

Baseline Survey Final Draft Report on ERDI's Four Program Pillars

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Preface

This report on ERDI's four program pillars in Liberia was prepared for All We Can/Y-Care International grant by Newton U. Toe, ERDI Research Consultant. Research for this study was managed, led and report drafted by Aaron S. Garziah, ERDI Monitoring, Evaluation and Learning-Focal Point. Quantitative data analysis was carried out by Newton N. Toe, ERDI Research Consultant. The data collection and entry team comprised Allen Kollie, Jean B. Murray, Albertha Saybay, Jerry Teakpue, Jamesetta N. Sonkarlay, Amelia Karndea, Kelvin Gboe, Angious L. Korkarpeh, and Medison D.K. Weetol.

Special thanks must go to the many community stakeholders and their families who generously gave their time to take part in the survey.

The views expressed in this report are those of the author and do not necessarily reflect the views of All We Can/Y-Care International.

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1 Executive summary

This study assesses community dwellers from 18 communities in Nimba and Bong Counties. The study explores stakeholders and community dwellers in identifying some key roots causes of problems at community level. To understand and identify problems for finding solutions, the study used quantitative research methods to capture their current knowledge, experience (based on a self-assessment) and the importance they place on different thematic program areas, and to understand what the best and most efficient tools are for interventions. A total of 200 respondents were selected in 4 districts in the two counties, reflecting the geographical locations of the groups across the two counties. A total of 200 respondents were interviewed (in Nimba and Bong in selected communities).

The findings reveal the total of 68% respondents described vulnerability for the neediest children as “children who parents are not alive/orphans” while 56% and 26% described vulnerabilities as “children who parents don’t have money to send them to school and children living with disabilities” respectively are the neediest in the communities. Children who are said to be supporting themselves stand out at 28%.

97.8% of respondents said malaria is their major health problem in their communities. While 80.4%, 32.6% and 30.4% of respondents said running stomach/diarrhea, fever and typhoid respectively are their health problems. Teenage pregnancy in the two counties is 28% while reasons given for the high levels of teenage pregnancy were 47.6% no parent support, 26.2% lack of information on sexual and reproductive health messages and 14.3% parents not alive/orphans, 42.9% social pressure from community, 47.6% children don’t listen to their parents. About 98% of respondents reported having community Health Volunteers, 90% with established Community Health Committees with 80% established Health Facility Development Committees.

Results shows that only 20% of respondents are on land committees in their communities. 80% of respondents reported not servicing on land committees out of total of 49 respondents interviewed. 35% of respondents shared land with documents while 61.2% of respondents, youth and women are involved into land matters. 41.2% have tribal certificate for land, 35.3 with land deeds while land purchased receipts and other documents showed at 23.5%. Out of the 15 respondents, 66.7% didn’t show documents because it was not around, 26.7% documents were with their partners while only 6.7% showed documents to our enumerator during data collections.

There were 51 respondents talked to regarding Rule of law and Access to Justice as one of the pillars for interventions. The total of 56 cases of sexual gender-based violence (SGBV) were reported in the last three months. Rape, Gender-Based Violence (GBV) and Sexual Gender-Based Violence (SGBV) cases witnessed or heard about in those selected communities responded 51% Yes and 49% responded No. Bong responded 41.2% while Nimba responded 58.8% of total 51 respondents from both counties. Result for outcome of SGBV based on steps taken have been 65% victims taken for treatment, 12% perpetrators sent to jail, 23% nothing were done and other reasons. Opinion on actions taken were reported 96% correct and 4% not correct. Results shows that 8% drugs reason for rape/GBV/SGBV, 32% drugs-alcohol, 24% poverty, 68% breakdown of rule of laws while they have reported 64% of the cases to the Town Chief/community Leader, 36%

reported to Liberia National Police and only 4% of those cases was reported to the Magisterial court, while 4% was also reported to the District Commissioner and 40% of those cases were reported to family members for home settlement.

The detailed baseline survey on these program pillars provided a comprehensive understanding of the current situation, challenges, and opportunities within each area, serving as a foundation for program design, monitoring, and evaluation. By gathering data on key indicators, stakeholders' perspectives, and local contexts, the survey informed evidence-based strategies to address the root causes of issues and promote sustainable development outcomes.

This study concludes with the following recommendations:

Providing Education to the neediest groups should be prioritized across all sectors, particularly with marginalized groups to enhance learning opportunities and outcomes for underserved communities. The baseline survey assessed current levels of access to quality education, resources, enrollment, and completion rates. It also explored challenges faced by communities in accessing quality education and potential areas of improvement, such as infrastructure development and schools' management system levels with the involvement of parents.

- Respondents would benefit from exposure to new technologies and practices that are being tested/used by other respondents with similar health literacy and preventive healthcare practices among communities. The baseline survey investigated existing knowledge about common health issues, access to healthcare services, prevalence of diseases, and health-seeking behaviors. It identified gaps in health education and potential strategies to addressing them, including awareness campaigns, training programs, and community health initiatives.
- Land Rights as a thematic program area aims to promote customary land rights for marginalized populations, the baseline survey assessed land ownership patterns, and legal awareness regarding land rights for youth and women. It identified opportunities for legal support, advocacy, and policy reform.
- Rule of law and Access to Justice pillar strives to ensure equal access to legal services and fair treatment under the law, the baseline survey evaluated awareness of legal rights, availability of legal aid, trust in the justice system and barriers to accessing justice, experiences with dispute resolution mechanisms, needs for legal empowerment programs, advocacy efforts, and institutional reforms.

In conclusion, the baseline survey emphasizes the critical need for interventions in Education, Health Education, Land Rights, and Rule of law and Access to Justice programs in Liberia to address existing challenges and improve the well-being of the targeted communities. Monitoring and evaluation of key performance indicators are essential in tracking progress and ensuring the effectiveness of the programs over time.

2 Introduction

Education, Health Education, Land Rights and Rule of law and Access to Justices are key sectors in Liberia's growth and provides an important source of poverty reduction to around 2.5 million rural dwellers, most of which are in rural parts of Liberia.

This study assesses community dwellers, which aims to addressing many challenges at community levels to serve as empowerment of poor people in targeted areas in Bong and Nimba Counties. The study explored interventions strategies in all thematic program areas. The report contains recommendations on the topics in which respondents expressed need for interventions and improvements. The findings will be used by ERDI and its partners to develop effective interventions programs and an associated Quality Indicator System.

3 Methodology

3.1 Location, survey instrument and data collection

The research was conducted in two counties in Liberia where the four pillars project will operate, namely Bong and Nimba, in collaboration with town authorities. The study population comprised respondents from 18 selected communities in four districts in the counties, those who are in the pipeline to receiving the program/intervention. The research used a quantitative method, with males, females, youth, and key informants at community level.

For the survey, data were collected through in person interviews with respondents, at selected communities/towns in the two counties (e.g. Baila, Naii or Zuluyee, Tuudin etc.), based on a structured questionnaire. The questionnaire was implemented with 12/10 respondents from a selected community in Nimba and Bong respectfully, with one or more assigned enumerators. All participants were community dwellers' facing those challenges at the community level. Respondents gave oral consent to participate in the study after they heard a brief explanation of the study's objectives. Survey respondents were assured of confidentiality of their identities and responses, as well as the voluntary nature of the interviews.

A total of 200 respondents were selected from over 10,000 community dwellers in 4 districts in the two counties, reflecting the geographical distribution of the groups across the two counties. From each community, a sampling technique was used to select 12/10 respondents from each community to participate in the survey, giving a total of 200 respondents. A cross-sectional sample of this size is representative of the total population of all the selected communities and allows conclusions to be drawn about the entire population.

Table 1. Distribution of community under study

County	Estimated population	Selected Population	Names of communities
Bong-Pantakpaai	4,000	40	Baila, Palala, Tomato Camp & Jenipleta
Bong-Suakoko	2,450	40	Gorlehma, Naii, Wilmont's Town & SKT
Nimba-Bain-Garr	9,850	60	Zuluyee, Gbedin, Dingamon, Nengbein & Tonwin
Nimba-Meinpea-Mahn	8,675	60	Kpein, Tuudin, Venn Town, Waintia & Dukpuyee
Total	24,975	200	

The questionnaire was developed based on published literature on the four thematic program focus areas as well as previous experience in the field from both the survey team and project lead, ERDI. Respondents were requested to self-assess their personal knowledge and experience. Besides closed questions, additional space for other answers or comments was also included (See questionnaire in the Annex).

The major interventions components identified for the study were reasons for drop-out-of-school, identification of the most neediest children, community health problem, reasons for high level of teenage pregnancy at community level, identification of communities with health structures, Land ownership, if youth and women are on land committee, types of land document acquired, Rape, GBV and SGBV cases at community level, causes of rape cases, outcome of action taken on SGBV cases Victims satisfaction based on outcome etc. The questionnaire also collected demographic information and information relating to the characteristics of respondents, including sex, age, education, household size, marital status, etc. (see Appendix 1). Frequencies and percentages were used to analyze these characteristics and assess differences in responses between sub-samples.

Before the survey, the questionnaire was tested with 20 respondents from two communities (Gowee and Gbuyee). The questionnaire was then modified according to the findings and feedback from the respondents and enumerators after the testing.

3.2 Data analysis

Data were analyzed quantitatively using STATA. Descriptive statistics (frequencies, means and standard deviations) were used to analyze the data. The data collection tool was analyzed using STATA 16—one of the most widely used models for assessing these four pillars' programs (Education, Health Education, Land Rights and Access to Justice). Following this model, a weighted discrepancy score was calculated for evaluation and ranking of each thematic area.

1. Assuming the response rate would be less than 100 percent, the sample size was increased accordingly to obtain 200 completed questionnaires which is half of the targeted size. A Mean Weighted Discrepancy Score was calculated to describe the overall rankings for each of the thematic area.
2. The competencies with the highest scores were those with the highest need and priority for interventions.

An analysis was done to explore differences in self-assessment (knowledge) and importance of each of the thematic areas explored in this study, looking at different characteristics of the respondents, such as age, sex, education, location, proportion benefits from Education, Health Education, Land Rights and Access to Justices and others. Only the areas where the most important and significant differences were found are described in this report. Full analysis is available upon request for further consultation. Below is the number of respondents interviewed per each community in both counties.

Community	Bong	Nimba	Total
Baila	11	0	11
Palala	10	0	10
Tomato Camp	11	0	11
Jenipleta	9	0	9
Garlehma	11	0	11
Naii	14	0	14
Wilmont's Town	10	0	10
SKT	5	0	5
Zuluyee	0	11	11
Gbendin	0	13	13
Diagamon	0	12	12
Nengbein	0	12	12
Towin	0	11	11
Kpein	0	12	12
Tuudin	0	12	12
Vennpa	0	12	12
Waintia	0	12	12
Dukpuyee	0	12	12
Total	81	119	200

3.3 Limitations

The main methodological limitation of this study relates to the sampling of survey respondents, which was conducted based on estimated communities' population obtained from ERDI. Given that not all estimated population data was updated before running the sample, survey teams found that some pre-selected respondents were absent during enumerators' visit and therefore had to be substituted by next in line on the day to survey targeted respondents per community. In such cases, respondents that were replaced were selected based on position in the community to take part in the survey. Meanwhile, qualitative data collection (Focus Group Discussion) was not done due to budget limit and men-power. Furthermore, after the pilot testing it was necessary to reduce the length and content of the questionnaire in accordance with the capacity of respondents. This affected the number of respondents that could be selected. However, neither of these limitations affected the overall quality of data collected and analyzed.

4 Main findings

This section presents the main findings of the study. It provides an overview of the socio-demographic characteristics of respondents and the Challenges they engage in and examines their interventions across a range of issues in those thematic areas. It then looks at the different approaches and the preferred project designed by ERDI, as well as issues affecting the delivery of needed services to the neediest.

4.1 Socio-demographic characteristics of respondents

Shows the personal characteristics of survey respondents. There were estimated 45% males and 55% females' respondents, which tends to mirror the gender composition of respondents. The age distribution of respondents was somewhat evenly spread over the various age groups, with slightly higher representation found in the 40 to 49 and above 50 categories.

Most respondents stated they have no formal education 27%, have not completed primary school 17%, have completed primary school 14.5%. Few respondents reported having completed secondary or tertiary education. These findings suggest that many respondents in the targeted communities are semi-illiterate or have low literacy levels, which might impact on their ability to access different types of interventions and information. This is important to consider when developing intervention approaches for communities.

Table 2. Distribution of respondents according to selected personal characteristics

Characteristics	Frequency	Percent
Sex		
Male	96	48
Female	104	52
Age (years)		
Less than 30	36	18

30-39	32	16
40-49	38	19
Above 50	94	47
Education		
No formal education	54	26.87
Not finished primary school	34	16.92
Completed primary school	30	14.93
Completed secondary school	34	16.92
Completed high school	22	10.95
Higher than high school	27	13.43
Household respondents		
1	2	1
2	5	2.5
3	11	5.5
4	22	11
5	24	12
6 or more	136	68
Marital Status		
Married	73	36.5
Divorced	3	1.5
Separated	5	2.5
Widowed	18	9
Single/Never Married	30	15
Cohabiting	71	35.5

In total, 68% of respondents described vulnerabilities for the neediest children as “children who parents are not alive/orphans” while 56% and 26% described vulnerabilities’ as “children who parents don’t have money to send them to school and children living with disabilities” respectively are the neediest in the communities. Children who are said to be supporting themselves stand out at 28%.

97.8% of respondents said malaria is their major health problem in their communities. While 80.4%, 32.6% and 30.4% of respondents said running stomach/diarrhea, fever and typhoid respectively are their health problems. Teenage pregnancy in the two counties is 28% while reasons given for the high levels of teenage pregnancy were 47.6% no parent support, 26.2% lack of information on sexual and reproductive health messages and 14.3% parents not alive/orphans, 42.9% social pressure from community, 47.6% children don’t listen to their parents. About 98% of respondents reported having community Health Volunteers, 90% with established Community Health Committees with 80% established Health Facility Development Committees.

Results shows that only 20% of respondents are on land committees in their communities. 80% of respondents reported not servicing on land committees out of total of 49 respondents interviewed. 35% of respondents shared land with documents while 61.2% of respondents, youth and women are involved into land matters. 41.2% have tribal certificate for land, 35.3 with land deeds while land purchased receipts and other documents showed at 23.5%. Out of the 15 respondents, 66.7%

didn't show documents because it was not around, 26.7% documents were with their partners while only 6.7% showed documents to our enumerator during data collections.

There were 51 respondents talked to regarding Access to Justice as one of the pillars for interventions. The total of 56 cases of sexual gender-based violence (SGBV) were reported in the last three months of the baseline in May 2024. Rape, Gender-Based Violence (GBV) and SGBV cases witnessed or heard about in those selected communities responded 51% Yes and 49% responded No. Bong responded 41.2% while Nimba responded 58.8% of total 51 respondents from both counties. Result for outcome of SGBV based on steps taken have been 65% victims taken for treatment, 12% perpetrators sent to jail, 23% nothing were done and other reasons. Opinion on actions taken were reported 96% correct and 4% not correct. Results shows that 8% drugs reason for rape/GBV/SGBV, 32% drugs-alcohol, 24% poverty, 68% breakdown of rule of laws while they have reported 64% of the cases to the Town Chief/community Leader, 36% reported to Liberia National Police and only 4% of those cases was reported to the Magisterial court, while 4% was also reported to the District Commissioner and 40% of those cases were reported to the family members for home settlement.

Table 3. Distribution of respondents according to selected pillars characteristics

Characteristics	Frequency	Percent
Education	50	25
Health Education	50	25
Land Rights	49	24.5
Access to Justice	51	25.5

5. Project activities

Respondents were asked to indicate the Challenges, experiences, and knowledge they are engaged in and the main purpose of these activities i.e. for school management, is there an established PTA. Participants were then asked about the main problems they face about the functionality of PTA. Few respondents (10%) said there are no functional PTAs. However, 90% cited that there are PTA established and that the PTA 44% said the primary functionality of the PTA is to help resolve issues whereas the remaining respondents indicated reason other than helping the school administration resolve issues with students. Interestingly, 14% said the PTA helped with school renovation and 16% said the PTA provides school feeding program.

36% of the respondents are engaged in active PTA activities and regularly checking on teachers during school session and 12% reported regular meetings as PTA functions.

Many respondents engaged in some sort of personal hygiene activities mainly for the purpose of self-health. Contrary to widely held views that it is women who tend to be marginalized more in land matters, this study found that a similar percentage of youth and women are marginalized-38.8 percent of males compared to 37.5 percent of females. Nevertheless, given that a large percentage

of women are marginalized, there is an opportunity to develop advocacy tools and provide advice that allows them to fully participate in land matters.

The main problems respondents face in carrying out their Challenges are lack of information, lack of advocacy materials, lack of awareness raising on challenges faced with (see Table 4). Although the proportion of respondents that express these concerns vary between counties, these challenges tend to be the most important in the counties. Interestingly, poor, or insufficient awareness, which is one of the main reasons why respondents do not know how to deal with those many challenges, for example, is only considered a problem by around 10 percent of respondents. This suggests that respondents have little understanding of the potential benefits of their challenges when addressed properly by a well-designed project by ERDI. It may also indicate that respondents have limited hope of receiving adequate benefits.

Table 4. Main problems faced by respondents related to the four thematic areas, by District.

Rank	Problem	Pantakpaai		Suakoko		Bain-Garr		Meinpea-Mahn		Total	
		#	%	#	%	#	%	#	%	#	%
1	Lack of awareness on teen-age pregnancy	10	20	10	20	12	24	18	36	50	100
2	Lack of advocacy information on customary land rights	12	24.5	16	33	24	49	43	88	49	100
3	Lack of seeking justice for the fear of culture marginalization	6	24	4	16	8	32	7	25	25	49
4	Lack of information regarding school management	11	26	7	16	12	28	13	30	43	86
5	Ways neediest students are selected to benefit quality education	20	40	21	42	23	46	25	50	89	178

6. Interventions

The baseline survey revealed numerous issues in thematic areas which respondents' responses expressed need for interventions. Respondents were asked to self-select, from a pre-designed list, all areas in which somethings were not just working and were then asked to indicate their perceived

current knowledge and experience. The interventions were then ranked according to participant responses and are presented in the tables below. The tables also show the interventions of the respondents in the form of weighted scores, which were also ranked within each discipline. The highest rankings are considered the most important interventions of the respondents.

The highest-ranking areas identified for intervention, as determined by the mean weighted discrepancy score (MWDS) (see methodology above)

Rule of law and Access to Justice

Regarding Rule of law and Access to Justice, interventions emerged as the most important issue, with 25 SGBV cases reported in three months' time in just 18 communities in the two counties with respondents expressing interest in massive awareness and advocacy in this area. 51 respondents were surveyed: 20 respondents were community leader, 16 women leader and 15 were community members. (see Table 5). This was followed by an expressed need to established Community Watch Team (CWT) to intervene properly in handling of GBV/SGBV cases at community level. This clearly shows an area where more emphasis can be placed to help empower community against violence in all forms.

Of the 25 reported cases, 88.4% of the respondents said the victims were satisfied with the outcome of the case whereas the remaining either didn't know how the respondent felt or said the respondent didn't feel satisfied. A significant number of females tend to have witnessed more SGBV cases than male among the total respondent surveyed for Access to Justice and Rule of Law with the difference of 20%. In addition, 68% of the respondents blamed the breakdown of the rule of law as the primary reason for SGBV, 32% blamed this on drugs and alcohol abuse.

Out of the 25 SGBV cases, only 9 of these cases were reported to the police, accounting for 36%, where the remaining 64% were either resolved within the community leadership or among family members. This speaks of more awareness required to inform communities on the negative effects of SGBV and to as well create a system of trust in the judiciary systems in handling SGBV cases. 99% of the respondents agreed that reporting SGBV cases to local community leadership or resolving it at family level is the best actions required. This speaks of lack of information across communities on the available resources and other pathways through the judiciary systems in handling matters os SGBV. 99% of respondents who witnessed SGBV/Rape in community took some actions which mainly centered around resolving those at community level.

Of the total reported cases, 17 respondents said that the victims received treatment. Since only 24% of the reported cases resulted in the perpetrators sent to jail, this could be one of the contributing factors that are impacting low reports on SGBV/Rape cases to the local police.

Education Level	Community Chair	Community Chairlady/Women Leader	Community Member/Female	Total
No Formal Education	6	10	6	22
Not finished primary	4	2	3	9

Completed primary sch	1	3	2	6
Completed secondary sch	2	1	4	7
Completed high school	7	0	0	7
Total	20	16	15	51

Education

Looking in more detail at the interventions of respondents in education, the survey showed that is the most sought after by respondents in the two counties, followed by in activeness for somewhat established PTAs (see Table 6). Reactivation of some PTAs and their functionalities also followed closely. This is reflected on how respondents self-assess their knowledge and experience in what they know about PTAs functionality in their various communities. Which is reflected in the WDS rank. It is also interesting to note how some administrations don't encourage the functionalities of their established PTAs.

Table 6. Interventions of respondents in Education

Education Level	Teacher	Administrator	Student	PTA Member	Total
No Formal Education	0	0	0	3	3
Not finished primary	0	0	3	4	7
Completed primary sch	0	0	9	3	12
Completed secondary sch	0	0	2	3	5
Completed high school	2	1	0	3	6
Higher than high sch	2	13	0	3	17
Total	4	14	14	2	50

During the survey, respondents were asked about reasons for students' dropout in schools. 46% of respondents alluded lack of economic activities as key factor for high dropouts in schools, followed by lack of school fees or learning materials (40%) and 14% cited teenage pregnancy as reasons for high dropout.

Health Education

On the of Health education, the findings show a high need among respondents the need of establish and reactivate community health committees and community health policy, raise awareness on infant mortality, sexual and reproductive health etc. (see Table 7).

Table 7. Interventions in Health Education

Community Health Workers	Community Health Committee	Community Health care volunteer	Trained Traditional Midwife	Other Health Care worker	Total
No Formal Education	3	0	8	2	13
Not finished primary	2	3	3	1	9
Completed primary sch	1	1	0	2	4
Completed secondary sch	2	8	1	0	11
Completed high school	2	3	0	0	5
Higher than high sch	5	2	0	1	8
Total	15	17	12	6	50

50% of the respondents reported access to health facility in the community and 50% reported no access to health facility in the community. Of the 50% who said they have access to health care, 28% said the facility is accessible in a distance between 5-20 minutes away, 36% said 21-30 minutes away and 32% said the health facility is located 1-2 hours away. This shows how communities in the sample lack access to basic health services with most the facilities not in close range of the community members/dwellers. Those (44%) who do not have access to health facilities in their communities go to seek medication in clinics/hospitals in other community within the same district.

About 92% of respondents said there are health problems within their communities with malaria being the common health problems in the communities, followed by diarrhea and fever. These speaks to the need for more awareness in hygiene practices and as well need for access to safe drinking water in these communities.

When asked on prevalence of teenage pregnancy, nearly half of the respondent reported low teenage pregnancy whereas 28% reported high prevalence of teenage pregnancy in their communities. This calls for more awareness in health education and prevention of teenage pregnancy. Nimba reported 60% of teenage pregnancies while Bong County reported 40%. 47% of respondent alluded the case of teenage pregnancy to lack of parental support, 24% considered lack of sex education as a reason for this, whereas social pressure accounts for 29%. All communities where the baseline study was conducted reported at least one (1) case of teenage pregnancy despite the presence of various health groups: Community Health Volunteer (CHV), Community Health Committee (CHC), and Health Facility Development Committee (HFDC). The study shows that at least 1 of these health groups, if not all, are established in the communities. There is therefore a need for more training of these various health groups as well as increase in awareness on teenage pregnancy in the counties.

Customary Land Rights

Customary Land Rights respondents will need well designed advocacy land rights program to help educate many women and youth about their land rights and their participation in land matters at family, group, and community level. See (Table 8). This may be because in many cases respondents don't care to know what their rights are as it relates to land that is known to be men matters not women and youth matters.

Table 8. Interventions in Customary Land Rights

Customary Land Rights	Youth-Male	Youth-Female	Elderly	Total
No Formal Education	2	3	11	16
Not finished primary	1	6	2	9
Completed primary sch	2	4	1	7
Completed secondary sch	9	1	1	11
Completed high school	3	1	0	4
Higher than high sch	1	1	0	2
Total	18	16	15	49

The respondent surveyed for this category constitute 65.3% female and 36.7% male. 61% of the respondents said they have family land, 16% said they own community land and 14% has individual land, as the rest either has a group land or has no land. Those own a land as either individual or family or group or community, only 15% meet sometimes to discuss land matters. However, 61% of female are involved into land matters, which speaks of high female participation on land rights issues. Consequently, 65% of the respondents said they do not document the land they possessed which speaks of potential future conflicts or land disputes which are likely to break up if land ownership is not carefully handled. Of the total respondents who owned land accounting for 35% and claimed to have documents for such land, only 5% could present the land document during the time of the survey. However, since land ownership seems like a sensitive topic, most respondents do not feel secure showing legal documents for land they possess.

7. Conclusion and recommendations

The findings reveal that the interventions designed by ERDI for the four pillars in the two counties under study are generally high, suggesting a need for robust approaches in addressing the needs for most vulnerable and neediest populations. The study also found that respondents are lacks many basic needed services and appreciate approaches in addressing their needs at community level. Meanwhile, they self-assess their knowledge and experience in most of the thematic project areas as low and the importance in addressing those challenges. There may be several reasons for these patterns of responses. Firstly, many respondents had received little awareness in those thematic program areas or the awareness they received was of very low quality (as expressed during data collections), hence the strong belief in the need for more advocacy and awareness. Secondly, respondents may have scored their own knowledge and experience in most areas as low

and the importance as high under the assumption that this will lead to more benefits. In probing for details, most respondents stated they were not receiving those needed services or accepting them because of cultural believe in communities. As a result, some of those believe tent to endanger their health and some points marginalize them from actively participating in handling their rights.

The study also showed that respondents are unaware of several issues that can have positive contribution on their lives (they do not know what they do not know), such as the national health policy, education acts, land rights policy, and an established criminal court E for adjudication of rape and other domestic violence cases in all counties in Liberia. Behavior change communication (BCC) are also processes, although respondents are sometimes reluctant to adopt successful practices when they have been done with significant support from a project.

Based on the findings of the study, the following recommendations are suggested:

- Providing Education to the neediest groups should be prioritized across all sectors, particularly with marginalized groups to enhance learning opportunities and outcomes for underserved communities. The baseline survey assessed current levels of access to quality education, resources, enrollment, and completion rates. It also explored challenges faced by communities in accessing quality education and potential areas of improvement, such as infrastructure development and schools' management system levels with the involvement of parents.
- Respondents would benefit from exposure to new technologies and practices that are being tested/used by other respondents with similar health literacy and preventive healthcare practices among communities. The baseline survey investigated existing knowledge about common health issues, access to healthcare services, prevalence of diseases, and health-seeking behaviors. It identified gaps in health education and potential strategies to addressing them, including awareness campaigns, training programs, and community health initiatives.
- Land Rights as a thematic program area aims to promote customary land rights for marginalized populations, the baseline survey assessed land ownership patterns, and legal awareness regarding land rights for youth and women. It identified opportunities for legal support, advocacy, and policy reform.
- Access to Justice pillar strives to ensure equal access to legal services and fair treatment under the law, the baseline survey evaluated awareness of legal rights, availability of legal aid, trust in the justice system and barriers to accessing justice, experiences with dispute resolution mechanisms, needs for legal empowerment programs, advocacy efforts, and institutional reforms.

In conclusion, the baseline survey emphasizes the critical need for interventions in Education, Health Education, Land Rights, and Access to Justice programs in Liberia to address existing challenges and improve the well-being of the targeted communities. Monitoring and evaluation of key performance indicators are essential in tracking progress and ensuring the effectiveness of the programs over time.

8. References

6.1: UN Convention on the Rights of the Child (UNCRC) and the Children's Law of 2012. The Law and the Education Reform Act of 2013.

6.2: Joint Monitoring Programmed (JMP) of UNICEF on Liberia WASH systems and the level of teenage pregnancy.

6.3: Truth and Reconciliation Commission (TRC) Report on Liberia, ownership and access to land. Land Rights Act (LRA) in 2018.

6.4: The 2005 Rape Law that was enacted to establish a specialized court, Criminal Court "E" to adjudicate all sexual offense cases. The 2019-2020 Liberian Demographic Health Survey revealed that prevalence of sexual offense in the year prior to the survey was at 6.5% though actual figures are difficult to obtain because some rape cases are never reported.

9. Appendices

9.1 Appendix 1: Questionnaire

ERDI' Baseline Survey

Questionnaire for selected respondents

Informed Consent:

The following consent is to be read by the Enumerator to each selected survey participant.

I would like to briefly introduce myself, explain the purpose of this survey and provide some information about the survey.

My name is (enumerator's Name) and we are conducting this survey in Bong and Nimba Counties.

I am part of a team from the Efficient Research and Development Institute (ERDI for short) that is responsible to conduct interviews on Education, Health Education, and Access to Justice and Land Rights in selected communities in Nimba and Bong Counties. The survey aims to better understand the study respondents' knowledge on functional school system with the involvement of PTA, community health issues, GBVs & SGBVs issues at community level and women and Youth participation in Land matter at community and home levels.

The information collected through this research will be used to develop workable programs interventions to address the knowledge gaps and challenges faced by community dwellers at different levels.

You have been chosen randomly to participate in this survey. The answers that you provide will be kept confidential. We will ask for your name and contact information just in case we want to contact you in the future. However, your name and phone number will not be shared with anyone outside the study and will not be used for any analytical purposes. Your participation in the survey is voluntary and you are free to stop the survey at any time or skip any questions you do not want to answer.

This survey is divided into five sections. The first section asks about your basic information, including age, education, marital status, and your household size. The second section asks about the educational activities in the community and if there is PTA established to run the affairs of the school and if there should be assistance for needy students, who do you refer to as needy students in this community. The third section looks at health condition of the overall community and if there are CHA, CHC and HFDC members in the community. The fourth section asks in detail about Access to Justice regarding GBVs & SGBVs cases in the community and how they are handled. And the final section asks for women and youth participation in land matter and any additional information that you would like to share with us about your community.

I will go through the survey with you step by step to help you complete it. Some of the questions are multiple choices and some are single choice, which means there are several answers provided and you need to select those ones that are relevant to you and on the other hand, Yes or No. Here is an example [Enumerator, *give example*]. Sometimes you will be asked to select only one, but sometimes you will be asked to select several. We will tell you this at the beginning of each question.

Some questions also provide a space for you to add another option if there is anything else that applies to you. Here is an example [Enumerator, *give example*]. If you have any doubts or questions during the survey, please ask me and I will be happy to help. If you have any questions about the right to take part in this survey, please feel free to contact Madam Jocce M. Tuazama of ERDI on +231 775186802 or send an email to: erdi.liberia@gmail.com.

The survey will take about 45-60 minutes. We really appreciate your time, and we thank you in advance for your valuable contribution to our study.

Do you have any questions before we start?

Do you agree to take part in the survey?

Yes or No

Introduction to the survey

Module 1: Basic Information

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
Region	1.1. Enumerator, please select the <i>County</i> of the survey.	Single response	1. Bong 2. Nimba	All	None
District	1.2. Enumerator, please select the <i>district</i> of the survey.	Single response	1. Bain-Garr 2. Meinpea-Mahn 3. Yarwin-Mehnsonnoh 4. PantaKpaai 5. Suakoko	All	None

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
Clan	1.3. Enumerator, please select the <i>Clan</i> of the survey.	Single response	1. Bain 2. Garr 3. Meinpea-Mahn		
Community	1.4. Enumerator, please select the <i>Community</i> of the survey.	Single response	Nengbein, Zuluyee, Gbedin, Kpein, Diagamon, Tonwin, Tuudin, Venn Town, Waintia, Dukpuyee, Palala, Tomato Camp, Baila, Jinpleta, Gorlehma, Naii, Wilmont's Town & SKT		
	1.5. Enumerator, please enter <i>your name</i>	Single response	1. Jean Murray 2. Jerry Teakpue 3. Albertha Saybay 4. Madison D. K. Weetol 5. Allen Kollie 6. Jamesetta N. Sonkarlay 7. Kelvin Gboe 8. Amelia Kardea 9. Angious L. Korkapeh	All	None
	1.6. Enumerator, please type your mobile phone number.	Number	Integer	All	None
	1.7. Enumerator, please enter the ID number of the respondent.	Number	Integer	All	None
	1.8. Enumerator, please select the gender of the respondent.	Single response	1. Male 2. Female	All	None
	1.9. What is your full name?	Free Text	Free Text	All	None

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	1.10. What is your contact numbers?	Number	Integer	All	None
	1.11 What age group do you belong to?	Single response	1. Under 30 2. 30 to 39 3. 40 to 49 4. 50 above	All	None
	1.12 What is the highest level of education you have completed?	Single response	1. No formal education 2. Not finished primary school 3. Completed primary school (grade 6) 4. Completed secondary school (grade 9) 5. Completed high school (grade 12) 6. Higher than high school	All	None
	1.13 What is your marital status?	Single response	1. Married 2. Not Married 3. Divorced 4. Widowed	All	None
	1.14 How many household members do you have?	Single response	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 or above		

Module 2: Education

In this section, we want to know how parents are involved in the management of the school and to identify vulnerable students' needs that will enable them remain in school.

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	2.1 Do you have a school in this community?	Single Response	1. Yes 2. No	All	None
	2.2 What is the name of the school?	Free Text	Free Text	If yes, to 2.1	None
	2.3 Is the school functional?	Single Response	1. Yes 2. No	If yes, to 2.1	None
	2.4 Do you have a parents Teachers Association (PTA) established in this school?	Single Response	1. Yes 2. No	If yes, to 2.1	None
	2.5 Is the PTA functional?	Single Response	1. Yes 2. No	If yes, to 2.4	
	2.6 How functional is the PTA?	Single Response	1. Regular meeting 2. Regularly check on techers during school session 3. Help resolve issues raised by school administration and students. 4. Provide school grown feeding. 5. Other, specify	If yes, to 2.5	
	2.6 Why there is no PTA?	Single Response	1. Parents are busy. 2. School Administration don't need PTA. 3. PTA members are not united. 4. Other, specify	If No, 2.4	
	2.7 Why the PTA is not functional?	Single Response	1. Parents are busy. 2. School Administration don't need PTA. 3. PTA members are not united. 4. Other, specify	If No, 2.5	

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	2.8 Do you know how many students enrolled in the school last year?	Integer	Integer		
	2.9 How many students completed the school year?	Integer	Integer		
	2.10 What are the reasons for the others not completing the school year? [Select all that applies]	Multiple Response	1. Parents not alive 2. Most of the dropped-out-students are disabled. 3. Parents don't have money. 4. No economic activities 5. Other, specify		
	2.11 Who do you considered as vulnerable/needy students in this community?	Multiple Response	1. Disabled children 2. Children who parents not alive 3. Children who parents don't have money to send them to school. 4. Other, specify		

Module 3: Health Education

Let me ask you some more questions about the provision of health education to community members and households on good hygiene practices.

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	3.1 Do you have access to health facility in this community?	Single Response	1. Yes 2. No	All	None
	3.2 How far does it take you to get there?	Single Response	1. 5-20 minutes 2. 21-30 minutes	If yes,3.1	

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
			3. 30-50 minutes 4. 1-2 hours 5. 3 hours and above		
	3.3 What is the name of the health facility?	Free Text	Free Text	If yes, 3.1	None
	3.4 Where do you go for treatment when sick?	Single Response	1. Clinic in another district 2. Clinic in another County 3. Hospital in another District 4. Hospital in another County 5. Herbs 6. Other, specify	If No, 3.1	None
	3.5 Are you aware of any health problem that affect people in this community?	Multiple Response	1. Yes 2. No	All	None
	3.6 What are the health problems/sicknesses that affect people in this community?	Multiple Response	1. Malaria 2. Typhoid 3. Running Stomach 4. Fever 5. Epilepsy 6. TB 7. HIV 8. Other, specify	If yes, 3.5	None
	3.7 Why there is no health problem/sickness in this	Multiple Response	1. We regularly clean our community.	If no. 3.5	None

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	community? Select the <u>three</u> most important		2. We don't raise cattle in our community. 3. Our children regularly take vaccine. 4. We have safe drinking water from the pump 5. Other, Specify		
	3.8 What is the level of teen-age pregnancy in this community?	Single Response	1. High 2. Medium 3. Low 4. No teen-age pregnancy here	All	None
	3.9 What are some of the contributing factors to teen-age pregnancy in this community? Select <u>all</u> that applies	Multiple Response	1. No parental support 2. Parents not alive 3. Teachers loving to female students. 4. Traditional marriage 5. Other, specify	If high, medium, or low from 3.8	None
	3.10 Do you know how many teen-agers are currently pregnant here now?	Integer	Integer	All	
	3.11 Do you have community health volunteer (CHV) or community health assistant (CHA) in this community?	Single Response	1. Yes 2. No	All	
	3.12 Do you have a Community Health Committee (CHC) established for this community?	Single Response	1. Yes 2. No	All	
	3.13 Do you have an established Health Facility Development	Single	1. Yes	All	

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	Committee (HFDC) members from this community?	Response	2. No		

Module 4: Land Right

In this section, I will be asking you some questions about, awareness among community members on the rights of women and youth about their customary land ownership. Feel free to tell me what you know.

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	4.1 Do you have Customary Land in this community as an individual, family, group, or community? (hint to be added)	Single Response	1. Yes-individual. 2. Yes-Family 3. Yes-Group 4. Yes-Community 5. NO 6. Other, Specify	All	None
	4.2 Do you sometimes meet to discuss issue relating to this land?	Single Response	1. Yes 2. No	If yes, 4.1	None
	4.3 How many times do you meet in a year?	Single Response	1. Once in a year 2. Twice in a year 3. Quarterly in a year 4. Monthly 5. Every two weeks 6. Every week 7. Other, specify	If yes, 4.2	None

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	4.4 Who can attend the meeting?	Multiple Response	1. Youth (male & Female) 2. Women 3. Men 4. Chiefs 5. Traditional land leaders 6. Other, specify	If yes, 4.1	
	4.5 Are you on any land committee?	Single Response	1. Yes 2. No	All	
	4.6 Are women and youth involving with Land matter in this Community?	Single Response	1. Yes 2. No	All	
	4.7 Do you have your share of the Land with documents?	Single Response	1. Yes 2. No	All	
	4.8 What type of document you have?	Single Response	1. Tribal Certificate 2. Deed 3. Purchased-Receipt 4. Other, specify	If yes, 4.7	
	4.9 Can you show me the document?	Single Response	1. Yes-See document. 2. Yes-document not around. 3. Yes-document still in process. 4. No-Can't show you,	If yes, 4.8	

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
			my document. 5. No-document with my partner. 6. Other, specify		

Module 5: Rule of Law & Access to Justice

In this section, I will be asking you some questions about your knowledge on Rule of Law and Access to Justice. Feel free to share with me what you know about it.

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
	5.1 Are their rape or other SGBV or GBV cases happening in this community that you know?	Single Response	1. Yes 2. No	All	None
	5.2 How many times this happened in the last three months?	Integer	Integer	If yes, 5.1	
	5.3 What are the causes you know?	Multiple Response	1. Drugs 2. Drinking-alcohol 3. Other, specify	If yes, 5.1	
	5.4 What did you do when it happened?	Multiple Response	1. Report to town chief. 2. Report to police. 3. Report to Magistrate court. 4. Report to District Commissioner	If yes, 5.1	

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
			5. Report to other family member for home settlement. 6. Do nothing. 7. Other, specify		
	5.5 Was it the best thing to do?	Single Response	1. Yes 2. No		
	5.6 Why is SGBV or GBV cases not in this community?	Multiple Response	1. Government creating awareness on SGBV & GBV 2. NGOs creating awareness on SGBV & GBV 3. Traditional norms regarding SGBV & GBV 4. Other, specify		
	5.7 Have you witnessed or heard of SGBV or GBV cases in this community?	Single Response	1. Yes 2. No	All	
	5.8 What were next step you witnessed or heard were taken?	Multiple Response	1. Report to town chief. 2. Report to police. 3. Report to Magistrate court. 4. Report to Commissioner	If yes, 5.7	

A	B	C	D	E	F
Variable Name	Question	Response type	Answer choices	Relevance	Constraint
			5. Report to other family member for home settlement. 6. Do nothing. 7. Other, specify		
	5.9 Based on the step taken, what were the outcome?	Single Response	1. Victims were taken for treatment. 2. Perpetrators were sent to jail 3. Other, specify		
	5.10 Do you think the victims were satisfied with the outcome?		1. Yes 2. No		

We are now at the end of the interview. Do you have any question before we close? Answer all questions if you know and refer questions you don't have response to, to your supervisor.

Collect location gps at respondent residence.

Thank you very much for taking your time to answer these questions.