Annual Survey Findings

BACKGROUND

Breakthrough ACTION works collaboratively with the Ministry of Health (MOH) at the national and sub-national levels, and in complementarity to relevant USAID Implementing Partners (IPs), to improve the effectiveness and implementation of high-quality SBC activities in 12 counties of Liberia.

The vision of the project is to deliver effective quality SBC activities in Liberia that will result in improved demand, access, and use of health services for malaria; maternal neonatal, and child health (MCH); family planning/reproductive health (FP/RH); adolescent health; and water, sanitation, hygiene (WASH) and inform the community to engage in behaviors to prevent zoonotic and non-zoonotic infections in line with Global Health Security (GHS).

As part of Breakthrough ACTION's scope of work in Liberia, the project monitors, evaluates and reports on SBC outcomes and routine data. This will be achieved via an annual outcomes survey which is geared towards complementing data reported from communities to Liberia's National District Health Information System (DHIS2).

The annual survey collects data on SBC practices carried out by community members, specifically on knowledge and exposure to Breakthrough ACTION Liberia's program interventions for thematic areas that are not captured in the DHIS2. The survey is conducted annually, preferably at the end of each project implementation year, to provide estimates on behavioral outcomes and an indication of progress towards expected results. In addition, the findings from the annual SBC survey informs program decisions and the need for scale-up of activities for specific areas of focus for implementation.

Objectives of Annual Survey

1. To collect prevalence data on specific SBC indicators to provide information on progress towards achieving targets for behavioral health outcomes in Breakthrough ACTION Liberia's MEL plan.
2. To strengthen the capacity of county health team M&E officers in SBC data collection and use.
3. To support use of SBC data for decision making at the county level.

Survey Implementation Approach

This survey is a Social and Behavior Change (SBC) quantitative survey, implemented annually across 12 counties with ethical approval from JHU and the local IRB (ACRE AFRICA CENTER).

METHODOLOGY

Sampling Approach

The survey utilized a multi-stage clustered random sampling approach. The steps involved in the sampling process are described.

Defining the Sampling Frame:
The first step involved identifying all the communities within the 12 supported counties. A total of 629 communities were mapped, forming the overall sampling frame. This was done using facility catchment maps, ensuring that all relevant communities were considered based on proximity to health facilities and population distribution.

Selection of Communities:
From the 629 mapped communities, 120 communities were selected through a simple random number table. The communities in each county were numbered sequentially and a random number generator was used to randomly select communities from each county cluster.

Listing of Households within Selected Communities:
A household listing was created for each of the selected communities. This involved mapping all households within the community. Households were identified using community walkthroughs and with the assistance of community leaders, ensuring that all eligible households within the boundaries of each community were included in the list.

Selection of Households:
From the household lists generated for each community, 30 households were selected per community by a used of a simple random number table for participation in the survey.

Selection of Participants:
Each selected household was visited, and the data collection team identified all the household heads aged 18-59 years. If the selected head of household was unavailable or unable to participate at the time, the data collection team rescheduled the interview for a later time. Three attempts were made to contact and recruit the household head.

Sample Size

In total, 3,576 participants were to be recruited across the 120 selected communities. In addition, 24 health facility staff were included to provide facility-level insights, bringing the total sample to 3,600 individuals.

Inclusion criteria: Adults community members 18-59 years of age, health facility-based HCWs who provide maternal and RH care services, resided in selected community and selected household for a minimum of one year or 12 months, provides voluntary consent, understands and fluently speaks Liberian English and local dialect of the county.

Exclusion criteria: unable to schedule an interview during the data collection period, unwell during data collection, incapacitated and unable to comprehend content or language.

.

Sampling

County	# of Communities	# of Health Facility	Participation		Service Providers
			HH	participants	
community	1	2	30	30	2
1 county	10	12	300	300	2
12 counties	120	24	3,600	3,600	24

KEY RESULTS

Sample distribution

County	# of Communities	Community Members		Service Providers	
		Female	Male	Female	Male
Bomi	10	181	117	2	0
Bong	10	112	186	2	0
Grand Bassa	10	157	141	1	1
Grand Cape Mount	10	153	145	0	2
Grand Gedeh	10	238	60	1	1
Grand Kru	10	155	143	1	1
Lofa	10	56	242	2	0
Margibi	10	237	61	2	0
Maryland	10	145	153	2	0
Montserrado	10	194	104	1	1
Nimba	10	125	173	2	0
River Gee	10	86	212	2	0
Total	**120**	**1,839**	**1,737**	**18**	**6**

Characteristics of sample participants

Characteristic	Count	Percentage
Households & membership		
Total HH	3576	100
1-4 Members	1,287	36.0
5-7 Members	1,738	48.6

8+ Members	551	15.4
Gender		
Male	1,737	48.6
Female	1,839	51.4
Age Group		
18-29	1,120	31.3
30-39	1,067	29.8
40-49	837	23.4
50-59	552	15.4
Marital Status		
Married	1,118	31.3
Cohabitating	1,566	43.8
Single	694	19.4
Widowed	122	3.4
Divorced/Separated	76	2.1
Educational Level		
No formal education	1,533	42.9
Elementary	848	23.7
Junior high school	654	18.3
Senior high school	343	9.6
Higher education	143	4.0
Vocational training	55	1.5

The proportion of females (51.4%) was slightly higher than that of males (48.6%) of the total interviews conducted across the counties at the community level. The survey revealed that the gender distribution varied greatly across different counties, with Grand Gedeh (male: 60, female: 238), and Margibi (male: 61, female: 237),s counties having higher female headed households representation, while River Gee (male: 212, female: 86), and Lofa (male: 242, female: 56),s counties having higher male headed households representation. Counties with a more balanced distribution of male and female participants include Grand Bassa (male: 141, female: 157), Grand Cape Mount (male: 145, female: 153), and Maryland (male: 152, female: 146).

The most common marital status among respondents was cohabitation (43.8%), followed by married (31.3%), single (19.4%), widowed (3.4%), and divorced/separated (2.2%).

The study found a wide educational gap, with 42.9% of the population not attending formal education. Nearly 23.7% of respondents attended elementary school, but fewer progressed beyond. 18.3% completed junior high school, and 9.6% completed senior high. Only 4.0% attained higher education, and 1.5% pursued vocational training.

Performance Indicator estimates

The following is a summary of the estimates derived for key program performance indicators, against their expected target. These targets were set based on previous achieved.

Table 1: Annual Survey Indicators Result Table

Indicator	Annual Target	Survey estimate	Change	Comment
Malaria 1.1				
1.1.2: Proportion of people who report that they are confident in their ability to perform a specific malaria-related behavior (self-efficacy); for net use, for fever seeking, and IPTp uptake	70	78	+8%	The achievement exceeded the target by 8% point.
1.1.3: Percent of audience who recall hearing or seeing a specific USG-supported malaria message	85	84	-1%	The target is considered achieved because the survey estimate likely falls within the confidence interval.
MCH 1.2				
1.2.5: Percent of audience who recall hearing or seeing a specific USG-supported MCH message	75	74	-1%	The target is considered achieved because the 74% is close to the target of 75%, and it likely falls within the confidence interval.
FP & Adolescent health 1.3				
HL.7.2-3: Number of individuals in the target population exposed to USG funded FP messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print (by channel/# of channels)	528,033	536,103	+2%	The achievement exceeded the target by 2% point.
HL7.2-1 Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message	70	68	-2%	The target is considered achieved because 68% likely falls within the confidence interval.
WASH 1.4				
1.4.3: Percent of females with correct knowledge of menstrual health and hygiene	15	27	+12%	The achievement exceeded the target by 12 percentage % points.
1.4.4: Percent of females who report that they have someone they can go to for support (advice, resources, emotional support) regarding menstruation	10	80	+70%	There was a remarkable improvement, with achievement being 70% point above the target. There were no baseline data available to guide the target-setting process. Additionally, we took into account the time frame for implementation of this activity, which began in the second quarter.
1.4.5: Percent of the audience who recall hearing or seeing a specific USG-supported WASH menstrual hygiene message (i.e., advice, resources, emotional support)	80	87	+7%	Achievement exceeded the target by 7 percentage points, demonstrating the successful and effective dissemination of menstrual hygiene messaging.

HL.8.2-5 Percent of households with soap and water at a handwashing station	55	16	-39%	This indicator underperformed, because the project does not provide resources for hand wash facilities. People still wash their hands, but not at designated hand-washing stations. See additional results in the section on handwashing.

Efficacy for malaria prevention

The Breakthrough ACTION Liberia worked in collaboration with the National Malaria Control Program (NMCP) and developed social and behavior change (SBC) materials, including four radio spots covering pre-household registration, pre-distribution, post-distribution, and ITN care. The project also partnered with stakeholders and updated existing print materials, such as posters promoting net usage, ITN use brochures, and FAQs and supported the 2024 national mass ITN distribution campaign. The results showed a high rate of self-efficacy for malaria prevention, with the survey indicating that 73.3% of respondents reported having the confidence to implement malaria-related prevention behaviors such as net use, care seeking, and IPTp uptake. Respondents reported a high level of self-efficacy to perform malaria prevention behaviors, particularly in practicing sleeping under a net (73.3% confident) and early care seeking (71.5% confident). **See table 8**

Exposure to program interventions

The message recall rate regarding program interventions was slightly below the target, suggesting the messaging could be improved for better reach.

USAID Logo

The survey showed a gender-based difference in the recognition of the USAID logo. Out of 3,576 respondents, 45.5% reported that they had not seen the logo, while 56.5% said that they had. Among the 1,839 female respondents, 48.1% had not seen the logo, compared to 38.7% of male respondents.

Exposure via poster and radio

Malaria messages exposure

Breakthrough ACTION Liberia disseminated 25,167 print materials related to malaria for the performance year 2024. The program also aired malaria prevention jingles on the radio at national and sub-national levels. From March to October 2024, the project supported the National Malaria Control Program (NMCP) in rolling out Phases One and Two of the ITN mass distribution campaign across the country, as part of the campaign, 20,000 bumper stickers promoting the use of ITNs were printed and disseminated, and four new radio spots/jingles were developed, recorded, and broadcast. The project also distributed additional printed materials (3,537 bumper stickers, 19 net-use posters, and 450 FAQs). The survey showed that 78.7% of respondents had seen a poster about sleeping under a net, while 84.3% of respondents had heard about sleeping under a net via the radio, making radio slightly more effective than posters in reaching respondents. Awareness of malaria prevention during pregnancy from posters was moderate, reaching 46.1% of respondents, while awareness through radio was 51.2%. Fewer respondents (31.0%)

reported having seen a poster for seeking early treatment for fever, while 38.6% of respondents had heard this message via the radio. **See table 2.**

MNCH messages exposure

MNCH health messages shown on a poster had low visibility, ranging from 14.1% to 15.3%, while an MNCH message about male involvement in care had much higher exposure via the radio (73.6%). **See table 3**.

FP/RH messages exposure

Breakthrough ACTION Liberia, in collaboration with county education and health teams, delivered sexual and reproductive health (SRH) and rights lessons to 100 existing school health clubs across 12 counties, also as part of ongoing efforts, 80 new Adolescent Health Clubs (AHCs) were established across eight counties—Montserrado, Bong, Margibi, Nimba, Lofa, Grand Cape Mount, Bomi, and Grand Bassa—between April and June 2024 to promote FP knowledge sharing. FP SBC print materials were also disseminated across the 12 counties. On average 67.4% of all respondents had heard FP messages, while on average of those who saw FP-related messages on a poster was 16%. Grand Gedeh has the highest percentage of adults (57.4%) who see and hear FP messages on radio and posters, according to the survey. Comparable proportions of adults in Grand Bassa and Bong reported seeing and hearing FP messages on radio and posters. Although the highest percentage of adults that heard messages on the radio were respondents in Montserrado (82.6%), few of them had also observed FP messages on posters (1.1%). Adults in Lofa are also more likely to hear health messages on the radio than see them on posters (75.9% vs. 4.1%). **See table 4.**

WASH messages exposure

The percentage of respondents reporting that that saw WASH messages on posters with USAID logos varied across counties, with Grand Bassa having the highest percentage at 62.1%. In Grand Bassa, poster messages on handwashing were most commonly seen (79.3%), followed by food hygiene (72.4%). Grand Bassa also had the most respondents reporting that they saw menstrual health messages on posters (compared to other counties) at 58.6%. Radio messages about safe drinking water weare heard by the most respondents heard in Nimba(100%), Grand Kru (100%), followed by in Margibi (99.1%), Grand Gedeh (81.9%) followed by Grand Bassa (79.3%). Grand Bassa has the highest percentage of respondents that had heard messages on food hygiene (65.7%), while fewer respondents cited hearing these messages on the radio in Grand Kru and Nimba, at 8.9% and 12.9%, respectively. Few respondents had heard the Manage Our Period song over the radio, with an average of 5.7% of respondents having heard the song, 15.8% of respondents in Grand Gedeh having heard the song, and 3.2% of respondents in Grand Kru having heard the song (the lowest). (Note: the song was disseminated via channels such as 3-2-1 and social media that were not assessed through this survey). **See table 5.**

Poster location

When asked about where they had seen a poster, the highest percentage (80.2%) of respondents reported seeing posters at the clinic. Respondents also cited hospitals (32.6%), community health workers (32.1%), town hall (18.2%), schools (14.0%), marketplaces (11.9%), Government (local government officials at the community level, eg. Town chief, clan chief, commissioners, etc.) Pharmacies (0.6%), security checks

(2.3%), places of worship (1.8%), video clubs (0.5%), and other sites (1.7%), were sites with the lowest proportion of participants reporting that they had seen a poster with USAID logo. **See figure 1.**

GHS messages exposure

Bong, Lofa, and Nimba counties in Liberia are known to be endemic regions for Lassa fever, and they experience periodic outbreaks. The most recent outbreak of Lassa fever in these counties occurred in early 2023, with cases reported from January to March. The Liberia Ministry of Health, alongside the World Health Organization (WHO) and Breakthrough ACTION Liberia, responded to control the spread of the disease during that period. Breakthrough ACTION Liberia conducted community and school-based awareness and disseminated print materials on prevention of Lassa fever in these counties. The average exposure to GHS messages on posters with the USAID logo was high, with 76.6% of respondents exposed to rabies messages, 80.2% to Lassa fever messages, and 29.6% of respondents exposed to COVID-19 prevention messages. Respondents in Margibi, Lofa, and Nimba reported high exposure to rabies messages on posters at 100%, 98%, and 93.3%, respectively. Respondents in Margibi, Cape Mount, and Nimba also reported high exposure to Lassa fever messages on posters at 100%, 100%, and 99.4%, respectively. COVID-19 prevention messages had the lowest average exposure (29.6%), with Grand Bassa (93.3%) and Montserrado (67%) having the highest exposure.

On average, respondents had lower recognition of GHS health messages on the radio compared to posters (67.4% of respondents exposed to rabies radio messages vs. 76.6% to messages on posters; 68.6% of respondents exposed to Lassa fever radio messages vs. 80.2% to messages on posters). However, several counties had high exposure to rabies prevention messages on the radio, including Grand Kru (96.3%), Nimba (94.8%), and Margibi (83.2%). **See table 6.**

COVID-19 vaccines uptake

Breakthrough ACTION supported the Expanded Program on Immunization (EPI) in integrating the COVID-19 vaccine into Liberia's routine immunization schedule. To reflect this integrated approach, a variety of Social and Behavior Change (SBC) materials were developed, including a job aid for facility-based health workers, posters for community and facility settings, a bumper sticker, and an audio drama. The project distributed 657 job aids, 4,000 posters, and 500 bumper stickers across all 15 counties of Liberia. The project also trained community health assistants to facilitate community dialogue sessions on topics such as COVID-19 and routine child and adult immunizations. Out of the 3,576 people surveyed across 12 counties, 60.9% (2,179) had received the vaccine. Vaccine uptake in Montserrado, Margibi, Bong, Lofa, Nimba, Grand Gedeh, River Gee, Maryland, Grand Kru, Grand Bassa, Bomi, and Grand Cape Mount was high. Grand Cape Mount (80.2%) and Grand Gedeh (78.5%) had the highest percentages of vaccinated individuals in those communities where the survey took place, while Grand Bassa (24.8%) had the lowest percentage of vaccinated individuals. **See table 7.**

WASH

Access to WASH infrastructure, the survey showed that 84.5% of respondents lacked access to handwashing stations, only 15.5% of respondents owned a handwashing station. Even with the presence of a handwashing station, water and soap are not often available. However, out of the 15.5% respondents

that reported to have a hand-washing station, 10.7% had soap and 11.5% had water. Future programs may consider revising this indicator to look at handwashing in general as well as availability of soap and water to complete the handwashing behavior. **See figure 2**

Handwashing behaviors

Nonetheless, respondents still washed their hands, but not at designated hand-washing stations. The following estimates were derived: Handwashing after using the toilet (94.3%), before eating (80.5%), after playing with animals (21.0%), before preparing food (19.3%), and after changing a baby's diaper (13.2%). See Table 16. Average use of handwashing across all categories was 45.9%. **See table 16.**

MENSTRUAL HEALTH AND HYGIENE (MHH)

Knowledge of menstrual hygiene

The project organized an MHH stakeholder engagement meeting with participants from the Ministry of Education, County Health Teams, Traditional and Religious Councils, National Red Cross Society, Parent-Teacher Associations, and media outlets. This interactive session facilitated discussions on best practices, taboos, cultural norms, and strategies related to MHH. Additionally, WASH educational materials were distributed across all 12 project-supported counties.

Perceptions of Menstruation Being Normal: Women were asked to respond with "yes" or "no" to the statement, "Menstruation in girls and women is normal," respondents in counties such as Grand Cape Mount (99.4%), Grand Gedeh (99.2%), and River Gee (97.6%) had generally positive attitudes towards menstruation as normal. On the other hand, Bong had a high percentage of "Don't Know" replies (44%), indicating a lack of knowledge or misinformation regarding menstruation among women on this topic. The average percentage that said "yes" (87.3%) across counties suggests a positive impression of menstruation as normal. **See table 9.**

Perceptions about a woman's body carrying a child when she starts menstruating: When asked the question, "when a girl gets her first menstrual period, her body can carry a child"{, respondents in counties such as Bong and Nimba had a high percentage of "Don't Know" responses (53.6% and 31.6%, respectively), indicating lack of knowledge about a woman's body and fertility. In Grand Cape Mount, Grand Gedeh, and River Gee, a majority of respondents correctly answered this question ("yes") at 97%, 74%, and 96%, respectively, showing better understanding of the link between menstruation and fertility.

When should a pad be changed during menstruation

Lofa had the highest percentage of respondents who reported that they did not know how often to change a sanitary pad (81.2%), with River Gee and Bong having the next highest proportion of "don't know" responses (71.8% and 62.4%, respectively). Most respondents believed sanitary pads should be changed once a day, with Grand Kru and Margibi having the highest percentages of females who believed pads should be changed once a day (76.2% and 70.5%, respectively). Very few respondents identified the

recommended frequency of changing a sanitary pad "every 4-6 hours," with Bomi and Bong having the highest proportion of respondents who believed this at 14.1% and 12.8%, respectively. **See table 10**

When asked about their level of comfort in talking about menstruation, respondents in Lofa, Bong, and River Gee had the highest reported levels of comfort in having these discussions at 82.3%, 70.5%, and 72.3%, respectively. Margibi and Grand Kru had the highest proportion of respondents who cited discomfort in talking about menstruation at 78.8% and 84.7%, respectively.

Social support

When asked how they received social support for menstruation, the majority of respondents in Grand Gedeh (94.1%) reported seeking social assistance from their mothers for menstruation, with Margibi having the lowest percentage at 5.5%. Mothers (30.1%) were the most common source of advice, followed by other family members (19.0%) and friends (40.7%). Neighbors were less frequently consulted, and health workers were mostly consulted or regarding social support on menstruation, with Grand Kru reported the highest (80.3%), Nimba (56%), and Lofa (57.1%). Knowledge of where to seek advice varied from county to county. **See table 11.**

Satisfaction regarding support

When asked about respondents' level of satisfaction with receiving support such as advice and resources about menstruation, the survey revealed that Nimba had the lowest level of "dissatisfaction" (5.9%) concerning support for menstrual hygiene, while Margibi and Grand Gedeh had the highest levels (72.1%) and (52.7%) of dissatisfaction, respectively. **See table 12.**

The project organized an MHH stakeholder engagement meeting with participants from the Ministry of Education, County Health Teams, Traditional and Religious Councils, National Red Cross Society, Parent-Teacher Associations, and media outlets. This interactive session facilitated discussions on best practices, taboos, cultural norms, and strategies related to MHH. Additionally, WASH educational materials were distributed across all 12 project-supported counties.

Materials used to manage menstruation

On average, the majority (87.6%) of respondents surveyed reported that they use sanitary pads to manage menstruation, while 0.5% reported using leaves or being uncertain about the material. In Montserrado, Grand Gedeh, and Bomi, 14.7% of respondents reported that they used alternative materials like toilet paper. **See table 13**

Sources of information about health

Respondents' sources of information about health varied among counties. Healthcare workers in health facilities (were the most cited source of information (61.4%) about health-related issues, followed by radio (49.9%), and community leaders (25.1%). Local government leaders at the community level (town chief, clan chief, commissioner, paramount chief) were rarely cited (4%) as a source of information on health

issues, except in Grand Bassa where about a quarter of respondents (26.8%) reported that local government leaders were a source of information on health-related issues. **See table 14**

Healthy Life messages

Grand Gedeh, Lofa, and Bomi counties had the highest proportion of respondents that reported they had heard a Healthy Life message (87.6%, 77.9%, and 68.1%, respectively). **See table 15.**

Facility-level Results

A total of 24 health workers in 12 counties were interviewed for the facility-level survey, and the findings showed that 13 health facility staff were nurses, 2 were Physician Assistants, 1 was a certified midwife, and 8 were Community Health Services Supervisors. Between April and June 2024, Breakthrough ACTION Liberia disseminated 81 respectful maternity care strategies to County Health Team (CHT) supervisors, including 15 County Reproductive Health (RH) Supervisors and 56 District RH Supervisors. The strategy was designed to enhance client-provider interactions during service delivery and encourage facility-based deliveries to improve health outcomes across the 12 supported counties. Additionally, the project trained 461 health facility staff on interpersonal communication and counseling at the facility level across these counties.

Healthcare workers (24) reported that they had provided interpersonal counseling, followed recommended behaviors, and believed SBC interventions were essential activities that positively influenced community behaviors. It was also reported by 13 health facility staff that they believed SBC interventions had influenced community trust in health workers. The health facility staff were also asked if they had been providing health talks at the facilities before services were delivered, and 22 reported that they had provided daily health talks. Additionally, 23 out of the 24 health facility staff reported that they had regularly referred to guidance documents or protocols when interacting with clients at the health facilities. Interpersonal counseling had been provided by all 24 healthcare providers. Of the 24 health facility staff surveyed, 15 (63%) stated that they believed SBC activities at the community level had positively influenced clients' behavioral norms. These staff members observed these changes (e.g., early care seeking for fever, male involvement in ANC visits during pregnancy) through their interactions with clients at the health facility while providing health services. Furthermore, 21 (88%) of healthcare providers believed SBC interventions were essential.

TABLES and FIGURES

Table 2: Malaria messages exposure via poster and radio

	Percent of respondents reporting they saw a poster with a USAID logo, by type of health message and county				Percent of respondents reporting they heard a health message on radio funded USAID			
County	Sleep under net	Prevention of malaria during pregnancy	Seeking early treatment	Malaria compliance	Sleep under net	Prevention of malaria during pregnancy	Seeking early treatment	Malaria vaccine
N=298	%	%	%	%	%	%	%	%

Bomi	65.7	27.8	2.8	5.6	73.9	18.2	5.9	0.5
Bong	97.8	97.1	81.3	4.3	88.6	72.7	57.7	14.6
Grand Bassa	93.1	64.8	55.9	17.2	93.4	59.0	51.8	36.1
Grand Gedeh	98.3	91.5	72.8	5.1	93.7	81.9	68.3	14.0
Grand Kru	55.7	5.7	1.7	1.1	69.0	22.6	16.3	9.5
Cape Mount	33.1	9.3	4.2	0.0	74.1	48.2	40.3	7.4
Lofa	86.2	52.6	43.9	0.5	87.9	56.9	45.7	0.4
Margibi	100.0	52.4	3.2	0.0	90.7	52.3	33.6	5.6
Maryland	67.2	29.9	21.2	9.5	75.3	43.6	35.5	17.7
Montserrado	79.7	51.1	23.1	1.1	84.1	65.7	38.7	5.3
Nimba	70.1	31.1	9.2	3.1	83.9	43.2	27.7	7.1
River Gee	86.8	20.0	12.6	3.2	93.1	34.2	27.7	9.9
Overall	**78.7**	**46.1**	**31.0**	**4.2**	**84.3**	**51.2**	**38.6**	**10.3**

Table 3: Percent of respondents exposed to MNCH messages via poster and radio, by message and county

	Type of health message seen on a poster with USAID logo			Type of USAID funded health message heard on radio		
County	**Birth preparedness**	**Male involvement**	**% Danger signs**	**Birth preparedness**	**Male involvement**	**Danger signs**
N=298	%	%	%	%	%	%
Bomi	2.8	0.9	0.9	1.0	84.7	1.0
Bong	54.7	47.5	41.7	29.6	85.9	29.1
Grand Bassa	43.5	34.5	31.0	27.1	88.6	21.1
Grand Gedeh	54.5	54.9	56.2	48.4	87.4	44.7
Grand Kru	1.1	0.6	0.6	45.3	36.3	3.2
Cape Mount	2.5	3.4	5.1	1.4	81.8	6.9
Lofa	2.0	2.0	2.0	5.2	81.5	1.3
Margibi	0.0	1.6	0.0	0.5	83.5	6.6
Maryland	0.0	1.5	0.7	7.0	67.5	4.3
Montserrado	0.0	0.0	1.7	0.5	74.1	3.9
Nimba	1.2	0.6	0.6	14.5	38.7	5.2
River Gee	1.1	1.6	10.5	13.9	73.8	6.4
Overall	**15.3**	**14.1**	**14.7**	**16.6**	**73.6**	**12.2**

Table 4: Percent of respondents exposed to Family Planning messages via poster and radio, by county.

	Type of health message seen on a poster with USAID logo	Type of USAID funded health message heard on radio
County	**Adult FP**	**Adult FP**
N= 298	%	%
Bomi	0.9	71.9
Bong	34.5	62.7
Grand Bassa	35.2	49.4
Grand Gedeh	57.4	73.8
Grand Kru	4.5	62.6
Cape Mount	4.3	72.6
Lofa	4.1	75.9
Margibi	3.2	55.1
Maryland	10.2	67.2
Montserrado	1.1	82.6

Nimba	7.9	69.0
River Gee	4.7	59.9
Overall	**16.0**	**67.4**

Table 5: Percent of respondents exposed to WASH messages via poster and radio, by county

	Type of health message seen on a poster with USAID logo				Type of USAID funded health message heard on radio			
County	**Safe water**	**Handwashing**	**Food hygiene**	**Manage our period**	**Safe water**	**Handwashing**	**Food hygiene**	**Manage our period song**
N=298	%	%	%	%	%	%	%	%
Bomi	1.9	38.9	13.9	0	82.8	68.0	10.3	0.0
Bong	35.3	59.7	41.0	23.7	88.2	43.2	30.5	6.4
Grand Bassa	62.1	79.3	72.4	58.6	78.9	19.9	65.7	7.8
Grand Gedeh	56.2	67.7	61.3	53.2	80.8	81.9	52.8	15.8
Grand Kru	1.1	9.7	4.0	0.0	95.8	100.0	8.9	3.2
Cape Mount	1.7	16.1	5.9	0.0	83.8	21.8	22.2	7.4
Lofa	14.8	44.4	19.9	1.0	97.8	91.4	21.1	0.0
Margibi	1.6	14.3	6.3	0.0	99.1	23.8	17.8	8.4
Maryland	2.9	37.2	15.3	10.2	98.4	40.9	18.3	4.8
Montserrado	2.2	12.6	4.4	1.1	89.4	48.3	15.5	2.4
Nimba	3.7	4.3	0.6	0.0	91.6	100.0	12.9	5.2
River Gee	10.5	49.5	16.8	4.7	62.4	82.2	16.8	6.6
Overall	**16.2**	**36.1**	**21.8**	**12.7**	**87.4**	**60.1**	**24.4**	**5.7**

Table 6: Percent of respondents exposed to GHS messages via poster and radio, by health focus area and country

	Focus of health message seen on a poster with USAID logo			Focus of USAID funded health message heard on radio			
County	**Rabies prevention**	**Lassa fever prevention**	**Covid-19 prevention**	**Rabies prevention**	**Lassa fever prevention**	**Covid-19 prevention**	**Can't remember**
N= 298	%	%	%	%	%	%	%
Bomi	96.3	90.7	10.2	69.0	87.7	22.3	3.0
Bong	51.8	78.6	36.3	49.5	78.6	58.3	0.9
Grand Bassa	73.8	62.8	93.3	58.4	65.7	86.5	0.6
Grand Gedeh	52.8	48.5	21.8	51.3	69.0	29.0	0.0
Grand Kru	69.9	77.8	23.9	96.3	10.5	65.2	0.0
Cape Mount	71.2	100.0	2.6	36.9	96.3	30.9	0.5
Lofa	98.0	83.2	5.4	67.2	84.5	5.5	0.0
Margibi	100.0	100.0	1.6	83.2	80.4	32.1	0.0
Maryland	79.6	83.8	44.2	74.7	62.4	46.5	1.6
Montserrado	80.2	78.6	67.0	74.9	73.9	31.0	1.5
Nimba	93.3	99.4	3.1	94.8	8.4	36.0	0.0
River Gee	75.3	90.0	48.4	67.3	81.2	36.5	0.0
Overall	**76.6**	**80.2**	**29.6**	**67.4**	**68.6**	**40.0**	**0.7**

Table 7: Percent of respondents reporting they received the COVID-19 vaccines, by county

County	Percentage Vaccinated
N=298	%
Bomi	76.2

Bong	45.3
Grand Bassa	24.8
Grand Cape Mount	80.2
Grand Gedeh	78.5
Grand Kru	59.4
Lofa	70.1
Margibi	52.7
Maryland	74.5
Montserrado	57.4
Nimba	52.7
River Gee	59.4
Overall	**60.9**

Table 8: Percent of respondents reporting on self-efficacy to perform malaria prevention behaviors, by county

	Percent of respondent reporting confidence to sleep under a net, by county		Percent of respondent reporting confidence in malaria prevention, by county		Percent of respondent reporting confidence in seeking early treatment for fever, by county	
County	**Confident**	**Not confident**	**Confident**	**Not confident**	**Confident**	**Not confident**
N=298	%	%	%	%	%	%
Bomi	100	0.0	11.7	88.3	100	0.0
Bong	66.8	33.2	29.6	70.4	68.5	31.5
Grand Bassa	100	0.0	23.2	76.8	100	0.0
Grand Gedeh	72.5	27.5	68.8	31.2	58.7	41.3
Grand Kru	100	0.0	3.4	96.6	100	0.0
Cape Mount	62.8	37.2	2.6	97.4	38.6	61.4
Lofa	69.1	30.9	31.5	68.5	100	0.0
Margibi	72.2	27.8	4.1	95.9	57.4	42.6
Maryland	54.7	45.3	10.4	89.6	58.7	41.3
Montserrado	73.5	26.5	22.1	77.9	30.5	69.5
Nimba	100	0.0	17.1	82.9	100	0.0
River Gee	7.4	92.6	8.7	91.3	45.3	54.7
Overall	**73.3**	**26.8**	**19.4**	**80.6**	**71.5**	**28.5**

Table 9: Respondents' knowledge (percent) on menstrual hygiene, by county: Menstruation is normal for girls and women, and about carrying a child when menstruation starts

Respondent responses to belief about menstruation being normal for girls and women				Perceptions about a woman's body carrying a child when she starts menstruating.		
County	**Yes**	**No**	**Don't Know**	**Yes**	**No**	**Don't Know**
	%	%	%	%	%	%
Bomi (N=181)	73.9%	20.5	9.1	70.1	15.1	14.8
Bong (N=112)	48.6%	7.3	44.0	39.8	7.1	53.1
Grand Bassa (N=157)	76.8%	1.3	21.9	62.9	15.6	21.5
Grand Cape Mount (N=153)	99.4%	0.7	0.0	97.0	1.7	1.3
Grand Gedeh (N=238)	99.2%	0.4	0.4	74.7	22.5	2.8
Grand Kru (N=155)	96.8%	2.6	0.7	86.5	9.2	4.3
Lofa (N=56)	92.8%	1.8	5.4	76.5	1.1	22.4

Margibi (N=237)	95.3%	2.8	2.0	89.1	6.7	4.2
Maryland (N=145)	82.2%	13.5	4.3	60.8	24.1	15.1
Montserrado (N=194)	92.2%	4.2	3.6	79.2	6.4	14.4
Nimba (N=125)	93.6%	4.0	2.4	67.6	0.8	31.6
River Gee (N=86)	97.6%	1.2	1.2	96.4	3.6	0.0
Overall	**87.3%**	**5.0**	**7.9**	**75.1**	**9.5**	**15.5**

Table 10: Respondents' knowledge (percent) on menstrual hygiene, by county: When should a pad be changed, and comfort level to discuss menstruation

	When should a pad be changed				Feel comfortable talking about menstruation		
County	Don't Know	Every 4-6 Hours	Once a Day	Only When it is full	Agree	Disagree	Neutral
	%	%	%	%	%	%	%
Bomi (N=181)	39.3	14.1	29.2	7.7	47.6	45.5	6.9
Bong (N=112)	62.4	12.8	16.8	3.7	70.5	26.9	2.7
Grand Bassa (N=157)	47.3	13.1	30.9	6.4	50.9	33.9	15.2
Grand Cape Mount (N=153)	48.7	0.7	45.0	3.7	48.8	50.8	0.3
Grand Gedeh (N=238)	20.1	0.3	76.2	1.7	20.2	78.8	1.0
Grand Kru (N=155)	48.0	3.0	45.0	1.7	48.5	32.9	18.6
Lofa (N=56)	81.2	1.3	15.4	2.0	82.3	17.7	0.0
Margibi (N=237)	14.1	1.0	70.5	8.4	14.2	84.7	1.0
Maryland (N=145)	53.7	1.7	36.9	3.0	55.6	31.6	12.8
Montserrado (N=194)	34.9	3.4	53.7	6.0	35.4	60.9	3.7
Nimba (N=125)	58.1	0.3	32.2	3.7	59.5	35.1	5.5
River Gee (N=86)	71.8	0.0	24.8	3.0	72.3	26.0	1.7
Overall	**48.3**	**4.3**	**39.7**	**4.3**	**50.6**	**44.8**	**4.6**

Table 11: Percent of respondents seeking social support (Seeking advice, resources, or support regarding menstruation) for menstruation, by source and county

County	Go to mother	Go to father	Go to mother-in-law	Go to other family members	Go to friends	Go to neighbors	Go to health workers	Know where to go
	%	%	%	%	%	%	%	%
Bomi (N=181)	19.3	0.0	1.7	2.8	16.0	0.6	33.7	21.6
Bong (N=112)	33.0	0.0	8.0	28.6	14.3	8.9	8.0	23.2
Grand Bassa (N=157)	40.8	0.6	33.1	21.0	28.0	14.0	42.0	15.3
Grand Cape Mount (N=153)	94.1	0.0	13.1	19.0	15.0	7.2	15.7	0.0
Grand Gedeh (N=238)	25.2	0.0	0.4	2.1	6.7	0.0	80.3	7.1
Grand Kru (N=155)	9.0	0.7	0.0	6.5	8.4	3.9	32.3	36.8
Lofa (N=56)	12.5	1.8	0.0	0.0	7.1	3.6	57.1	37.5
Margibi (N=237)	5.5	2.0	2.0	9.0	39.1	5.1	52.3	4.7
Maryland (N=145)	32.6	0.7	0.0	15.2	5.1	0.7	25.4	15.9
Montserrado (N=194)	38.1	0.0	1.0	0.5	40.7	5.2	22.7	4.1
Nimba (N=125)	43.2	0.0	0.0	0.0	0.8	0.0	56.8	6.4
River Gee (N=86)	10.7	2.4	2.4	3.6	3.6	0.0	52.4	13.1
Overall	**30.1**	**0.6**	**5.1**	**8.8**	**18.1**	**4.1**	**41.2**	**13.3**

Table 12: Respondents' satisfaction (percent) regarding support for menstruation, by county

County	Dissatisfied	Neutral	Satisfied	Very Dissatisfied	Very Satisfied
	%	%	%	%	%
Bomi (N=181)	39.3	14.7	14.1	31.9	1.0
Bong (N=112)	62.4	0.7	1.3	18.8	7.0
Grand Bassa (N=157)	47.3	0.0	22.1	13.4	22.1
Grand Cape Mount (N=153)	48.7	0.0	0.0	31.9	19.5
Grand Gedeh (N=238)	20.1	1.3	2.7	52.7	20.2
Grand Kru (N=155)	48.0	2.3	18.8	18.5	12.4
Lofa (N=56)	81.2	0.0	8.1	5.7	5.0
Margibi (N=237)	14.1	11.1	0.3	72.1	0.3
Maryland (N=145)	53.7	0.3	12.1	27.9	12.1
Montserrado (N=194)	34.9	0.3	28.2	16.8	18.8
Nimba (N=125)	58.1	0.0	3.4	5.9	29.5
River Gee (N=86)	71.8	0.3	9.7	15.8	10.0
Overall	**48.3**	**2.6**	**10.1**	**26.0**	**13.2**

Table 13: Percent of respondents regarding materials used to managed menstruation, by type and county

	Sanitary pads	Toilet paper	Leaves	Don't know
Percentage	%	%	%	%
Bomi (N=181)	71.4	11.3	4.3	13.2
Bong (N=112)	62.5	0.0	0.0	38.4
Grand Bassa (N=157)	81.5	0.6	0.0	18.5
Grand Cape Mount (N=153)	98.7	2.0	0.0	0.0
Grand Gedeh (N=238)	99.6	0.0	0.0	0.0
Grand Kru (N=155)	89.7	1.3	0.0	9.0
Lofa (N=56)	87.5	0.0	0.0	12.5
Margibi (N=237)	100.0	0.0	0.0	0.0
Maryland (N=145)	94.9	4.0	0.0	1.5
Montserrado (N=194)	67.4	30.1	0.0	3.0
Nimba (N=125)	99.2	0.0	0.0	0.8
River Gee (N=86)	86.9	11.0	1.2	1.0
Overall	**86.6**	**5.0**	**0.5**	**8.2**

Table 14: Percent of respondents reporting their source of information about health related, by county

County	Radio	Television	Healthcare workers	Comm. leaders	Religious leaders	NGO	Friends and family	Don't know
N=298	%	%	%	%	%	%	%	%
Bomi	51.7	0	50.7	27.9	0.0	5	9.7	5.4
Bong	50.7	0.7	70.8	59.7	14.8	5	34.6	1.0
Grand Bassa	68.1	0.3	51.0	52.7	19.8	34.9	49	0.7
Grand Gedeh	24.5	0	69.8	15.1	0.3	0	14.1	2.4

Grand Kru	16.8	0	63.4	7.0	0	0.3	2	21.5
Cape Mount	79.9	0.7	59.7	30.2	30.3	7	14.4	0.3
Lofa	73.2	0	85.2	1.0	0	3	0.3	1.0
Margibi	53	0.7	82.9	8.7	2.7	11.7	0	0.0
Maryland	39.3	0.3	57.7	6.7	0	7.4	0.3	21.8
Montserrado	39.3	0	68.8	28.9	0	0.3	3	12.1
Nimba	56	0	11.8	51.7	7.7	1.7	1.7	1.0
River Gee	46.6	0	65.4	11.0	0.3	20.8	13.8	2.0
Overall	**49.9**	**0.2**	**61.4**	**25.1**	**6.3**	**8.1**	**11.9**	**5.8**

Table 15: Healthy life messages heard by county

County	% Heard Message
N=298	**%**
Bomi	68.1
Bong	50.0
Grand Bassa	51.0
Grand Cape Mount	87.6
Grand Gedeh	26.5
Grand Kru	26.2
Lofa	77.9
Margibi	21.1
Maryland	28.2
Montserrado	49.7
Nimba	20.1
River Gee	56.4

Table 16: Percent of respondents reporting washing their hands at critical times, per county

County	After using toilet	Before eating	After playing with animal	Before preparing food	% After changing baby diaper
N=298	%	%	%	%	%
Bomi	92.6	43.0	2.0	2.0	1.3
Bong	97.7	83.2	34.6	34.6	19.5
Grand Bassa	97.7	83.6	40.3	40.3	21.5
Grand Gedeh	97.3	88.3	56.0	56.0	66.1
Grand Kru	88.6	78.5	1.0	1.0	1.7
Cape Mount	89.6	77.9	6.0	6.0.	2.0
Lofa	96.0	94.0	2.0	2.0	2.0
Margibi	99.7	98.7	0.0	0.0	0.0
Maryland	91.6	82.6	34.9	34.9	14.8
Montserrado	97.0	65.4	23.8	23.8	11.1
Nimba	90.9	96.0	1.0	1.0	1.7
River Gee	93.3	74.5	30.2	30.2	4.7
Overall	**94.3**	**80.5**	**21.0**	**19.3**	**13.2**

Figure 1: Poster location

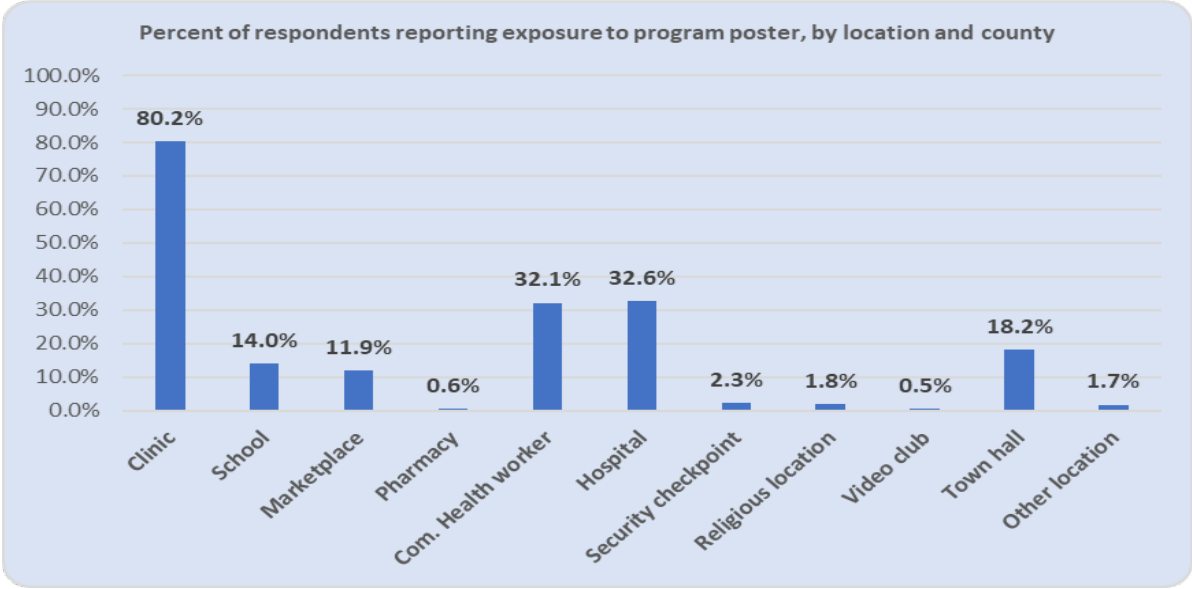
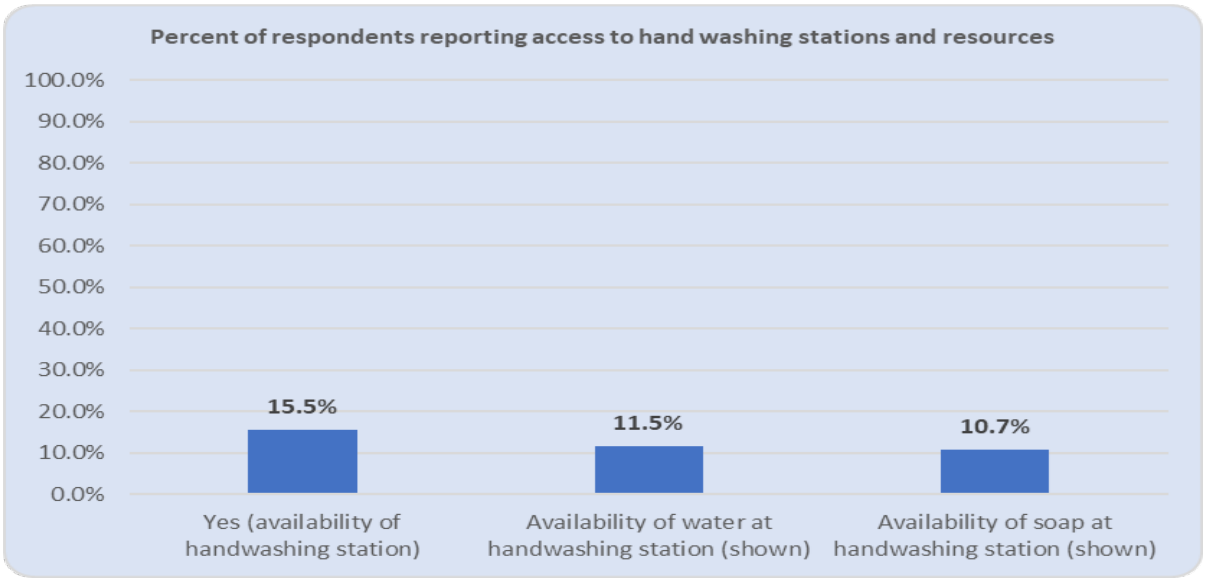


Figure 2: Availability of hand-washing stations



DISCUSSION

A quantitative survey was conducted among a total of 3600, individuals (3,576 community members and 24 facility-based health workers) randomly selected from 120 communities within 12 counties.

Reach of program messages

The findings from the SBC Annual Survey showed the reach of USAID-supported health messaging and interventions. The malaria prevention program demonstrated high reach, with high levels of exposure to messages on net use and early care seeking for fever. However, message recall indicates potential areas for improving communication strategies to further boost reach and message retention.

The recognition of the USAID logo varied by sex, with a higher proportion of males reporting they has seen messages with the logo than females. This difference could be due to differences in access to health messaging or participation in interventions based on sex, highlighting the need for more targeted approaches to ensure equitable exposure by sex. While malaria-related messages via radio showed more penetration than posters, particularly regarding the importance of sleeping under a net, the use of both types of information channels remains crucial. For MNCH messages, radio continues to outperform posters, especially for topics such as male involvement RH issues.

The FP/RH program results showed gaps in message exposure, particularly through posters. In Montserrado county for instance, high radio exposure for FP messages was offset by much lower visibility of posters. This suggests that complementary approaches are needed to ensure FP messages reach a wider audience through multiple channels.

For WASH, the gap between poster and radio message exposure persisted. Grand Bassa showed the highest engagement with WASH posters, while counties like Nimba and Grand Kru lagged behind. This may be due to the fact that Grand Bassa employed different dissemination strategies compared to other counties, as each county health team utilized varied methods for distributing their print materials. Another factor could be the involvement of Community Health Assistants (CHAs) in the dissemination of print materials, particularly in counties where CHAs were actively engaged with the integrated community case management activity (iCCM). Localized strategies that align dissemination channels with community behaviors and preferences may be warranted.

Program messages on GHS topics had varying levels of reach, with rabies and Lassa fever messages achieving high exposure in several counties through posters. However, COVID-19 messages had substantially lower reach. This may be related to perceived urgency or importance of COVID-19 at this time. Nonetheless, a need for more intensive communication strategies to increase awareness and promote preventive behaviors for all GHS topics may be needed. Disruptions to community-based radio station programming (i.e., loss of transmission, electricity, etc.) may have impacted respondent's ability to tune into the radio. Future dissemination strategies could explore the use of alternative or back-up stations.

The data on MHH showed that respondents had positive attitudes towards menstruation being normal, nonetheless the results also showed a lack of knowledge about menstrual hygiene practices persists. For instance, counties like Lofa and River Gee reported high levels of uncertainty regarding the correct

frequency for changing sanitary pads, emphasizing the importance of continued menstrual health education and resource distribution. This data highlights the need for increased awareness on access and radio talk shows about menstrual hygiene, especially in counties with high levels of uncertainty and less sanitary alternatives.

Results from facility-based healthcare workers showed that interpersonal counseling provided by healthcare workers played a pivotal role in shaping community health behaviors. Most healthcare workers reported improved interactions with patients. However, daily health talks were not yet routine across all health facilities, representing a key area for strengthening routine communication efforts among HCWs at the facility level. The limited geographic coverage of the survey suggests that the findings cannot be generalized to the broader population of health care workers.

RECOMMENDATIONS

The following recommendations are proposed in light of the observed results.

Table of recommendations:

Key finding	Proposed action by future implementing partner	Proposed action by MOH	Proposed action by funder

Malaria messages recall 84%	Strengthen community-based awareness campaigns (i.e. use of CHAs and other community-based health agents and influential leaders) and increase the frequency of radio broadcasts on malaria prevention.	Strengthen partnerships with local health facilities to support community outreach programs and coordinate with healthcare workers to distribute malaria prevention materials and messages.	Fund continued support for malaria messaging encouraging the use of diverse media channels, particularly in hard-to-reach areas.
Lower exposure to family planning messages (68% recall)	Improve dissemination strategies through local influencers and healthcare workers to reach more women and men; Utilize digital health platforms to boost message reach; Focus programming on influential groups (i.e. men, traditional leaders) as well as women with unmet need; Regular monitoring of message recall should be conducted to assess effectiveness.	Work closely with the future implementing partners to follow-up with the established community based and school based adolescent health clubs, and ensure they are equipped with training materials for continuation or expansion	Increased support in FP communication campaigns. Increased funding for behavioral research to inform SBC programming, audience segmentation,
Low average exposure to MNCH messages (24.4% for birth preparedness, male involvement, and danger signs)	Strengthen community-based interventions by combining posters, interpersonal communication, and radio broadcasts to reinforce MNCH messages. Focus on high-impact activities, such as community dialogues and male engagement programs, in counties with low exposure; Regular monitoring of message recall should be conducted to assess effectiveness.	Integrate MNCH messages into routine health services, particularly during antenatal care visits, and ensure posters are displayed in clinics, marketplaces, and other public areas.	Increase funding for a multi-channel approach that expands the distribution of posters and improves radio infrastructure
Handwashing infrastructure (16% households with soap and water)	Collaborate with local governments and NGOs to install handwashing stations in locations such as community, schools and clinics.	Allocate funding for WASH infrastructure projects and integrate these with behavior change communication efforts for long-term sustainability.	Allocate funding for WASH infrastructure projects and ensure these are integrated with behavior change communication efforts.
High recall of menstrual health messages, but	Enhance menstrual health education through schools and community groups, focusing on	Strengthen school health programs to ensure menstrual hygiene education is	Continue supporting menstrual hygiene programs with a dual focus on increased

lack of knowledge persists	menstrual hygiene (ie. the correct use of sanitary pads).	consistently taught and monitored by engaging MOE and USAID education projects.	awareness and expanded access to menstrual hygiene materials.
Low recall of GHS messages on rabies (67.4%), Lassa fever (68.6%), and COVID-19 (40.0%)	Increase community-based education and focus on schools, health workers, and community leaders to improve GHS messaging recall	Strengthen national GHS campaigns, integrating rabies, Lassa fever, and COVID-19 prevention into routine health outreach programs	Continue expanding funding for GHS outreach, prioritizing rural areas and increasing the use of radio, posters, and community health workers to spread awareness
Radio as an effective medium, but operational challenges	Strengthen operational and technical capacity of community radio stations to resolve transmission and staffing issues and improve quality of programming, ensuring consistent message delivery via radio spots, talk shows, and other forms of radio programming.	Provide technical and financial support to build the capacity of local radio stations, ensuring they can deliver health messages reliably.	Support capacity-building for local radio stations, ensuring they have the necessary resources to broadcast health messages effectively.
Regular monitoring of SBC activities is necessary to ensure program effectiveness.	Develop a robust monitoring framework to assess the effectiveness of health messaging and ensure continual improvement	Lead the development of monitoring tools for the consistent monitoring of SBC (social and behavior change) health campaigns across regions.	Ensure funding and resources are available for the ongoing monitoring of SBC interventions to ensure program corrective actions are taken to improve programming and adaptability during implementation.

CONCLUSION

The survey findings demonstrated that USAID-supported health messaging and interventions had successfully reached various sectors, including malaria, maternal and child health (MNCH), reproductive health/family planning (RH/FP), water, sanitation, and hygiene (WASH), and global health security (GHS). Self-reported efficacy for malaria prevention had been high. However, recall of MNCH and FP/RH messages had slightly fallen below the target. There had been strong support for menstrual health behaviors, with respondents displaying high knowledge of the link between menstruation and pregnancy. Despite the dissemination of WASH messages, the practice of handwashing had not been fully adopted due to infrastructure gaps, including limited access to handwashing stations, soap, and water.

Respondents had reported high exposure to GHS messages, particularly concerning rabies and Lassa fever, though lower exposure had been noted for messages related to COVID-19.

ANNEX

List of sampled communities

County	Facility	Community
Grand Kru	Buah Health Center and Gbanken Clinic	Annaken, Diayoken, Plaplaken, Wropluken, Woloken 1, Beloken, Zoloken, Gblaboken, Geneken and Jlukonken
Maryland	Juluken Clinic and Pleebo Health Center	Gortiken, Martuken, Juluken # 2, Tugbaken, Dwejah, Gbolobo Geewloken Gbolobo Tainbo, Gbolobo Tunuken, Gbolobo Kiken and Gbolobo Bessiken
River Gee	Cheboken and River Gbeh	Jaytoken, Warliken, Gedeken, Woloken, Sherriken, New Yassaken, Old Yassaken, Martuaken, Nyanawriken and Jlatoken
Grand Gedeh	Konobo health Center and Kumah Town Clinic	Barwu Town, Billibo, Tarloken, Twabo Sayuo, Ziah town, Pennue, Jaibo, Jellue, Zaybay and Jarbah
Bong	Gbartala Clinic and Sanoyea Clinic	Gbokpalasue, Garlawulu, Yeaseh, Goelon Town, Gbartala town, Goila, Boyermah, Gahin, Boyea Kpotoloma and Gbamokollie-Ta
Grand Cape Mount	Damballa and Kinjgor Clinic	Gondama, Manihea, Mende, Vaama, Makandor, Kinjor, Jawajeh, Vai Toen, Monon and Jilkandor
Bomi	Mecca Town Clinic and Bonjeh Clinic	Dowee, Maituvillege, Gomatown, Memeh Town, Kanney Town, Saah Town, Borgbeh, Mecellia, Zuluwin and Kanema
Grand Bassa	Compound 3 Clinic and Compound 2 Clinic	Daykpee Town, Sawdyu Town, Besaymah Town, Paygar Town, Queezah Town, SOS Community, Kpelleh Town, Zuahn, Somah Town and Elephant
Margibi	Peter Town Health Center and Unification Town Health Center	Peter Town, Fahnlon Town, Sheriff Town, Lonfay Town, Menai Town, Fahn Town, Monclay Town, Disco Hill, Lahai Town and Kpagbor Town
Montserrado	Pleemu Clinic and Gbodoi Clinic	Gbotoway Town, Sonnie Town, Mussah Town#2, Kpennebu Town, Yarquiqui Town, Bartox town, Gaynamah town, Neezon, Benzoe Balomah Town
Nimba	Beo-Yoolar Clinic and Gblarlay Clinic	Blemieplay, Lontuo, Beo-Zernplay, Bounlay, Garnaglay, Fahnmieplay, Mahnzoplay, Biahplay, Gleelay and Teahplayboyela
Lofa	Barkedu Clinic and Fissibu Clinic	Bulor, Jarmulor, Korlela, Kanela, Moibadu, Giziboigai, Nyanlor, Wozi, Fissibu and Kelemai

Respondent questionnaire

BA Liberia_Y5 Annual SBC monitoring surve

Health worker questionnaire

BA-Liberia_Y5 Annual SBC monitoring surve