

CAPPF-PAC BASELINE STUDY REPORT DISSEMINATION ACTIVITY REPORT

Date of Activity: 4th – 9th November 2025

Venue: Ober, Barapwo, Aromo, Ogur, Agali and Agweng Sub County Head Quarters.

Facilitators: Lira University and GLOFORD Uganda

Background

CAFFP-PAC Project with its consortium partners; Lira University, University of Calcarg-Canada, Reproductive Health Uganda, GLOFORD Uganda and Lira District Local Government conducted a baseline study in 6 selected sites of Ober, Barapwo, Aromo, Ogur, Agali and Agweng considering a mix of both rural and urban population.

The report dissemination exercise was conducted in the sub counties of Ober, Barapwoo, Aromo, Ogur, Agweng and Agali with dates summarized below;

S/N	DATE	VENUE
1.	4/11/2025	Barapwoo Sub County-Hosting Ober Sub County Participants
2.	5/11/2025	Barapwoo Sub County
3.	6/11/2025	Aromo Sub County
4.	7/11/2025	Ogur Sub County
5.	8/11/2025	Agweng Sub County
6.	9/11/2025	Agali Seed Secondary school- Agali Sub County

Objectives of the workshop

The following were the objectives of the dissemination workshop:

- To give participants opportunity to read and internalize the report
- To allow participants reflect on the report and give their views in regard to the following guiding points;
 - What is it that surprised you about this report?
 - What do you already know that was confirmed by the report?
 - What did you expect to see in the report but is missing?
 - What other key information do you see in the report that was not discussed/explained?
 - What other comments do you have about the report?

Methodology used in the dissemination workshop

The following approaches were used during the dissemination exercise;

- Key note addresses by the District and Sub County technical teams who mainly highlighted the adolescent and teens sexual reproductive health and rights issues in the respective sub counties.
- Key note addresses by the team of researchers from Lira University and Partners giving participants background to the research and what is expected during the dissemination workshop.
- Group work.
- Gallery walk approach employed to allow participants quickly and easily read through the report that was displayed on the walls across the room.
- Plenary discussion where participants presented their findings as guided by the questions above.
- Ranking of participants generated points and coming up with priority issues per Sub County.

Categories of Participants

The participants to the work shop were comprised of the following categories of people;

- Technical Leaders both at the district and sub counties
- Religious Leaders from the major denominations
- Cultural Leaders
- Members of CBOs/CSOs
- Health Workers and Community extension workers
- Citizen scientists comprising of adolescents who are at school and out of school
- Satisfied adolescents who have experience using family planning services
- Adolescents with Special Interest like Persons with Disability,
- Local Leaders
- Parents and Care Givers
- Teen Parents
- Team of Consultants

Sub County Priority Issues.

OBER SUB COUNTY

S/N	TYPE OF GROUPS	CATEGORY	KEY ISSUES GENERATED BY THE GROUP	SUB COUNTY LIST OF ISSUES	SUB COUNTY-PRIORITIZATION

	Parents	Males and female parents with Adolescent	<ul style="list-style-type: none"> • Drunkenness promoting violence among couples therefore interfering with the uptake of FP and PAC services, • Ignorance, • Gender Based violence, • poverty making it difficult to access PF and PAC services that is not free, • low level of education at households 	<ul style="list-style-type: none"> • Lack of Knowledge and information 26 • Religious and cultural doctrines 16 • Lack of adolescent Friendly corners 22 • lack of trust on family planning methods 14 • Gender based violence 03 • alcoholism • Economic conflict and Poverty 29 	<ul style="list-style-type: none"> • Poverty • Lack of knowledge and information • Lack of adolescent friendly corners • High cost of pack services • Religious and cultural doctrines • Lack of trust of FP methods
	Technical leaders	Town clerk, teacher,	No information provided		
	Satisfied adolescents	Male and female using FP methods	<ul style="list-style-type: none"> • Low level of sex education, • ill treatment by health workers, Lack of confidence/low self-esteem by adolescents 		
	Teenage Parents	Males and Females	<ul style="list-style-type: none"> • Adolescents have limited knowledge on both FP and PAC, There is a lot of fear of stigma limiting access of FP and PAC services by adolescents, • There is fear of side effects of FP methods, poor attitude on PAC 		<ul style="list-style-type: none"> • Adolescents have limited knowledge on both FP and PAC, There is a lot of fear of stigma limiting access of FP and PAC services by adolescents, • There is fear of side effects of FP methods, poor attitude on PAC

	Cultural leaders	Males and females	<ul style="list-style-type: none"> • Lack of knowledge and information • Limited community support 	<ul style="list-style-type: none"> • High cost of PAC 16 • services • Harassment by health 1 • Lack of sex education 08 • lack of confidence among Adolescent 00 	
	Health workers	Nurses, mid wife and health inspector	<ul style="list-style-type: none"> • Most information being got from peers and friends who don't have firsthand information • They do not know where to access FP and PAC services 		
	Religious Leaders	Catholic, Muslim and Anglican	<ul style="list-style-type: none"> • Inadequate / poor knowledge about the impact of family planning and abortion • Lack of Adolescents/ youth friendly centers 		
	Citizen scientist	Students	<ul style="list-style-type: none"> • Poor knowledge and misconception of family planning • Limited information and confidentiality • Parents do not allow especially young girls to go for FP – 'They say we are too young and using these things make people think we are bad' one young participant remarked. 		
	CSO		<ul style="list-style-type: none"> • Fear of side effects of FP such as prolonged periods, over bleeding and delay in conception • Stigma and discrimination 		

	People with special disability	Males and Females	<ul style="list-style-type: none"> • Health system and provider challenges • Communication and confidentiality • Lack of trust for the health workers • Inaccurate knowledge on FP 		
	Local leaders	Sub county councilors	<ul style="list-style-type: none"> • Poor Knowledge and misconception on FP • We prioritize live saving care but we lack clear guidance for under 18yrs old • Sometimes we are unsure whether to provide contraceptives with parental consent so we delay or deny service (These points raised by local leaders seem to represent the health workers as presented) 		

BARAPWO SUB COUNTY

SN	TYPE OF GROUPS	CATEGORY	KEY ISSUES GENERATED BY THE GROUP	PRIORITIZED ISSUES AS PER SUB GROUPS	SUB COUNTY LIST OF ISSUES	SUB COUNTY-PRIORITIZATION
----	----------------	----------	-----------------------------------	--------------------------------------	---------------------------	---------------------------

	Technical leaders	CDO	<ul style="list-style-type: none"> Negative community attitudes, Lack of trust in service providers, Use of local herbs as opposed to health center services, Negative response by religious leaders on PF and PAC services 	<ul style="list-style-type: none"> Improve health workers training, Keep girls at school, Strengthen parental and caregiver engagement 	Gender and socio cultural constrains - voted by 1 Negative attitude of Health workers /community voted by 23 3- Health system and political Challenges voted by 06 4- lack of trust on service provision - voted by 7 5-Negative responses by religious leader voted by 06 6- fear of side effects voted by 18 7-Poor knowledge and mis conceptions voted by 8 8-Limited communication and confidentiality voted by 4 9 -Religious and legal constrains voted by 3 10 Stigma among community on the Adolescent 09 11- Rude health workers 05 12 - Poverty 10	Key priorities Negative attitude of Health workers and community Fear of side effects Poverty Stigma of the community Poor Knowledge and miss conception Fear of going to health facility Stock out of family planning commodities and supplies
	Parents and Care Givers		<ul style="list-style-type: none"> Some men do not allow their wives to go for FP services, Religious leaders condemn FP as sin, Poor knowledge on FP, Limited communication and confidence from adolescence, Stigmatization among communities, Some health workers are rude to adolescents 	<ul style="list-style-type: none"> Limited communication and confidence from adolescents Stigmatization among the community, Health workers are rude to adolescents 	voted by 06 voted by 18 voted by 8 voted by 4 voted by 3 09 05 10	
	Adolescents with Special Interest		<ul style="list-style-type: none"> Fear of parents Lack of awareness of places to access FP and PAC services 	<ul style="list-style-type: none"> Low knowledge Fear of parents Lack of money / poverty 	voted by 05 10	

		<ul style="list-style-type: none"> • Low knowledge on FP and PAC • Poor attitude towards PAC • Poverty / lack of money to get FP / PAC 		<p>13- Demand for payments for FP services by health worker 10</p> <p>14-Fear of going to health facility because of using herbs for abortion 08</p> <p>15 PAC is not talked on openly 03</p> <p>16 fear of parents 05</p> <p>17- un availability of Health workers 00</p> <p>18- Long distance to health Facility 04</p> <p>19-Lack of involvement of the religious leaders 00</p> <p>20 Adolescent don't listen to parents and leaders 05</p> <p>21- stock out of family planning commodities / supplies 8</p>	
Health workers		<ul style="list-style-type: none"> • Limited communication and confidentiality • Poor knowledge and misconception of FP • Lack of trust and inaccurate knowledge of FP methods • Some adolescent prefer going to clinics due tong distance going to government. 	<ul style="list-style-type: none"> • Health education and counseling before service provision • Stock outs of FP / PAC commodities in the facility • Involvement of religious / cultural leaders in such occasion to reach the community with true information on FP and • Community sensitization on FP and PAC through mobilization. 		
Cultural leaders		<ul style="list-style-type: none"> • Lack of trust • Use of village health teams to give information for FP <p>Religious leaders give information to people</p>	Lack access to FP information		
Religious Leaders		<ul style="list-style-type: none"> • Negative community attitude 	<ul style="list-style-type: none"> • Improve health workers training to 		

			<ul style="list-style-type: none"> • Negative Response by the religious leaders • Lack of trust in service providers • Use of local herbs 	<ul style="list-style-type: none"> support FP and PAC services • Keep girls at school • Fear • Strengthening parental / care givers engagement. 		
	Satisfied Adolescent		Many girls fear that Family planning dries the blood They say once you start your body becomes weak and you may not even have your Monthly periods	<ul style="list-style-type: none"> • Poor knowledge and mis conception on FP and PAC • Limited communication and confidentiality • Religious and legal constrains • Poverty • Unavailability of health workers 		
	Teenage Parents		<ul style="list-style-type: none"> • Poverty • Lack of transport • Lack of knowledge • Fear • Unavailability of health workers • Long distance to the facilities • Lack of support from the parents 	<ul style="list-style-type: none"> • Poverty • Unavailability of health workers 		

	People with special disability	<ul style="list-style-type: none"> • Health workers start rumor, • Sometimes you know you need protection but you are afraid to go to the clinic 	<ul style="list-style-type: none"> • Structured knowledge was mostly accessible through NGOs, or health facilities 		
	Local leaders	<p>Adolescent use family planning secretly - one girl says she got pills from a sister</p> <p>Adolescent</p>	<ul style="list-style-type: none"> • The adolescent fear going to the hospital when they use herbs to abort for fear of being questioned by health workers • PAC is something no one talks about openly <p>“I know of a girl who bled after abortion because she was afraid to talk”</p> <ul style="list-style-type: none"> • Family members should support 		

AROMO SUB COUNTY

SN	TYPE OF GROUPS	CATEGORY	KEY ISSUES GENERATED BY THE GROUP	PRIORITIZED ISSUES AS PER SUB GROUPS	SUB COUNTY LIST OF ISSUES	SUB COUNTY-PRIORITIZATION
	Religious Leaders		<ul style="list-style-type: none"> • Poor knowledge, • Lack of open communication • Lack of confidentiality and privacy, Fear of exposure, judgment and mistreatment, • Negative attitude 	<ul style="list-style-type: none"> • poor knowledge, • Lack of open communication to adolescents, • Attitude of health workers 	<p>Lack of open communication by parents , local leader and health workers on sex education FP and PAC 11</p>	<p>Knowledge gap on FP and PAC</p> <p>Lack of open communication by parents health worker, religious leaders ,</p>

						cultural leader and local leaders on FP and PAC Limited numbers of citizen scientist Lack of FP and Community support Long distance to health facility Stock on commodities on FP and PAC Absence of adolescent corners
	Technical leaders		<ul style="list-style-type: none"> Knowledge gap on PAC and abortion Absence of care centres for Adolescent to access FP and PAC Negative attitude of health workers 	<ul style="list-style-type: none"> Knowledge gap on PAC and abortion Absence of care centers for Adolescent to access FP and PAC Negative attitude of health workers 	Knowledge gap on PAC and abortion 20 Absence of care centres for Adolescent to access FP and PAC 7 Negative attitude of health workers 2 Lack of family and community support 9 Lack of spousal support 4 Lack of trust in service providers 2 Lack of money to support adolescent access FP and PAC 8 Violence against from parents 2 SGBV and IPV 5 Limited number of citizen scientist to support adolescent 11 Long distant to health facility 7 Inadequate access to FP , PAC service points 2	
	Members of CBOs/CSOs		<ul style="list-style-type: none"> Lack of open communication by parents to adolescents on FP and PAC, Knowledge gap on FP and PAC, Absence of care centers for adolescents to access FP and PAC services, Negative attitude of health workers, Lack of family and community support, Lack of spousal support, Lack of trust in service providers, Lack of money to support adolescents to access FP and PAC, Violence against adolescents, Gender based violence, Limited number of citizen scientists to support adolescents, 	<ul style="list-style-type: none"> Lack of open communication by parents to adolescents on FP and PAC, Knowledge gap on FP and PAC, Absence of care centers for adolescents to access FP 		

		<ul style="list-style-type: none"> • Long distance to Health centers, Inadequate information on FP and PAC, • Low male involvement, • Stigmatization, • Misconception on FP and PAC, • Poor attitudes of adolescents on FP Misconception and religious influence, • Stock out of FP and PAC drugs 	<ul style="list-style-type: none"> and PAC services, • Attitude of health workers, • Lack of family and community support, • Lack of spousal support, • Lack of trust in service providers, Lack of money to support adolescents to access FP and PAC, • Violence against adolescents, Gender based violence, • Limited number of citizen scientists to 	<p>Low male involvement 2</p> <p>Stigmatization 2</p> <p>Misconception on FP and PAC 5</p> <p>Poor attitude of adolescent toward PAC 2</p> <p>High levels of poverty</p> <p>Cultural and religious on the use of FP and PAC 6</p> <p>Stock of FP commodities 7</p> <p>.</p>	
--	--	---	--	---	--

			<ul style="list-style-type: none"> support adolescents, • Long distance to Health centers, Inadequate information on FP and PAC, • Low male involvement, Stigmatization, Misconcept ion on FP and PAC, • Poor attitudes of adolescents on FP and stigmatization, Misconcept ion and religious influence, Stock out of FP and PAC drugs 		
Local leaders			<ul style="list-style-type: none"> • Inadequate Knowledge 	<ul style="list-style-type: none"> • Inadequate knowledge 	

		<ul style="list-style-type: none"> • Long distance to health centers • Limited adolescents/youth friendly corners and outreaches • Stigmatization • Low male involvement • Heavy reliance on clinics and drugs shops with workers who limited • Financial Constraints • Poor reception by some health workers • High school dropout 	<ul style="list-style-type: none"> • Low male involvement • Stigmatization 		
	Parents and Care Givers	<ul style="list-style-type: none"> • Negative attitudes towards FP and PAC, • Gender Based Violence, • Lack of support by religious leaders on adolescent FP services, • Low knowledge on FP and lack of confidentiality 	<ul style="list-style-type: none"> • Gender Based violence, Long distance to health service points, • Few numbers of service providers 		
	Cultural leaders	<ul style="list-style-type: none"> • Most people who are involved in early family planning services end up giving birth or delay • Little or no Knowledge of family planning • Unfriendly environment of giving services • Sexual gender based violence 	<ul style="list-style-type: none"> • Most people who are involved in early family planning services end up giving birth or delay • Little or no Knowledge of family planning 		

		<ul style="list-style-type: none"> • High of poverty • Peer pressure from adolescent • Drunkenness • Cultural and religious belief 	<ul style="list-style-type: none"> • Unfriendly environment of giving services • Sexual gender based violence • High of poverty • Peer pressure from adolescent 	
Health workers		<ul style="list-style-type: none"> • Cultural and religious influence in the FP • Fear • Inadequate knowledge • Unsafe practices for abortion • Stigmatization • Lack of community /family support • Commodities stockout at facility • Inadequate space at facility of FP • Misconception of FP use • Ignorance 	<ul style="list-style-type: none"> • Inadequate knowledge on family and PAC • Stock outs of Communities • Cultural and religious influence on the use of family planning 	
Satisfied adolescent		<ul style="list-style-type: none"> • Lack of trust in service provider • Lack of family and community support • Community stigma and discrimination 	<ul style="list-style-type: none"> • We don't get enough information on FP and PAC • No money to clean the uterus. 	
Citizen scientist		<ul style="list-style-type: none"> • Condoms are always done at the facility 	<ul style="list-style-type: none"> • Lack of family and community support 	

			<ul style="list-style-type: none"> • Fear of getting opposed when seeking for services of FP and PAC • Fear of relatives and parents • No money to clean the uterus for a child in school • It's not easy to know where to seek for FP and PAC - most of us don't know. 	<ul style="list-style-type: none"> • Lack of spousal support • Lack of trust in service providers 		
CSO			<p>Low knowledge on reproductive health</p> <p>Empower adolescent to seek FP and PAC</p>	<p>Reach out to the grass root with messages on FP and PAC</p> <p>Advocate up to parliament for FP and PAC</p> <p>Encourage collaboration and coordination between stakeholders to promote FP and PAC</p>		
People with special disability			No response generated	No response generated		
Local leaders			<ul style="list-style-type: none"> • Adolescents use FP back; many go through peers. "One girl told me she got FP from friend's older sister and not from a health worker. Adolescent attitude 	<ul style="list-style-type: none"> • Lack of trust in service providers, • Lack of trust by family members and community, Community discrimination, • Early and forced marriage 		

				<ul style="list-style-type: none"> 6% of adolescents visit health facilities for help. No one talks about PAC openly. (I know of a girl who bled for days after abortion because of fear to ask for 		
--	--	--	--	--	--	--

OGUR SUB COUNTY

SN	TYPE OF GROUPS	CATEGORY	KEY ISSUES GENERATED BY THE GROUP	PRIORITIZED ISSUES AS PER SUB GROUPS	SUB COUNTY LIST OF ISSUES	SUB COUNTY-PRIORITIZATION
	CBOs/CSOs		<ul style="list-style-type: none"> Inadequate information about FP and PAC, lack of support for adolescents to access FP and PAC, Points for accessing FP and PAC services are not known by most adolescents, Misconception about FP methods, 	<ul style="list-style-type: none"> Inadequate information must be addressed, Procurement of commodities and making them available at the health facilities, Lack of financial support through collaboration of different personnel and institutions 	Poverty 12 Lack of knowledge 13 Fear, 04 Misconception and misinformation of FP and PAC, 05 Lack of openness on matters of FP 04 Traditional and religious beliefs against FP 14 lack of trust and inaccurate	Tradition and religious beliefs against Family planning Lack of knowledge on family planning and PAC Poverty Stock out of commodities

			<ul style="list-style-type: none"> • Risk of unsafe abortions and fear 		knowledge on FP methods, 03 legal constraints, 00 family, spousal and community resistance, 01 long distance to health centers, 06 Harassment of adolescents by Health workers, 03 Delay at the health facility 04 Fear of side effects 03 Fear of health workers demanding money for FP especially for emergency pills 00 Health systems challenges, 06 gender	
	Technical leaders		<ul style="list-style-type: none"> • Low Knowledge on FP and PAC • Legal constraints • Misconception and misinformation about FP and PAC 	<ul style="list-style-type: none"> • Low Knowledge on FP and PAC • Legal constraints • Misconception and misinformation about FP and PAC 	knowledge on FP methods, 03 legal constraints, 00 family, spousal and community resistance, 01 long distance to health centers, 06 Harassment of adolescents by Health workers, 03 Delay at the health facility 04 Fear of side effects 03 Fear of health workers demanding money for FP especially for emergency pills 00 Health systems challenges, 06 gender	
	Satisfied adolescents		<ul style="list-style-type: none"> • The report only have views on FP and PAC but not answers to the challenges faced while using different FP methods 	<ul style="list-style-type: none"> • Bring FP and PAC services closer to the adolescents in the health centers and community, give parents the space to talk to their children without fear of being harassed of going against child rights 	knowledge on FP methods, 03 legal constraints, 00 family, spousal and community resistance, 01 long distance to health centers, 06 Harassment of adolescents by Health workers, 03 Delay at the health facility 04 Fear of side effects 03 Fear of health workers demanding money for FP especially for emergency pills 00 Health systems challenges, 06 gender	
	Teenage Parents		<ul style="list-style-type: none"> • Poverty • Fear • Lack of knowledge • Peer Pressure 	<ul style="list-style-type: none"> • Poverty • Fear • Lack of knowledge 	knowledge on FP methods, 03 legal constraints, 00 family, spousal and community resistance, 01 long distance to health centers, 06 Harassment of adolescents by Health workers, 03 Delay at the health facility 04 Fear of side effects 03 Fear of health workers demanding money for FP especially for emergency pills 00 Health systems challenges, 06 gender	

			<ul style="list-style-type: none"> • Lack of trust in services providers • Lack of support • Lack of open communication about PAC • Lack of confidentiality • Negative attitude of health workers 		<p>barriers/equality, 00 Fear are to go to health facility 00 most adolescents fear to give true information, 01 lack of youth friendly spaces, under staffing at health facilities, 00 understaffing at health facilities 03 lack of access to FP services 03 Violence on adolescent by parents 03 stock out of commodities 07</p>	
	Cultural leaders		<ul style="list-style-type: none"> • We have not seen the government policy position on FP and PAC because FP is done at will. • There is no law that enforces provision of FP Services 	<ul style="list-style-type: none"> • This report lack issues on policy to promote FP. There is no law that penalizes people who discourage adolescent from getting FP services. • There should be a policy that penalize people who sabotage government programs on FP 		
	Health workers		<ul style="list-style-type: none"> • Most of the adolescent should be sensitized to know their health Status , • They should train the Health 	<ul style="list-style-type: none"> • They should continue with refresher courses , they should continue with the talk shows on Radios Continue with research 		

			Workers to guide the adolescents within the community about FP and PAC.			
	Religious Leaders		<ul style="list-style-type: none"> • Older women lure boys to have sexual relationship and expose them to risks of infection. • Age appropriate Health education to adolescents 	<ul style="list-style-type: none"> • Age appropriate Health educate to adolescent on FP and sex by different key stake holders -Health workers , religious leaders ,cultural leaders 		
	Citizen scientist		<p>We did not hear anything about the disabled discussed in this report.</p> <p>Meaning people of our category were not interviewed</p>	<p>In case of the next activity/research, we have to be represented since we are very vulnerable yet neglected.</p>		
	CSO		Inadequate information about FP and PAC,	Inadequate information must be addressed, procurement of commodities and making them available at the health facilities, lack of financial		

		<p>Lack of support for adolescents to access FP and PAC, Lack of information on FP and PAC service points. Misconception about FP methods, Risk of unsafe abortions and fear</p>	<p>support through collaboration of different personnel and institutions</p>		
	People with special disability	<ul style="list-style-type: none"> • We did not hear anything about the disabled discussed in this report. • Meaning people of our category were not interviewed • Health workers engage in rumors when adolescents go to seek FP and PAC services <p>“Sometimes you know you need protection but you are afraid to go to the clinic”</p>	<ul style="list-style-type: none"> • Structured knowledge was mostly accessible through NGOs, or health facilities, 		

--	--	--	--	--	--

AGWENG SUB COUNTY

SN	TYPE OF GROUPS				
	Teenage parents	<p>lack of open communication about PAC especially among boys, lack of trust in services providers, lack of family and community support lack of Adolescent</p>	<p>Early and forced marriage, Negative community attitude, lack of trust in service providers</p>	<p>Negative attitude of health workers 15 Lack of family and community support 18 Community stigma and discrimination 07 Most Children between 10-19 years have lack of knowledge on FP and PAC 15</p> <p>Lack of spousal support for Family planning 05 Negative attitude of parents on FP 10 Lack of trust and inaccurate knowledge on FP 02 Early and forced marriages 10 Gender related barriers 01</p>	<p>Lack of family and community support Negative attitude of Health workers Most Adolescent lack Knowledge of PAC and FP Early forced marriage Health workers system challenges</p>

				Family and community resistance 01 Religious constrains 04 Health systems challenges 02 Lack of family support on PAC 02 Lack of adolescent friendly corner 04 Discriminatory communities FP and PAC 03 Limited knowledge on FP 06	
CSO	Low self-esteem, lack of trust among spouses leading to devoice. Temporary infertility, giving birth to children with health problems - deformed children, inconsistent menstrual cycles, poor knowledge and miss conceptions of FP, limited communication confidentiality, economic and institutional barriers, family spousal and community resistance, gender and social cultural constrains, Religious and Legal constrains	Family spousal and community resistance, religious and legal constrains, Lack of trust and Inaccurate knowledge of family planning methods, Health systems and provider challenges,			
Technical leaders	<ul style="list-style-type: none"> • Negative community attitudes, • Lack of trust in service providers • Lack of parental guidance for adolescents 	<ul style="list-style-type: none"> • Negative community attitudes, • Lack of trust in service providers 			

			•Lack of parental guidance for adolescents		
	Satisfied adolescents	<ul style="list-style-type: none"> Community stigma and discrimination, Some health workers don't show up to work, Negative attitude of health workers 	<ul style="list-style-type: none"> Community stigma and discrimination, Some health workers don't show up to work, Negative attitude of health workers 		
	CSO	<ul style="list-style-type: none"> Low self-esteem, lack of trust among spouses leading to devoice. Temporary infertility, giving birth to children with health problems - deformed children, inconsistent menstrual cycles, poor knowledge and miss conceptions of FP, limited communication confidentiality, economic and institutional barriers, Family spousal and community resistance, gender and social cultural constrains, Religious and Legal constrains 	Family spousal and community resistance, religious and legal constrains, Lack of trust and Inaccurate knowledge of family planning methods, Health systems and provider challenges,		
	Satisfied FP users	<ul style="list-style-type: none"> The report only have views on FP and PAC but not answers to the challenges faced while using different FP methods 	<ul style="list-style-type: none"> Bring FP and PAC services closer to the adolescents in the health centers and community, 		

			<ul style="list-style-type: none"> • Give parents the space to talk to their children without fear of being harassed of going against child rights 		
	Local Leaders	when we go to pick condoms the health workers start rumor mongering then ask why are going to use this condom at your age, we need space where only Adolescent can go if adults see you, they start aging questions	churches say it's sinful, Girls who seek family planning are called spoilt, if people find out you have gone to clinic they start gossiping and says your immoral, we prioritize life care but we sometimes we are unsure whether to provide contraceptives without parental consent so we decide or deny services		
	Religious Leaders	Churches says is it's sinful for girls who seek for family planning and are spoiled. Some clinics ask for adults to accompany you if you come alone as a girl they might refuse to serve you, lack of knowledge on PAC lack of family support on PAC, family. / Spouses and community resistance,	Training of health workers / stakeholders and local leaders on PAC, Economic support to PAC, community awareness on PAC,		

AGALI SUB COUNTY

SN	TYPE OF GROUPS	CATEGORY	KEY ISSUES GENERATED BY THE GROUP	PRIORITIZED ISSUES AS PER SUB GROUPS	SUB COUNTY LIST OF ISSUES	SUB COUNTY-PRIORITIZATION
	Cultural leaders		<ul style="list-style-type: none"> • Poor knowledge and misconception on FP and PAC • Limited communication and confidentiality • Health systems and provider challenges • Use of local herbs for abortion among youth Gender and social cultural constrain • Economic and institutional barriers. • Family spousal and community resistance • Lack of trust and inadequate knowledge on family planning methods. 	<ul style="list-style-type: none"> • Poor knowledge and misconception on FP • Economic and institutional barriers • Family, spousal and community challenges. 	<p>Poor use of condoms and pills, 08 Gender and social cultural constraints, 10 Knowledge on where to access to access PAC services is limited, 07 high cost of FP and PAC services, 10 stigma, limited on FP and PAC and FP, 12 Limited knowledge on FP and PAC 06 Misconception and misinformation regarding FP and PAC, 05 Lack of trust in the services family planning, 05</p>	Stigma, poverty gender, and social cultural constraints, poor use of condoms and pills Limited knowledge, high costs of FP and PAC

		<ul style="list-style-type: none"> • Religious and legal constrains • Health systems and provider challenges 		<p>Family spousal and community resistance.04</p> <p>Lack of confidentiality, 03</p>	
	Parents/Care givers	<ul style="list-style-type: none"> • Most adolescents do not listen to parents, • People put more effort on girls' education than boys, • Boys are drunkards and drug abuse, Human rights for girl child 	No confidentiality, long distance and lack of commodities.	<p>long distance to the health facility, Lack of commodities.03</p> <p>Poverty, 12</p> <p>lack of open communication 04</p> <p>lack sexuality education in schools03</p> <p>, Negative attitude of health workers 03</p>	
	Technocrats	<ul style="list-style-type: none"> • Knowledge gap (19%), Myths and misconceptions on FP and handle FP attitude, Barriers (attitude, Barriers). • Inaccessibility to services (FP and PAC), Stigma. 	<ul style="list-style-type: none"> • Knowledge gap • Stigma towards Family planning and PAC users 		
	CBOs/CSOs.	<ul style="list-style-type: none"> • Limited communication and 	<ul style="list-style-type: none"> • Poor knowledge and misconception on 		

		<p>confidentiality, Family, spousal and community resistance Religious and legal constraints,</p> <ul style="list-style-type: none"> • Health systems and provider challenges • , Poor knowledge and misconception of family planning, Lack of trust and accurate knowledge on family planning socio-cultural constraints. 	<p>family planning and PAC</p> <ul style="list-style-type: none"> • Lack of trust and inaccurate knowledge on family planning methods, Family spousal and community resistance. 		
	Local Leaders	<ul style="list-style-type: none"> • Negative attitude of health workers, Community stigma • Low Community involvement • <i>Early and forced married, in our home, No one talks about family planning, Separation of parents</i> 	<ul style="list-style-type: none"> • <i>Early and forced married, in our home, No one talks about family planning, Separation of parents</i> 		

	Adolescents with special interests		<ul style="list-style-type: none"> • <i>Most girls have heard of things like condoms and pills, but they don't really know how to use them correctly</i> • <i>Gender and social cultural constraints, Family spousal and community resistance. 60% didn't know where to access PAC, service.</i> 	<ul style="list-style-type: none"> • Poor use of condoms and pills, • Gender and social-cultural constraints, • Poor access to FP and PAC. 	
	Citizen scientist		<ul style="list-style-type: none"> • Poor knowledge on post abortion care among adolescents • Negative attitude of health workers seeking FP and PAC • lack of confidentiality and privacy at facilities • Fear of exposure judgment or 	<ul style="list-style-type: none"> • Lack of transport means to facilitate for youth • Poor attitude of health workers towards adolescent 	

			<p>mistreatment by peers ,parents and Community</p> <ul style="list-style-type: none"> • Lack of material for youth • Lack of transport to facilitate movement. 		
	Teen parents		<ul style="list-style-type: none"> • Family planning methods available such as pills, condoms • Most Adolescent access FP information from radios or friends 	Plan for adolescents empowerment on FP and PAC	
	Health workers		<ul style="list-style-type: none"> • Long distance to the facility, • not enough real information at facility, • Minimal support from the community and family Community stigma and discrimination, • lack of open communication 	<ul style="list-style-type: none"> • Inaccurate information On FP and PAC in schools • Barriers like Economic and institutional long distance to the facility. 	

		<ul style="list-style-type: none"> about post abortion care inaccurate information on FP and PAC 		
	Religious leaders	<ul style="list-style-type: none"> Poverty Harassment by health workers Peer pressure Stigma 	<ul style="list-style-type: none"> Poverty Harassment by health workers Peer pressure Stigma 	.