT GROWTH LOOKED LIKE

The project's achievements were evident in the confidence and self-care reported by participants, and the positive feedback from families who noticed tangible improvements in their daughters' health and wellbeing. For WWDA, the inclusion of SRHR into its vocational training marked a shift towards more holistic education, one that stakeholders came to value deeply.

Challenges also arose. Strengthening safeguarding and adapting inclusive systems took longer than anticipated. Language barriers, especially for ethnic minority participants, required thoughtful translation and cultural sensitivity. While the model is promising, reaching larger numbers will require new resources and broader collaboration.

What stood out as particularly innovative was the decision to invest in an existing disability-led organisation rather than building something new. This approach made integration more seamless and sustainable. The direct involvement of health professionals in sexuality education sessions was another effective strategy. And the programme's design, which addressed not just knowledge gaps but also structural and emotional barriers, proved to be a comprehensive response to long-standing exclusion.



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A QUIET SHIFT

The MBMF2 initiative in Laos may not have made national headlines, but it sparked quiet, yet meaningful shifts in the lives of girls who had long been excluded. It demonstrated that disability inclusion does not have to be complex or expensive, it requires intentional, committed action.

At its core, this story is about building agency as this initiative recognised the inherent worth and rights of girls with disabilities, providing them with the knowledge, skills, and support to take control of their own futures. By integrating SRHR education with vocational training, it empowered these girls to make informed decisions about their health, bodies, and lives.

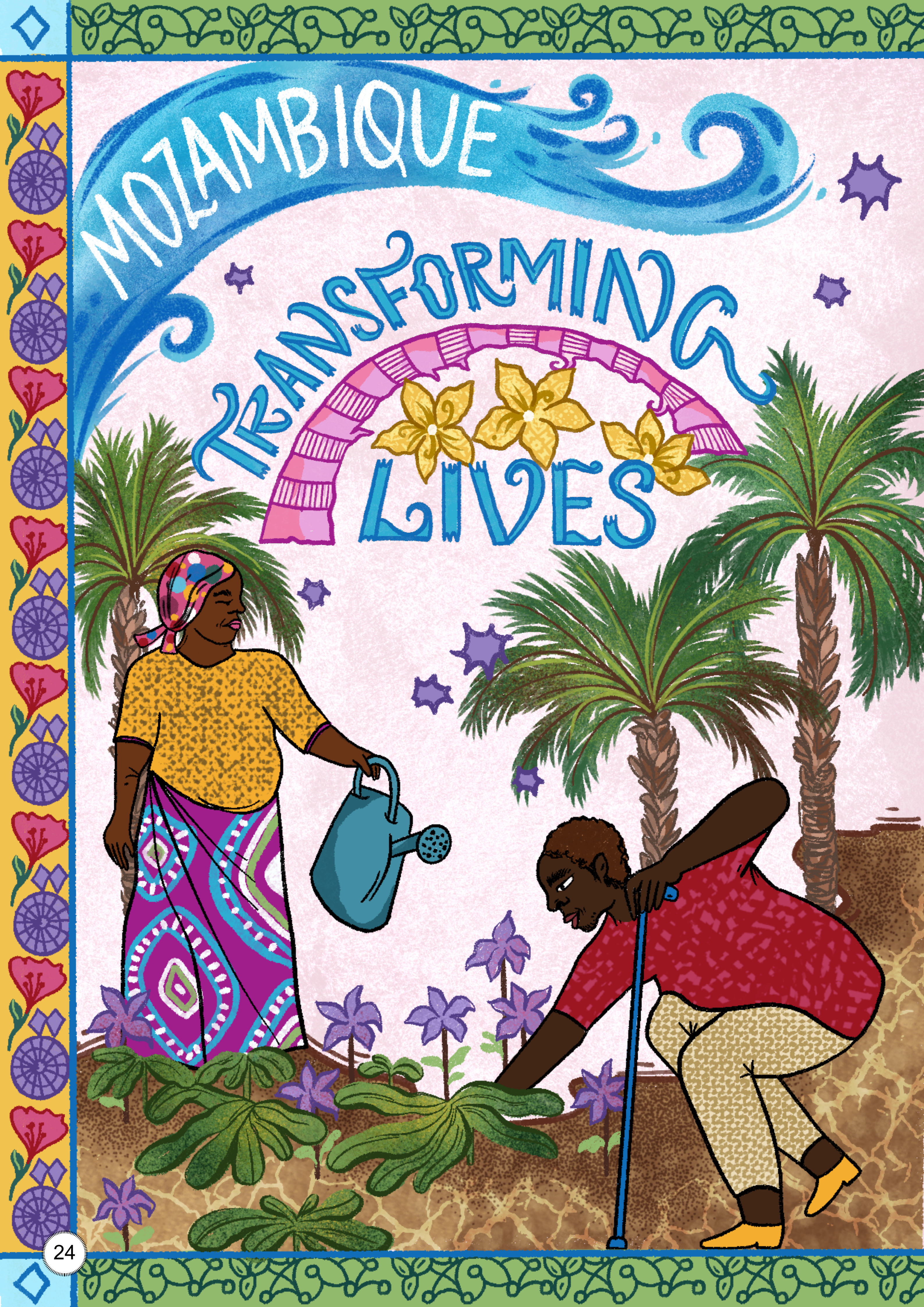
Rather than creating something new, MBMF2 built on the trusted foundation of WWDA, strengthening existing community ties and creating a space where girls felt safe to grow and lead. This approach demonstrated that real change often comes from local, community-driven efforts: it is bottom-up.

The change created is not just sustainable, it is transformative. It shifted girls with disabilities from being overlooked to being leaders in their own right. Girls like Maimua are no longer exceptions, but examples of what is possible when we invest in the leadership of those who have long been marginalised. This initiative shows that knowledge is not a luxury but a fundamental right. By giving girls the tools to lead their own lives, a ripple effect has started that extends beyond these individual girls, reshaping communities and breaking down long-standing barriers.

True transformation does not need to be loud. It is found in the quiet but powerful shifts in those who, for too long, were told they could not lead. With every girl empowered, we are not just creating a more inclusive world, we are changing the systems that have historically held them back.

LOOKING AHEAD

The next step is scale. By documenting learnings, strengthening partnerships with government actors, and advocating for broader adoption, this model can reach more girls in more places. It offers a blueprint not only for Laos but for any context where disability, gender, and inequality intersect. When we invest in the leadership of girls with disabilities, we do more than improve services. We shift power, open futures and begin to transform what is possible.


MOZAMBIQUE
TRANSFORMING LIVES

SUMMARY

Plan International Mozambique's Mandziku project marks a pioneering shift towards gender transformative and disability inclusive sexual and reproductive health and rights (SRHR) work in Mozambique. Operating in Jangamo District, where adolescents, particularly those with disabilities, have historically faced stigma, misinformation, and severe barriers to SRHR services, Mandziku has taken bold steps to break down these obstacles from the ground up.

This story is about the project's innovative approach to nurture peer-led Champions of Change (CoC) clubs, and its commitment to inclusive service delivery, as well as the establishment of strong, collaborative partnerships with organisations such as FAMOD (Forum of Mozambicans Organizations of Persons with Disabilities). Through these efforts, Mandziku has directly engaged over 850 adolescents and youth, including those living with disabilities. The project has shifted the narrative around SRHR, with initiatives such as intergenerational dialogues, inclusive training for healthcare providers, and grassroots community mobilisation, all helping to redefine how SRHR is discussed and delivered and how it is linked to disability.

The results speak for themselves. Today, 96% of youth know exactly where and how to access SRHR services. There has been a remarkable increase in adolescents' confidence and agency, and youth-friendly, inclusive health services are now more accessible than ever before. At the heart of this transformation is a core belief in the power of young people to foster solidarity and ensure that youth with disabilities can fully participate. Mandziku's story is one of empowerment, collaboration, and a profound shift from silence to agency. By centring the voices of those most marginalised, the project has proven that real, lasting change is possible. This approach offers a scalable, replicable model for advancing gender equality and disability inclusion in the region, ensuring that no one is left behind.

WHEN SILENCE BREAKS: THE BEGINNING OF CHANGE IN JANGAMO

In the vast, sun-baked expanses of rural Jangamo, silence reigned over conversations about SRHR. Here, in the corners of villages, such topics were hardly spoken, and when they were, it was only in hushed tones, as if the mere mention of them was a taboo. For adolescents, especially those living with disabilities, these crucial conversations were met with discomfort, exclusion, or, worse still, complete ignorance.

Girls were expected to remain silent, their voices stifled by years of social norms that told them their bodies were not their own. Boys, on the other hand, were rarely questioned on their harmful beliefs or attitudes about gender and sexuality. Disability was often viewed with pity, an insurmountable barrier to participation, never through a lens of possibility, potential, or equality.

Building on the foundations laid by the former project and a partnership with Light for the World, 2023 marked a turning point where momentum began to build in remarkable and visible ways.

It started with a ripple, small at first, almost imperceptible. A group of brave individuals gathered in local spaces, sharing stories and ideas that would gradually ignite a larger movement. This was the birth of the Mandziku project which is built on the lessons learnt from a previous intervention, Wutomi project. What began as plan of controlled action, aimed at addressing the gaps in SRHR, soon sparked a transformation that would reverberate

throughout the community.
Mandziku was not simply about providing services; it was about shifting the very foundation upon which these services were built. It was about changing the narratives around sexuality, dismantling deeply entrenched power structures, and reimagining what was possible for young people, particularly those with disabilities. Mandziku’s approach was grounded in a clear conviction: meaningful change must include those most often excluded. The project focused not only on expanding access to SRHR services, but on shifting power dynamics and attitudes. Rooted in the power of young people to foster solidarity, it aimed to ensure that youth with disabilities could fully participate and become agents of transformation within their own communities.

As you walk through Jangamo now, it’s impossible not to notice the change. The once-muted conversations about SRHR are now more open, more accessible. The CoC clubs, led by young people themselves, have become lively hubs of discussion and action. These peer-led groups, where adolescents come together to learn, share, and challenge each other, have created a safe space for dialogue, one that allows questions to be asked without fear of ridicule, one where girls can speak up and boys are encouraged to question outdated beliefs.
The transformation extends beyond the young people themselves. Health providers, who once lacked the training to understand the unique needs of adolescents with disabilities, are now equipped with the knowledge and skills to provide disability inclusive, youth-friendly services.

In Jangamo, the silence that once surrounded SRHR has started to be replaced with the powerful voices of young people asserting their right to education, services, and most importantly, respect. Mandziku has shown that when the most excluded are empowered to lead, the entire community stands to gain.

A STORY OF INCLUSION, AGENCY, AND COURAGE

Miguel was 24 when he first heard about the CoC club forming in his community. Born with a physical disability, he had always faced challenges that others simply didn’t understand. The school he attended was far from home, and the journey there, filled with obstacles, proved too difficult for him to manage. Forced to leave school early, Miguel found himself isolated, labelled as incapable, and excluded from opportunities to learn and grow. He lived without access to education, and more importantly, without an understanding of his own rights, let alone his SRHR.

When the Mandziku facilitators approached Miguel, his mother was understandably hesitant. “Why would a young man like him attend a club about sexuality?” she wondered. But the team persisted, offering transport, reassurance, and most of all, support. They were determined to make Miguel feel that he was not just capable, but deserving of a place in the conversation. Eventually, Miguel agreed to join, and that decision would mark the beginning of something profound, both for him and for the community.

“I used to live isolated,” Miguel shared, his voice tinged with quiet pride. “Now, I have friends. I feel respected. Discrimination is reducing, little by little.”

Miguel’s transformation became a living example of the broader change Mandziku was igniting in Jangamo. Through the establishment of 21 CoC clubs spread ‘across 10 communities, over 850 adolescents and youth began to come together. They gathered not only to talk about SRHR, but to confront deep-seated gender norms, explore the concepts of consent and contraception, and, perhaps most importantly, discover their rights.

The CoC clubs were more than just educational spaces, they became environments for personal transformation.

Young people, like Miguel, were learning to see themselves and one another differently, their identities and worth no longer defined by stigma or exclusion. In these clubs, they shared stories, gave advice, and formed bonds that transcended their circumstances. The clubs helped them realise that they weren't alone, and that they, too, had the right to shape their futures.

By the end of 2023, the changes were clear. 65% of youth reported feeling confident in making informed SRHR decisions, up from just 45% at the beginning of the year. 60% felt ready to challenge harmful gender stereotypes, a remarkable increase from only 24% at the start. These shifts were not merely statistical; they reflected real, lived change in the attitudes and agency of the young people involved.

But these transformations didn't happen by chance. They were the product of a carefully designed, community-led effort grounded in the principles of disability inclusion, gender equality, and youth empowerment. Mandziku was not simply about providing information; it was about creating an ecosystem where young people, particularly those who had been excluded for too long, could claim their voices and their rights.

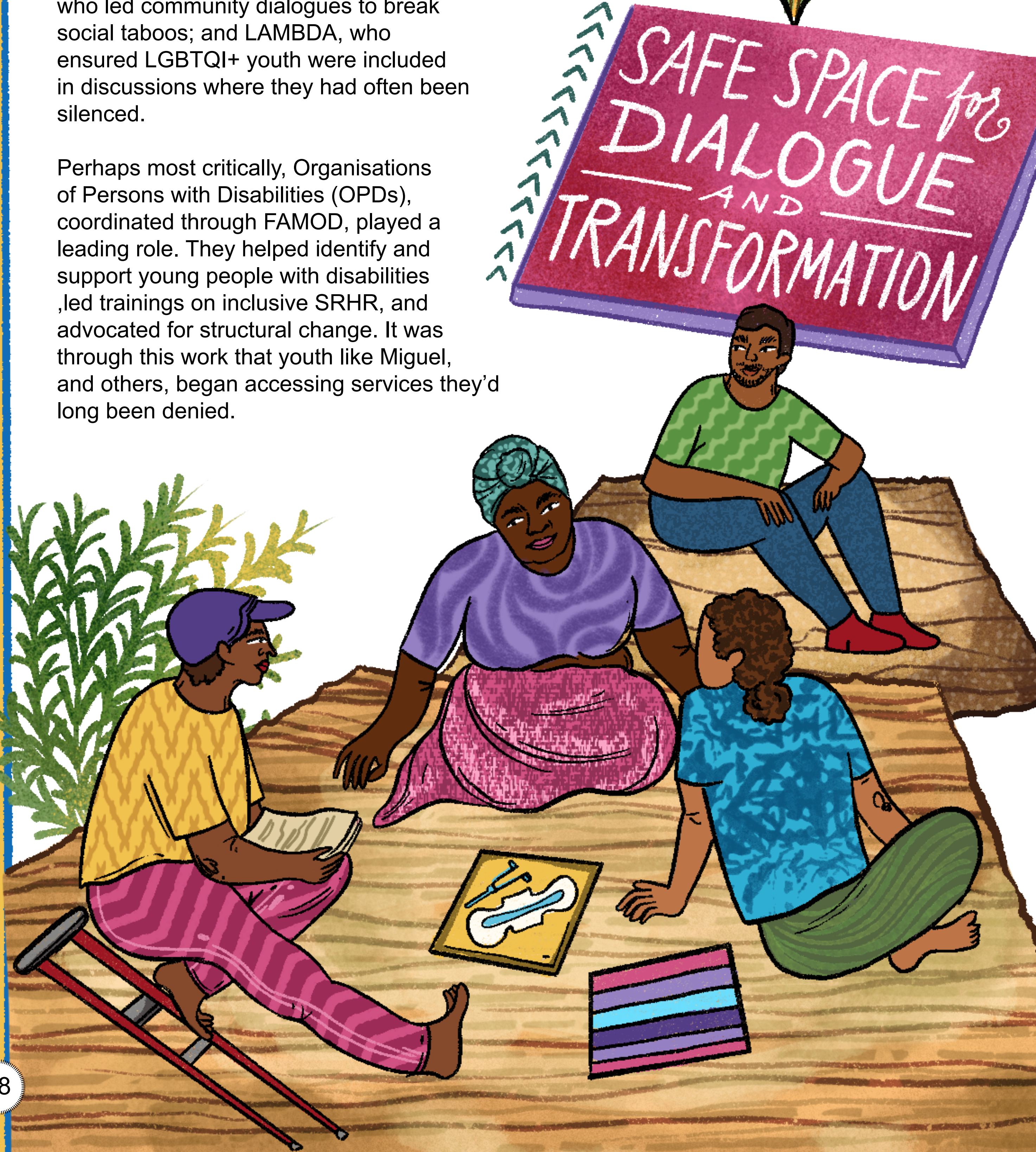
It was a movement that demonstrated the power of community-driven change, and how, when the most marginalised are given the tools to lead, the entire community stands to benefit.

WHAT MADE THIS WORK?

At its core, Mandziku was about relationships. Relationships between young people and their bodies. Between parents and children. Between communities and the marginalised voices within them.

The project drew strength from its partnerships. Plan International Mozambique worked alongside AMODEFA, who brought services directly to youth through mobile brigades; MAHLAHLE, who led community dialogues to break social taboos; and LAMBDA, who ensured LGBTQI+ youth were included in discussions where they had often been silenced.

Perhaps most critically, Organisations of Persons with Disabilities (OPDs), coordinated through FAMOD, played a leading role. They helped identify and support young people with disabilities ,led trainings on inclusive SRHR, and advocated for structural change. It was through this work that youth like Miguel, and others, began accessing services they'd long been denied.



CHANGING COMMUNITIES, NOT JUST INDIVIDUALS

Transformation wasn't limited to the CoC Clubs. It began spilling into homes, schools, and places of worship. Community and religious leaders began participating in dialogues. Parents, once uncomfortable with topics like menstruation or contraception, began asking questions, and listening.

Intergenerational dialogues became a cornerstone of this shift. One such session brought together 126 fathers, 117 sons, 46 mothers, and 47 daughters. For many, it was the first time sexuality was openly discussed across generations. Parents who once hesitated to let their children join the CoC Clubs were now encouraging participation.

Even the health system began to evolve. Six youth-friendly corners (SAAJs) were supported with inclusive infrastructure, including ramps and private spaces for adolescents with mobility challenges. 75 health providers were trained not just in clinical procedures, but in how to communicate with empathy, respect, and without discrimination. The results spoke for themselves: 96% of youth now know where and how to access SRHR services. Over 39,000 young people, including those with disabilities and from LGBTQI+ communities, accessed services in 2023 alone.

WHAT WE LEARNT

Successes were many. The peer-led model worked. Trust grew where it was once absent. Community leaders began to see youth, especially marginalised youth, as agents of change.

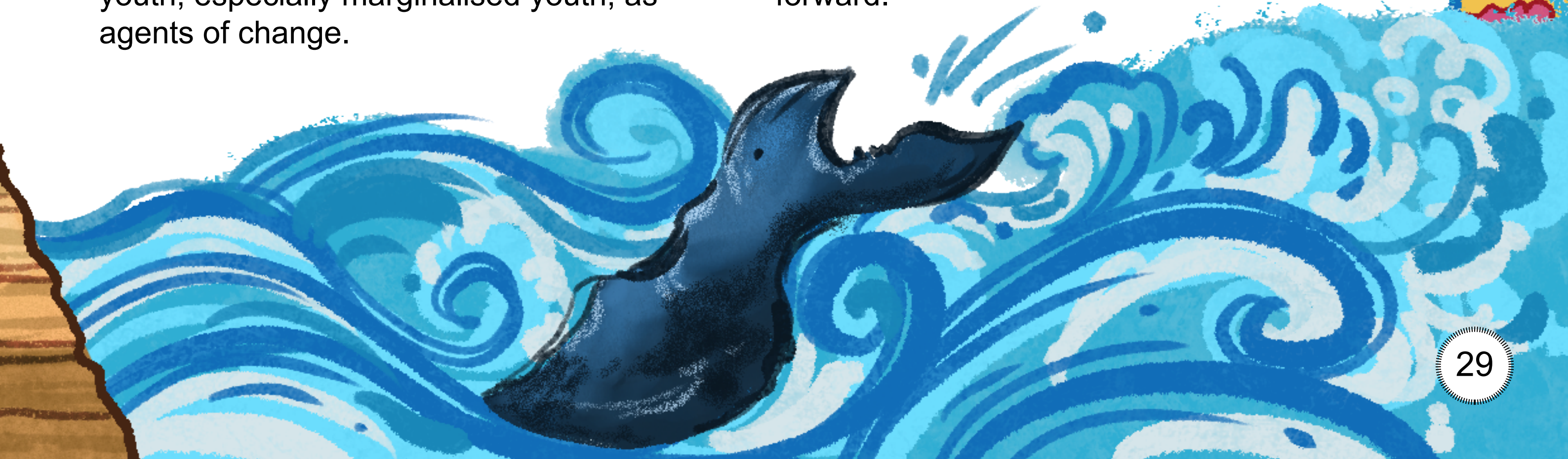
Inclusive service delivery wasn't an add-on, but a foundation. Data showed marked improvements in SRHR knowledge, access, and confidence across all groups. But there were also gaps and challenges. Male participation in discussions, especially around menstrual health, remained low. Patriarchal norms still shaped who spoke, who listened, and who acted. Despite progress, only 42% of community members believed adolescents with disabilities should have equitable SRHR access, an improvement from 12%, but still far from just.

Yet, the seeds have been planted. Stories like Miguel's, and the thousands more behind him, are living proof of what is possible when inclusion is intentional, and when change is driven from within communities.

A MOVEMENT, NOT A MOMENT

Mandziku's story is linked to making reality a vision of what dignity and equity can look like. In a place where silence once defined young people's experiences, they now speak boldly. They ask questions, demand answers, and support one another in shaping their futures.
Transformation takes time, trust, and togetherness. It requires not just delivering services, but dismantling the norms, beliefs, and barriers that keep them out of reach. And it cannot happen without the leadership of those most often left behind.

This story provides a compelling roadmap: when communities put inclusion at the forefront, empower young leaders, and challenge inequality from the ground up, real change follows, and it keeps moving forward.



MYANMAR

TRANSFORMING NORMS

SUMMARY

In Myanmar, a politically fragile and conflict-affected context, the My Body My Future 2 (MBMF2) project collaborated with the Leprosy Mission in Myanmar (TLMM) as a consultancy partner to bolster its efforts on disability inclusion. The project also formed a strategic partnership with Kumudra, a local SOGIESC-centred organisation, to adopt a grassroots approach to inclusive sexual and reproductive health and rights (SRHR), thereby advancing intersectional efforts in practice.

This story centres on the significant strides done by the project in challenging stigma, advocating for rights, and enhancing access to health and legal services for persons with disabilities through a combination of community sensitisation workshops, peer-led cascading training, and the establishment of SRHR sub-committees. These actions were systematically implemented, with the development of tailored Disability Inclusion Action plans. The initiative's core focus was on empowering young people with disabilities, while simultaneously building capacity at both the individual and community levels.

Despite the challenging backdrop of civil unrest, in 2024 the project successfully reached 139 community members, catalysing a shift in attitudes towards inclusion. It has proven that disability inclusive SRHR programming is not only feasible in such highly constrained environments but can also flourish when it is locally led, trust-based, and firmly grounded in human rights principles. To ensure sustainable change, MBMF2 has integrated a comprehensive Action Plan into its ongoing strategy. This plan includes the continued support of local stakeholders, the strengthening of SRHR sub-committees, and the expansion of capacity-building activities to ensure that inclusive practices are deeply embedded in community structures.

SPARKING CHANGE: RECLAIMING SRHR RIGHTS IN NYAUNG-U

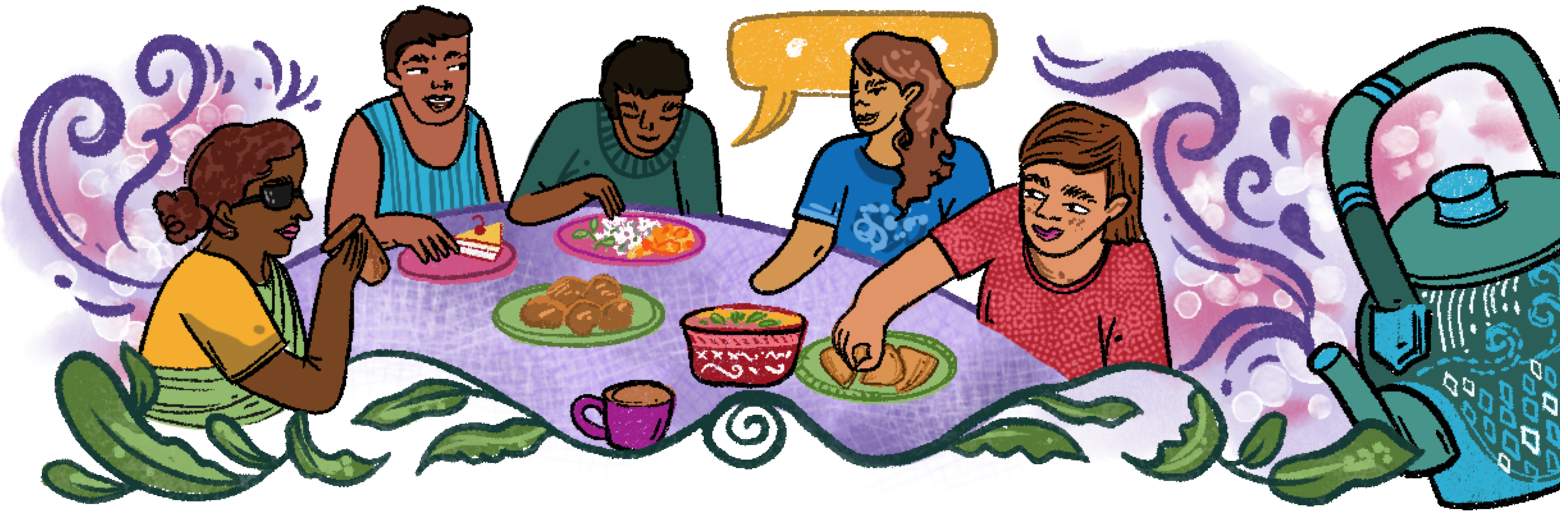
In Myanmar, SRHR remain a sensitive topic, especially for young people with disabilities. Many have been denied even basic access to information and services, not only due to infrastructural barriers but also because of deep-rooted social stigma and systemic neglect. The MBMF2 project sought to change that.

Recognising that shifting social norms requires more than service delivery, MBMF2 worked with TLMM, Kumudra and local communities in Nyaung-U to foster conversations and action around inclusion. The aim was not only to increase awareness but also to equip communities to champion the SRHR rights of young people in vulnerable positions (including those with disabilities) as a collective priority.

NAVIGATING BARRIERS IN A FRAGILE CONTEXT

Although Myanmar has ratified several key international treaties and policies, including the CRPD, CEDAW, and CRC, the gap between policy and practice remains wide. People with disabilities, particularly women and girls, experience marginalisation in every sphere of life. According to UNFPA and local Organisations of Persons with Disabilities (OPDs), SRH services are often inaccessible to persons with disabilities, with no formal referral pathways and low rates of maternal healthcare coverage.

Alarmingly, only 18% of women with disabilities who were pregnant in the last five years received referrals for maternal health services.The military coup of 2021 and ongoing civil unrest have further complicated access to basic services, making MBMF2's work both more challenging and more urgent.



A COMMUNITY-LED APPROACH TO DISABILITY INCLUSIVE SRHR

At the core of MBMF2 project in Myanmar was the use of a peer-led, community-based model anchored in an Action Plan developed with community members. Rather than creating parallel systems or focusing solely on formal healthcare access, the project prioritised attitudinal transformation, awareness-building, and grassroots capacity. This model also strongly aligned with Plan International's ambition of gender transformation.

By embedding disability inclusive SRHR education within broader efforts to promote gender equality, the programme addressed overlapping forms of marginalisation. The workshops and reflection spaces convened at village levels tackled power imbalances not just between genders, but also between people with and without disabilities.

Importantly, young people with disabilities were not passive recipients. They were trained as peer educators and leaders. In fact, many of them participated in training sessions and awareness-raising activities throughout the project. Eventually, some of these young people became members of peer groups, taking the lead in sharing SRHR information with other peers in their villages. This elevated their social standing, boosted their confidence, and marked a shift in how their communities valued their perspectives.

The practice's effectiveness was reflected in multiple ways:

- 139 people participated in initial sensitisation workshops.
- OPD members took on facilitation and advocacy roles.
- Community members expressed attitude shifts, as evidenced in follow-up interviews and increased attendance at disability-led events.
- Local SRHR committees helped extend the reach of the initiative.

A parent's testimony captured this impact best: “I didn't know my daughter needed this knowledge. Now, she teaches me about rights and respect.”

PARTNERSHIPS AND LOCAL ENGAGEMENT FOR DEVELOPING COMMUNITY ACTION PLANS

Partnership was key to MBMF2's success in Myanmar. The Leprosy Mission Myanmar (TLMM)[1], with expertise in disability inclusion, worked alongside Kumudra, an NGO focused on SOGIESC-centred work, to bring a comprehensive, intersectional approach to the project. Their deep-rooted presence in Nyaung-U allowed the project to build quickly on existing trust and networks. TLMM's relationships with local OPDs helped identify peer leaders who were credible and well-known within the disability community. Together, they co-designed training materials and adapted content to cultural and linguistic realities. This process ensured not only representation but true co-ownership.

The project also engaged local health providers and village-level authorities, some of whom were initially sceptical. Through repeated engagement and the visibility of empowered youth with disabilities, these actors became more open to collaboration and developed Action Plans on how to advance disability inclusion in their communities.

Although the political crisis complicated coordination with local government, TLMM and Kumudra ensured the project remained focused on local community-based efforts. By operating with a low-profile, trust-based approach, the project was able to build relationships and avoid reliance on contested public institutions. What the partnership work in the project achieved was not just programmatic success, but a redefinition of who holds knowledge and power in SRHR discourse. As the project took off, youth with disabilities started to move from the margins to the centre. Their leadership and determination fuelled greater access to SRHR, transforming both their lives and their communities.

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[1] ***In 2022 and 2023, TLMM partnered with MBMF2 as a consultancy for the Disability Inclusion component. TLMM provided Disability Inclusion Training of Trainers (DI ToT) to project staff and supported the data collection process for Participatory Disability Workshops (PDWs).***

LEARNING AND REFLECTIONS

The implementation of the Disability Action Plans and the support of peer leaders to do this was not only cost-effective, it was transformational. When Zin Mar, a 22-year-old woman with a physical disability, was selected as a peer educator, she initially doubted whether her voice would carry weight. Yet within weeks, she was facilitating sessions, encouraging shy participants to ask questions, and helping others find confidence in their voices. Her leadership not only inspired younger girls but also challenged community expectations of what women with disabilities could do.

Participants frequently noted that hearing SRHR messages from someone “like them” helped overcome initial discomfort or distrust. It humanised the subject matter and created a sense of safety. In post-session surveys, over 70% of participants expressed increased comfort in discussing SRHR topics, and several followed up to seek further information or referrals.

The ripple effects extended beyond training rooms. Peer educators began organising informal discussions at tea stalls or during women’s group meetings. Some led radio segments on local stations to share what they had learnt. Others returned to their communities with new energy and pushed for SRHR to become a regular discussion point.

However, despite these successes, challenges persisted. One recurring issue was transportation. For youth living in remote or conflict-affected areas, reaching central training locations was difficult and sometimes unsafe. This often meant the most marginalised remained out of reach.

Stigma, particularly regarding the sexuality of people with disabilities, remained a formidable barrier. Some community leaders resisted the project, believing that talking about SRHR would encourage immoral behaviour. It required multiple rounds of dialogue, and sometimes the intervention of respected elders, to shift these views.

The political context also made it difficult to work openly with health providers. Fear of surveillance and reprisal limited official involvement, and health services remained patchy. This underlined the importance of community-based approaches but also highlighted the limitations of not being able to institutionalise changes within the formal system.

INNOVATION

The true innovation of this story lies in its humility and adaptability. Rather than imposing external models, the team skilfully adapted existing social practices, such as storytelling and peer dialogue, to make the content both accessible and relevant to local communities. Everything was anchored in the implementation of Disability Action Plans, co-developed with communities to ensure that all activities were closely aligned with local needs and aspirations. These plans laid the groundwork for the work described, offering a clear pathway to raise community awareness and secure their commitments. Significantly, they also fostered an enabling environment for young people with disabilities to access SRHR services and information.

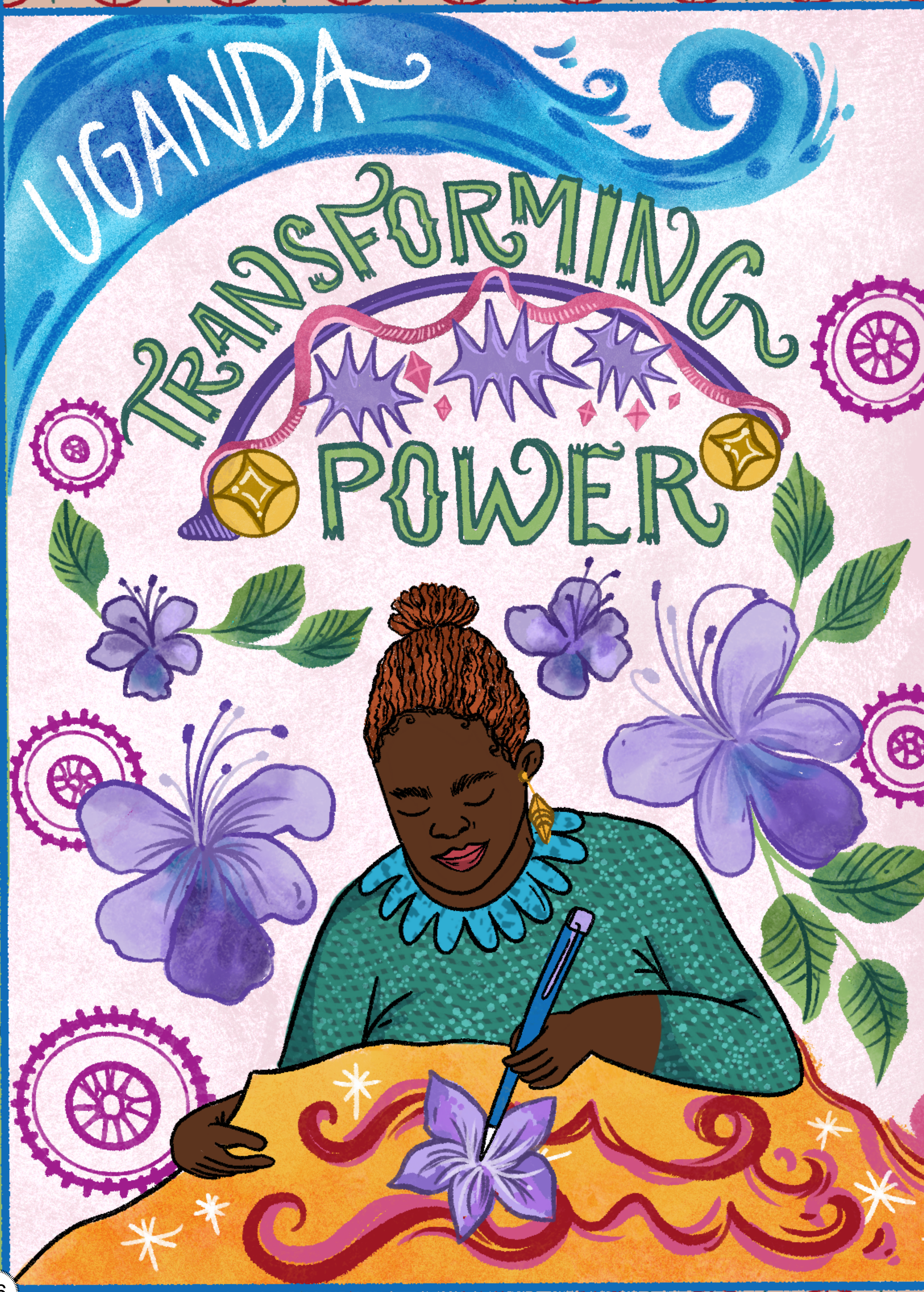
By utilising trusted community spaces, like monasteries and elders’ compounds, the project ensured safe, neutral venues for open discussions, fostering trust and engagement. Likewise, the inclusion of caregivers in training sessions recognise that many youth with disabilities depend on their families for mobility, communication, and access to services, and as such the project purposefully engaged caregivers without compromising the young person's autonomy. This dual-track approach effectively reduced overprotection while simultaneously building a shared understanding that SRHR is a fundamental right for all.

Equally significant was the establishment of local SRHR sub-committees, which were not only instrumental in extending learning beyond a one-time event but also crucial in ensuring the integration of disability inclusion considerations into the community's ongoing work. These sub-committees, which continue to operate independently, were designed with explicit disability inclusion principles at their core. They advocate for the rights of persons with disabilities within the SRHR framework, ensuring that accessibility, inclusion, and the specific needs of people with disabilities are embedded in every discussion and decision. Their sustained operation is a testament to the fact that the project did more than deliver content, it cultivated local leadership, empowered communities to take ownership of the SRHR agenda, and created a platform where disability inclusion is central to the dialogue.

TOWARDS AN INCLUSIVE FUTURE

The MBMF2 experience in Myanmar stands as a powerful testament that even in the most fragile and challenging contexts, disability inclusion is not only possible, it is imperative. By beginning with a shift in community attitudes, investing in local leadership, and embedding human rights at the heart of action, the project has established a solid foundation for lasting, transformative change.

The collaboration between Kumudra and TLMM as par of the project created a dynamic collaboration and engagement. This synergy demonstrated the power of organisations with different approaches coming together to make a meaningful difference. As we look ahead, the need for deeper engagement with government systems and health providers is key. Yet the path forward is clear: true, meaningful disability inclusion begins with a commitment to listen, to learn, and to believe in the agency of every young person. In Myanmar, this belief is beginning to take root: one conversation, one community, and one young leader at a time. This is not simply a shift; it is the strengthening of the disability rights movement which continues redefine what is possible.


UGANDA
TRANSFORMING POWER

SUMMARY

In the towns of northern Uganda, where the scars of past conflict still linger in whispered stories and unspoken fears, young people with disabilities have long been pushed to the margins. Conversations about their sexual and reproductive health and rights (SRHR) were not just rare, they were almost unthinkable. Stigma, silence, and a web of inaccessible services had left generations without the knowledge or agency to shape their own futures.

But change has begun. Through the I Decide project, a new reality is taking root. In partnership with the LIDUPED Foundation Uganda, this initiative set out to do more than simply provide SRH services. It sought to shift the very foundations of the system. It placed power in the hands of young people with disabilities, equipping them to advocate for their rights. It trained health workers to listen, not just treat. It transformed schools into spaces of dialogue and empowerment. And it challenged caregivers to see beyond limitations and to reimagine what was possible for their children.

This story is more than a record of change. It is a story of resilience and leadership, of how barriers were dismantled, voices were amplified, and a movement was born. At its heart, it is a testament to the rights and dignity of young people with disabilities: their right to access information, make choices about their own bodies, and participate fully in society. It is about a future where disability is no longer seen as a reason for exclusion but as a source of strength and possibility.

BREAKING THE SILENCE, BUILDING A FUTURE

In northern Uganda, in Lira, a quiet transformation is unfolding, one that is dismantling generations of exclusion and rewriting the future for young people with disabilities. For too long, their voices were silenced, their needs ignored, and their rights to SRHR denied. The I Decide project has turned the tide. What were once hushed conversations, if they happened at all, are now bold dialogues led by those who were once left out.

This story offers a compelling example of how a gender transformative and disability inclusive approach can work in practice. It highlights how intentional partnerships, youth leadership, and systemic advocacy can come together to break entrenched barriers and offers a blueprint for replication in similar contexts.

A LANDSCAPE OF EXCLUSION

Northern Uganda bears deep scars from conflict, poverty, and systemic marginalisation. Infrastructure is fragile, and access to basic services remains a challenge. Schools often lack the resources to support learners with disabilities. Health centres, stretched beyond capacity, are rarely equipped to provide inclusive SRHR services. For young people with disabilities, particularly adolescent girls and young women, these challenges and barriers to access are multiplied. In rural communities, disability is still often misunderstood as a curse or misfortune. Discussions about sexuality and reproductive health are taboo. Add disability to the mix, and silence becomes the norm and we end up with a generation growing up without the information, support, or agency to make decisions about their own bodies and futures.

Despite Uganda's progressive legal framework on disability rights, implementation gaps persist. Adolescents with disabilities are routinely excluded from community activities, school-based SRHR programmes, and health services. Where sexuality education exists, it is rarely designed with their needs in mind. And so, exclusion continues.

It is against this backdrop that the MBMF2's I Decide project emerged, determined not just to fill service gaps but to reframe how communities think, talk, and act around disability inclusion.

A NEW APPROACH: CENTRING DISABILITY IN SRHR

At the heart of the I Decide project lies a belief both simple and radical: that young people with disabilities are not just beneficiaries, they are change agents. The project's good practice was an ecosystem model of disability inclusive SRHR, woven through schools, health centres, communities, and families. This wasn't about short-term interventions; it was about reimagining systems rooted in the lived experiences of youth with disabilities.

Disability Inclusion Facilitators[2], all of whom had disabilities themselves, became the heart of the movement. They engaged with SRHR in ways that were inclusive, rights-based, and transformative. Their presence challenged deep-seated biases. Their leadership showed that inclusion isn't

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[2] They include: Odongo Jonathan Jimmy; Sam Oloi; Quido Onyeko; Barbra Ruth Achola; Ketty Olem; Joan Ajok; Connie Adoch; and Jasper Opio

just possible, it is essential. In classrooms, they worked with teachers to roll out the Model School Health programme, adapting content to the needs of all learners. In clinics, they carried out accessibility audits[3], sometimes shoulder-to-shoulder with health workers, to identify barriers and suggest practical solutions.

They weren't working alone. Across 30 health centres and 80 schools, peer navigators, teachers, and health staff joined in a growing movement. SRHR clubs flourished. Ramps were built. Information was translated. And, slowly but surely, the norm that young people with disabilities are silent and dependent began to fracture.

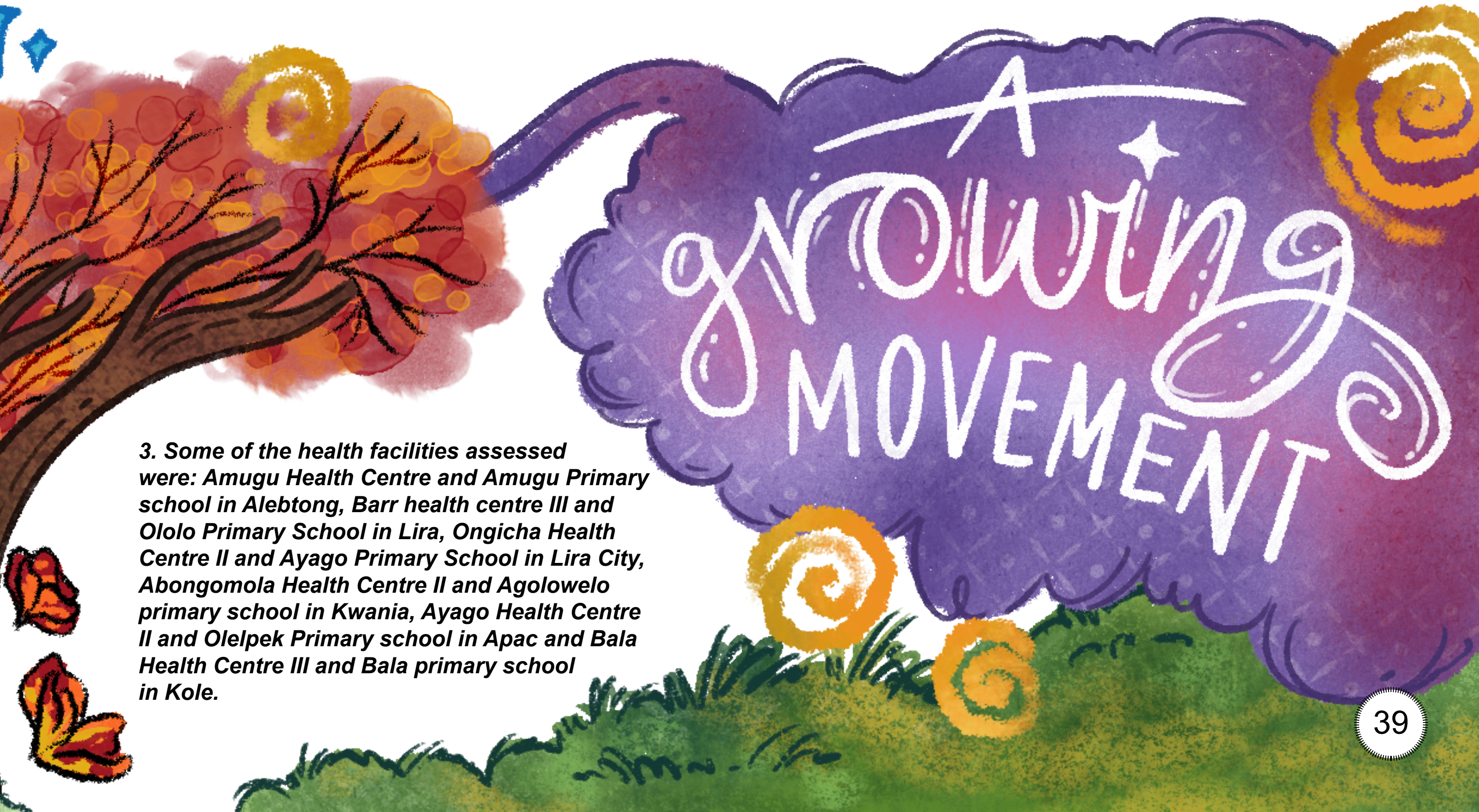
This approach didn't just align with Plan International's gender transformative goals, it embodied them. It strengthened agency, shifted social expectations, and changed the terms of engagement between institutions and the young people they serve.

THE POWER OF PARTNERSHIP

None of this would have been possible without partnership and collaboration. From the outset, Plan International Uganda knew that meaningful inclusion would only come through deep collaboration with those rooted in the community through deep, meaningful partnership.

Enter LIDUPED Foundation Uganda, an Organisation of People with Disabilities (OPD) with strong ties to disability communities across the region. Their leadership was not symbolic; it was strategic. They co-led training, designed materials, and ensured the project spoke to the realities of rural youth with disabilities. With LIDUPED, the project gained both credibility and reach, it built trust where scepticism once prevailed.

Schools and health facilities came on board next. In the beginning, many were cautious. Teachers worried about saying the wrong thing. Health workers were unsure what disability inclusive SRHR even meant. But through open dialogue and practical support where Disability Inclusion Facilitators invited questions without judgment, walls began to fall and mindsets shifted. One health centre even created a dedicated day for adolescent consultations after hearing from a group of young girls who used wheelchairs; an unheard-of initiative just months before.



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3. Some of the health facilities assessed were: Amugu Health Centre and Amugu Primary school in Alebtong, Barr health centre III and Ololo Primary School in Lira, Ongicha Health Centre II and Ayago Primary School in Lira City, Abongomola Health Centre II and Agolowelo primary school in Kwania, Ayago Health Centre II and Olelpek Primary school in Apac and Bala Health Centre III and Bala primary school in Kole.

The partnership model was far from perfect. Staff turnover disrupted training cycles. Resource constraints slowed progress. But because trust had been built early, and because young people with disabilities were part of every decision, the project could adapt, reset, and keep going.

STORIES OF TRANSFORMATION

Atim's story is one of quiet defiance against a world that underestimated her. Once withdrawn, her voice drowned out by the whispers of those who saw her speech impairment as a limitation, she kept to herself, avoiding the taunts and side glances. But then, she joined a peer navigator group, a space where, for the first time, she wasn't just heard, she was listened to. With time, encouragement, and the unwavering support of her peers, she stepped forward. Not just to participate, but to lead.

In Model School Health sessions, where words had once failed her, Atim found new ways to speak. She sketched ideas on paper, used gestures to illustrate complex topics, and slowly, a transformation took place, not just in Atim, but in those around her. Students leaned in, eager to learn. Teachers watched, humbled by the resilience before them. "A transformation we never expected," her head teacher would later say.

Elsewhere, a father sat in silence at a community gathering in Gulu, watching his visually impaired daughter move confidently through the crowd, stopping to greet people, exchanging words with her peers. He had once refused to send her to school, convinced that education was for those who could see. But now, there she was, teaching others, guiding discussions, standing tall in a world he had assumed would never belong to her. Slowly, he rose to his feet, cleared his throat, and admitted, "I thought she had no future. Now, I see she is teaching others. I was wrong." His words hung in the air, heavy with regret, but also with something else: hope.

In a small, overburdened health clinic, a different kind of shift was taking place. An accessibility audit had revealed something painfully obvious yet long overlooked: the exam table was too high, impossible for patients with mobility impairments to use. For years, they had struggled, forced to endure indignities, or worse, turned away entirely. But this time, instead of brushing it aside, the clinic staff took action. They rearranged the space, introduced a portable examination platform, and in doing so, sent a message far greater than the change itself: You matter. You belong here.

Small moments. Simple acts. But each one a crack in the walls of exclusion. And through those cracks, something extraordinary was beginning to emerge: possibility.

GAPS AND CHALLENGES

Not everything worked smoothly. Transportation remained a persistent barrier. Some youth couldn't attend sessions because their villages were too remote, or because caregivers feared letting them travel alone.

Resistance, especially around discussing sexuality and disability together, lingered. In a few communities, religious leaders publicly condemned the projects, forcing sessions to relocate. Here, facilitators leaned on LIDUPED and trusted elders to mediate and rebuild trust.
Tracking impact wasn't easy. Disability data was patchy. Without consistent records, it was hard to measure changes in service uptake across different groups.

INNOVATION

Innovation in this story wasn't just about doing things differently, it was about getting it right. It was about localising power and making it accessible to those who have long been denied it. Instead of relying on one-size-fits-all training, the team created dynamic visual flipbooks, bold community theatre skits, and tactile learning tools that

directly spoke to young people's realities. They brought in music, storytelling, and everyday language, recognising that knowledge isn't a top-down flow, but a shared experience. They didn't demand that youth adapt to a broken system, they broke the system and made it work for youth.

And perhaps most powerfully, the project redefined leadership. By putting young people with disabilities in front of classrooms, clinics, and microphones, it shattered the idea that their voices and vision were secondary. The message was clear: these are not the leaders of tomorrow. They are the leaders now, and no one can deny them their power.

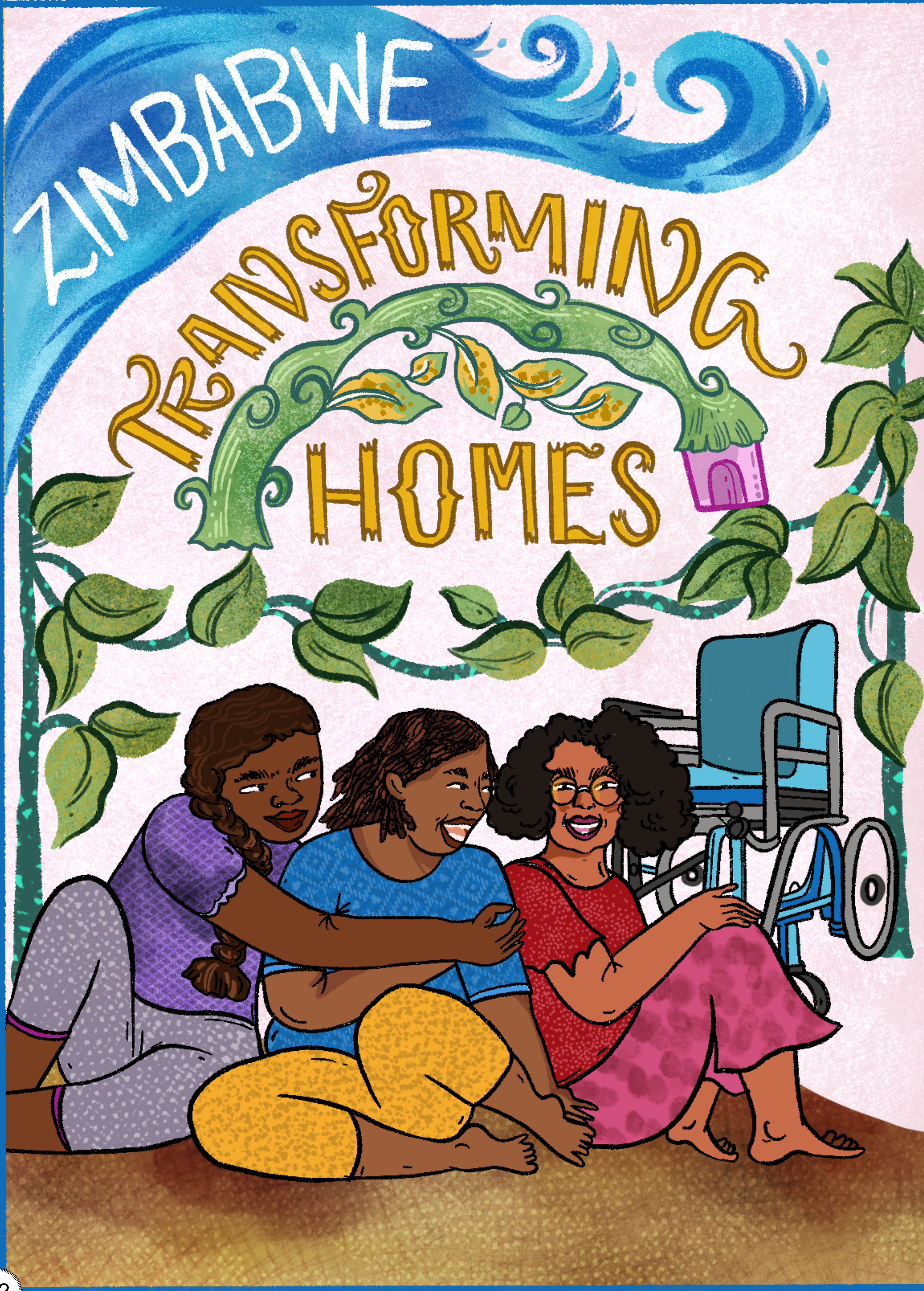
BEYOND INCLUSION: A SHIFT IN POWER

The I Decide project didn't just provide information, it redefined how information moves, making it accessible, transformative, and owned by those who've long been denied it. It didn't simply audit facilities, it reshaped how those spaces listen, creating environments where every voice, especially those from disabled youth, is valued. It didn't just train facilitators, it sparked a shift in what communities dare to believe is possible.

This story is a powerful reminder that disability inclusion isn't a checkbox on a list. It's a bold, unwavering commitment to redistributing power, building empathy, and pushing through discomfort. It's about recognising leadership in places where others have seen only limitation.

There's still more to build, more to learn, and more barriers to break. But thanks to the fierce courage of young leaders like Atim, and the relentless vision of OPDs like LIDUPED, the foundation for change is rock-solid.

As one peer navigator with a disability boldly declared, "We're not just talking about rights anymore. We're living them. And we're not going back."


ZIMBABWE
TRANSFORMING
HOMES

SUMMARY

This story unveils a journey of transformation, unfolding in Zimbabwe, where the My Body My Future 2 (MBMF2) project has been at the forefront of delivering disability inclusive Sexual and Reproductive Health and Rights (SRHR) support to young people with disabilities. Through innovative Home Visits and Support Strategy, it directly reached over 300 adolescents with disabilities and their families, bringing tailored SRHR education, resources, and referral support right to their doorsteps. The project's impact wasn't just about delivering information, it was about igniting transformation in communities that had long struggled with stigma, fear, and misunderstanding.

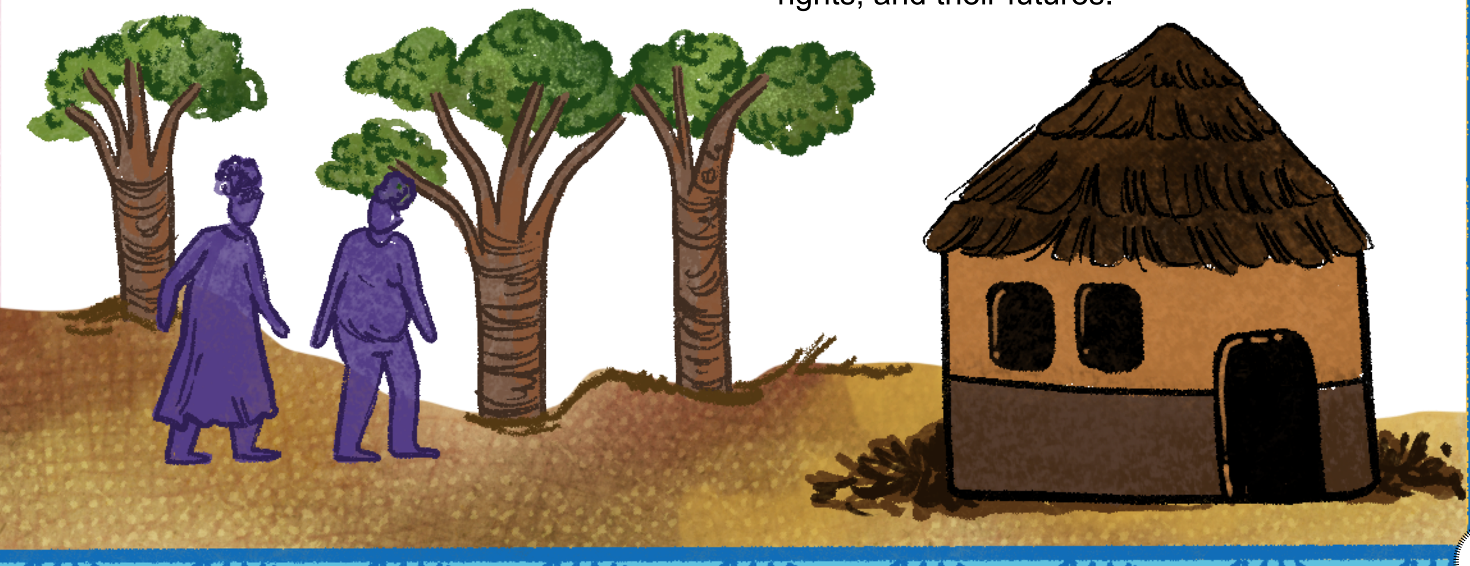
Through a blend of community-based interventions and a commitment to dignity, the project set out to dismantle exclusion walls. It did so by building capacity among healthcare providers, giving them the tools to listen and serve with empathy, while embedding the powerful 5A's empowerment framework, crafted by the National Council of Disabled Persons of Zimbabwe, into the heart of every interaction. The transformative nature of the project is vividly illustrated through the personal stories of individuals like Rudo and Anodiwa, whose lives were changed by the support they received. These stories are not isolated; they are part of a much larger movement that is creating lasting change.

This story serves as a call to action and a blueprint for what is possible. It offers a replicable and scalable approach that can be carried forward in other communities, ensuring that every adolescent, regardless of ability, receives the rights, care, and respect they deserve. This is not just about transforming healthcare systems; it's about transforming lives, communities, and futures.

MEETING YOUTH FOR WHO THEY ARE

In Zimbabwe, young people with disabilities are often left behind in conversations about their rights, health, and futures. Excluded from schools, overlooked by services, and silenced by stigma, they have long lacked access to even the most basic information about their bodies and their rights. The MBMF2 project set out to change that. This story explores how a home-based support model, combined with strategic advocacy and capacity-building, is beginning to reshape community attitudes and strengthen access to SRHR for adolescents and youth with disabilities.

This is a story of meeting people not just where they are, but honouring them for who they are. It's about entering homes with unwavering respect, recognising caregivers as allies in the fight for justice, and tearing down the walls that once confined them. It's about turning exclusion into fierce empowerment, enabling young people to take back control of their bodies, their rights, and their futures.



WHY SO MANY ARE STILL LEFT OUT

Despite Zimbabwe's ratification of the Convention on the Rights of Persons with Disabilities in 2013, many young people with disabilities still lack access to basic SRHR information. Structural, legal, and social barriers persist. A majority of school-age children with disabilities are out of school, leaving them excluded from Comprehensive Sexuality Education (CSE) and unable to access SRHR materials shared through formal systems. Cultural myths equate disability with asexuality or assume young people with disabilities cannot make informed decisions about their health. These beliefs not only isolate them but also expose them to greater risks such as unwanted pregnancies, STIs, and gender-based violence among them.

Within families, young people with disabilities are often either overprotected or neglected, their bodies seen as too fragile to be openly discussed. Services, when they exist, are rarely inclusive or accessible. Health providers may feel unprepared or uneasy in offering care, while the attitudes of community leaders and guardians too often perpetuate silence and shame. This culture of stigma and avoidance leaves these young people without the support and recognition they deserve, trapping them in a cycle of isolation and invisibility.

A Model of Home-Based Empowerment

To address these barriers, Plan International Zimbabwe and partners, including the Sexual Rights Centre (SRC), the National Council of Disabled Persons of Zimbabwe (NCDPZ), and Intwasa, launched a Home Visits and Support Strategy in late 2022. The approach was simple: if young people with disabilities couldn't reach SRHR services, the project would bring the services to them.

A crucial first step was a disability mapping exercise, conducted in collaboration with the government's Department of Social Development. This process identified adolescents with disabilities in targeted communities, along with the types and distribution of disabilities, allowing interventions to be tailored more effectively. The mapping also served as the entry point for applying the 5As model, ensuring that services were not only delivered but designed with accessibility and relevance in mind. In parallel, efforts were made to strengthen the capacity of health personnel, including training in sign language.

The home visits meant more than just information sessions. It meant building relationships. In the first phase, facilitators conducted introductory visits to explain the project, listen to families, and identify SRHR knowledge gaps. Then came targeted sessions on puberty, contraception, gender-based violence, and sexual health paired with practical support like menstrual hygiene kits and STI testing. A third phase followed up with continued mentoring from Community Care Workers and peer facilitators.

From the start, this work challenged assumptions. Facilitators didn't just teach; they learnt how to make SRHR concepts accessible for different disabilities, how to navigate family dynamics, and how to refer participants to broader services including education, economic empowerment, and psychosocial support. They responded to real needs with flexible, holistic solutions. One notable addition to this work was the introduction of a 5A's Empowerment Model by NCDPZ—Acceptance, Agency, Awareness, Access, and Advocacy—which offered a powerful framework for engaging young people with disabilities not just as recipients of services, but as rights-holders with voices worth amplifying.

The 5A's Empowerment Model unlocks the potential of young people with disabilities by combining a holistic approach with a focus on inclusion and empowerment. It breaks down key barriers like lack of information, low self-esteem, and limited confidence, helping young people build resilience, self-advocacy, and the courage to become powerful change-makers.

But it doesn't stop there. The model extends its impact by involving families, caregivers, and communities, creating a supportive network that surrounds and empowers these young people. Together, they can face life's challenges with strength and determination. At its core, the 5A's Model is about ensuring no one is left behind. It encourages policymakers to create a world where young people with disabilities are seen as leaders, shaping their own futures and driving social change. This ripple effect leads to a more inclusive society, inspiring future generations to lead with vision, confidence, and hope.

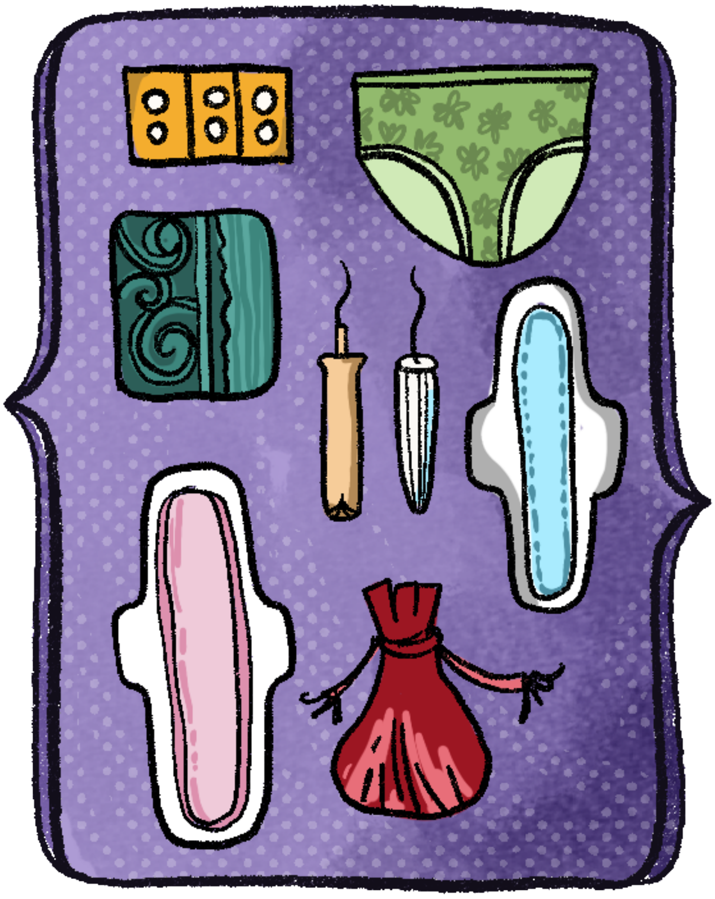
STORIES OF CHANGE

Rudo, a 14-year-old girl with cerebral palsy, lived a life confined to the quiet corners of her home in Bulawayo, a city in Zimbabwe where the bustle of life seemed far out of reach. The sun filtered through the dusty windows, but Rudo's world remained small, limited to the four walls of her home, with her father as her sole companion. Her father, unemployed and struggling, was both her caregiver and protector, managing every detail of her life, from bathing her and assisting with her menstruation to ensuring her safety in a world that wasn't designed for her. His devotion was unquestionable, but the weight of responsibility was heavy, and whenever he had to leave, Rudo was left behind, isolated in silence. The isolation was stifling. Rudo yearned for connection, for a space where she could just be herself, not defined by her disability but by her potential. She needed more than just survival; she needed to experience life, to learn about her body and her rights, to understand the world beyond the walls of her home.

Then came the moment that changed everything for her. Through the project's home visit strategy, Rudo was connected to a group of girls with disabilities, a community she never knew existed.
For the first time, Rudo felt a sense of belonging. She was surrounded by girls who understood her, who saw her not for her disability but for the person she was. Female volunteers, who became her new support system, brought with them not only care but empowerment. Her father, who had long carried the heavy burden of caring for his daughter alone, felt a wave of relief. He wasn't alone anymore. And Rudo, once trapped in isolation, now had a space of her own, where she could learn, grow, and finally discover the rights that were hers to claim.

In another part of Bulawayo, Anodiwa, a 12-year-old girl with a vision impairment, was also navigating a world that felt distant and unkind. Living with her grandmother in Nguboyenja, Anodiwa had been out of school for a long time, often left to navigate adolescence alone. Without supervision or guidance, she wandered through life as if it was a maze, unsure of where she belonged.

Then the project reached her, knocking on the door of her grandmother's house with a promise of hope. The facilitators didn't just offer solutions, they listened. They understood her isolation, her longing for more, and the weight her grandmother carried as her sole caregiver. This wasn't a one-size-fits-all solution; it was tailored to Anodiwa's life. After a careful assessment, they referred her to Makheteni School, a specialised education facility that could provide her with the support she needed. Today, Anodiwa is thriving. Her school fees are now covered by the Department of Social Development, and for the first time, she is surrounded by peers and teachers who truly understand her needs. Her grandmother, who once felt overwhelmed by the responsibility, now breathes with newfound hope, knowing her granddaughter has a future.



These two stories are just a glimpse of the incredible transformation brought by the project. But there are over 300 young people with disabilities whose lives have been touched by this initiative.

WHY IT WORKED

The success of this approach lies in its relational foundation. Home visits dismantled the distance between service providers and families. They replaced shame with conversation. They treated caregivers as partners, not obstacles.

Health worker training was another cornerstone. With continuous mentorship, 53% of trained providers now report improved comfort in offering services to adolescents with disabilities. This reflects a cultural shift within institutions, not just individuals.The health service providers also underwent a sign language training that has helped in bridging the communication gap with young people with hearing impairments.

Partnerships also mattered. Collaboration with OPDs ensured that lived experience guided the work. Local government departments provided referral support and policy backing. Peer facilitators, many with disabilities themselves, served as relatable, credible messengers. The project also created advocacy platforms where young people with disabilities engaged in youth-led dialogues with parliamentarians, ministry officials and local health directors, which amplified their voices and strengthened their confidence and agency.

Finally, the project recognised that SRHR does not exist in isolation. When families asked for vocational training referrals or help accessing grants, the project responded. This built trust, and, more importantly, it respected the interconnectedness of rights.

REFLECTIONS AND LEARNINGS

Not all outcomes were smooth. Only 30% of surveyed community members believed adolescents with disabilities should have equal access to SRHR services, a sobering reminder of entrenched stigma. However, the project also uncovered powerful openings. Parents admitted they had never considered their children with disabilities as future parents or sexual beings but were now open to learning more. Intergenerational dialogues began to replace silence with honesty.

The use of digital tools, like SRHR videos adapted for people with visual and hearing impairments, emerged as a promising practice for broader reach. The project also learnt that continuity matters. Without consistent follow-up, some families reverted to old norms. This underscores the need for sustained engagement and layered interventions. Perhaps most importantly, the work proved that when services come to the doorstep, change comes to the heart. What was once taboo became possible. What was once marginal became central.

A PATH FORWARD

As MBMF2 continues, the model of home-based SRHR support offers a compelling roadmap for disability inclusion, not only in Zimbabwe, but also beyond. It affirms the power of starting where people are, building from trust, and treating every adolescent as capable of growth. The next steps are clear: expand the home-based model, integrate the 5A's framework into national programming, and strengthen partnerships with ministries and other OPDs to scale the work sustainably. With each visit, each conversation, and each shift in belief, a new future is taking shape, one where rights are not granted, but recognised. Because every young person deserves not only to survive, but to decide.

ABOUT PLAN INTERNATIONAL FINLAND

Plan International Finland is part of the global Plan International federation as well as an independent Finnish nongovernmental organisation with its own Board of Trustees. Plan International Finland is a development and humanitarian organisation that works alongside children, young people, supporters, and partners to build a just world and address the root causes of the challenges faced by girls and vulnerable children. We champion children's rights from birth to adulthood, ensuring they are empowered to navigate crises and adversity. With our extensive reach, experience, and expertise, we drive meaningful change in policies and practices at local, national, and global levels.

Plan International was founded in 1937 and has been operating in Finland since 1998. We are an independent organisation with no religious or political affiliations. Tens of thousands of Finns support our mission to eradicate poverty and uphold children's rights, with a particular focus on gender equality.

We believe gender equality is fundamental to lasting change. Our vision is a world that values and empowers girls, protects their rights, and eliminates injustice. Through a humanitarian-development-peace nexus approach, we address both immediate threats to girls' rights and the systemic gender inequalities that persist in fragile and crisis-affected contexts. Beyond our development and humanitarian initiatives and child sponsorship programmes in low-income countries, we actively engage in advocacy, corporate partnerships, and awareness-raising in Finland. We not only listen to children but also encourage them to participate in decision-making, ensuring they have a voice in shaping their own futures.

Plan International Finland is funded by individual donors, corporate partners, the Finnish Ministry of Foreign Affairs, the EU, and the UN. Through our organisation, your support is delivered swiftly and effectively, contributing to impactful change.

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ISBN 978-952-7151-11-2