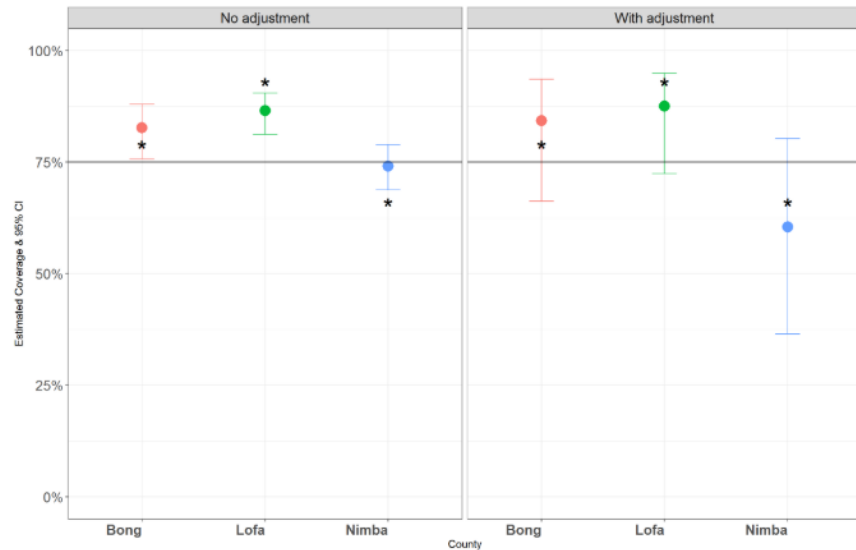


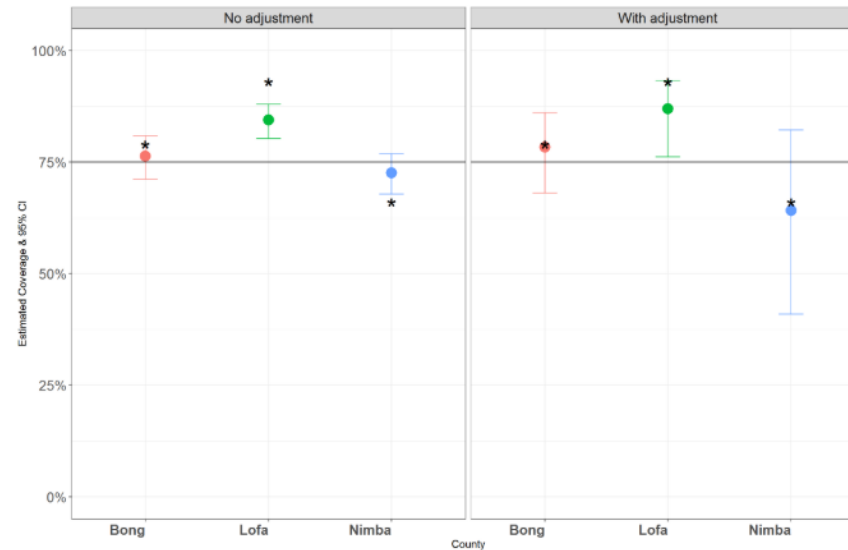
PZQ County Coverage & 95% CI for Children

Split by whether adjusted for population size (* reported coverage)



PZQ County Coverage & 95% CI for Adults

Split by whether adjusted for population size (* reported coverage)



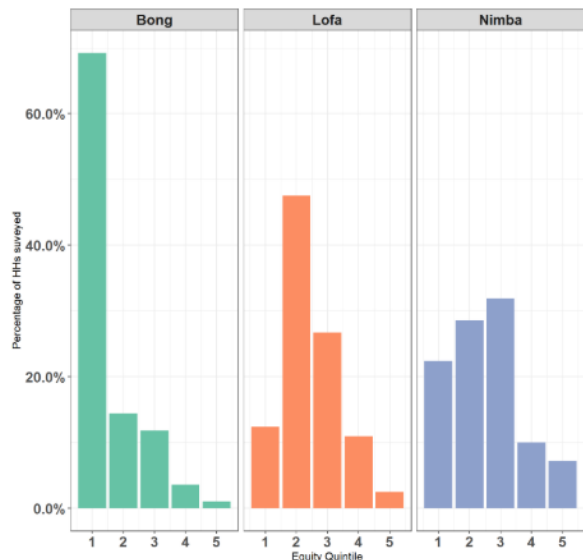
Comments

Coverage for both SAC and adults is above the 75% WHO target for Bong and Lofa. Survey coverage is in line with reported coverage in Bong, below reported values in Lofa.

In Nimba the survey coverage not adjusted for population and adjusted for population are quite different (74.1% compared to 60.5%). This is because two communities, Bololewee and Boe, had low coverage (60% and 17% respectively) but also the largest populations, approximately six times as many households than the average for villages in the survey. Therefore, when adjusting the survey coverage estimate for population size of sampled villages, these two communities have a higher weighting for the average than smaller communities.

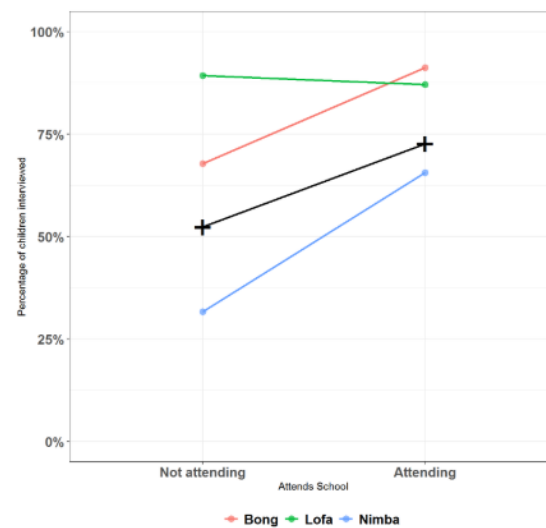
The validity of the estimate of HHs per village was called into question and flagged with the national team.

Distribution of interviewees by wealth quintile and county



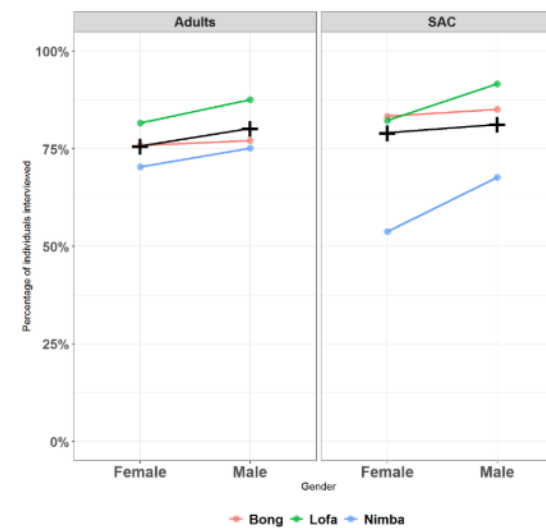
PZQ coverage of children in each county split by school attendance

(Overall mean in black)



PZQ coverage in each county split by gender and target population

(Overall mean in black)



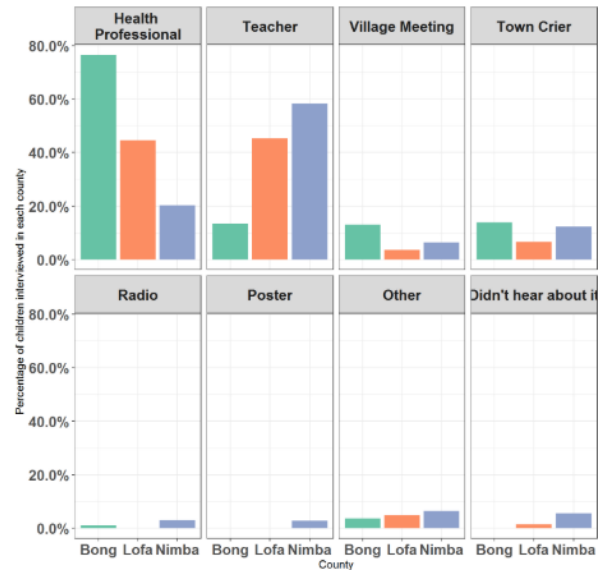
Comments

More than 50 percent of interviewees come from the poorest two quintiles of Liberia as measured by the Equity Tool. In Bong over 60 percent of interviewees come from the poorest quintile alone.

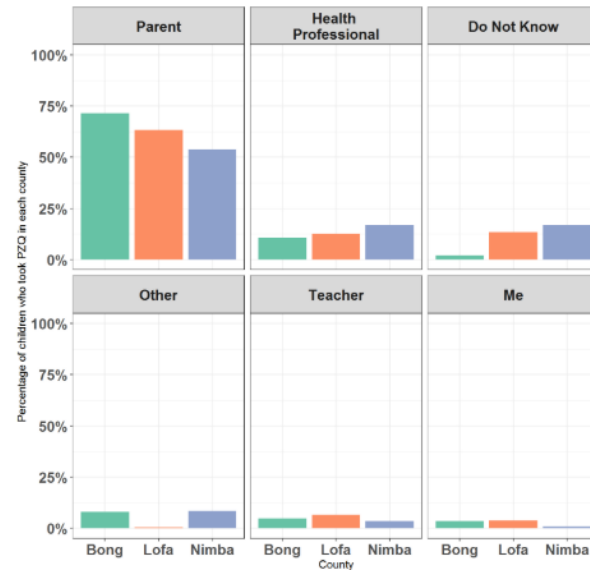
Splitting PZQ coverage by school attendance (only for SAC) shows that overall coverage is higher for children attending school than for non-attending ones. This is not true in Lofa where coverage is slightly worse for attending than non-attending children.

Coverage by gender is higher on average for males than for females among both adults and SAC. This difference is not significant nor consistent. The average masks the fact that the difference is the other way around (coverage higher among females) in many villages.

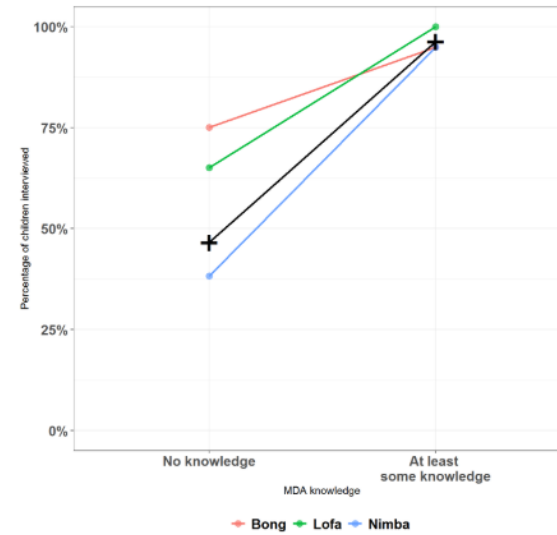
Child sensitization: How did you hear about MDA?



Children - Person deciding whether to take drugs



Children - PZQ coverage with and without prior knowledge of the MDA (Overall mean in black)

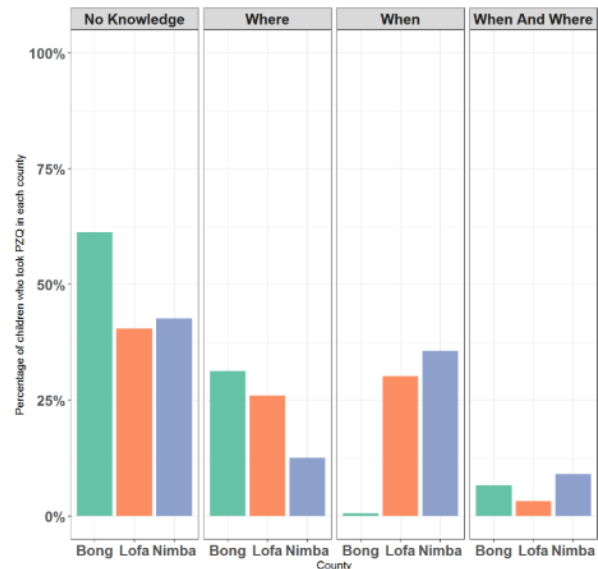


Comments

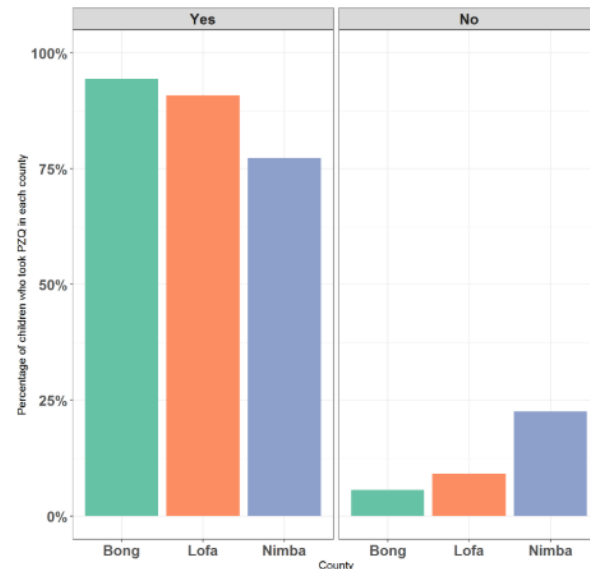
Children mostly heard about the MDA either from a teacher or a health professional. These two groups also, along with the children's parents, are the main decision makers for ingesting PZQ.

Having some knowledge about the MDA (knew at least when it was to take place or where, if not both) is positively correlated with higher coverage. This may coincide with children who attend school as sensitization often happened at schools.

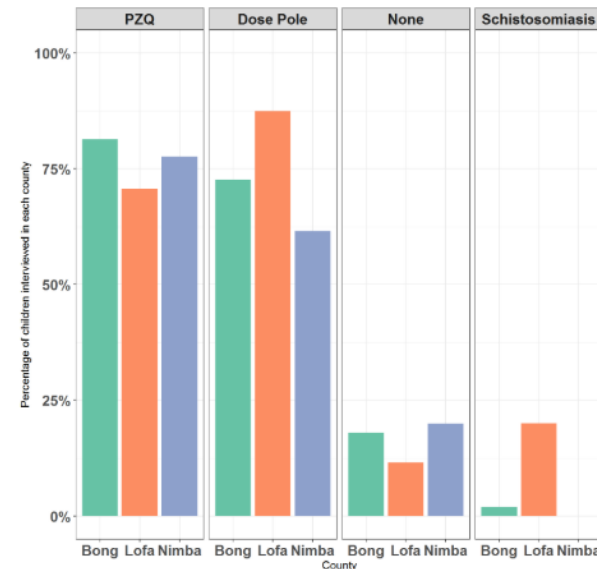
Children - Knowledge about the MDA



Children - Food eaten prior to taking PZQ



Children - MDA items recognition



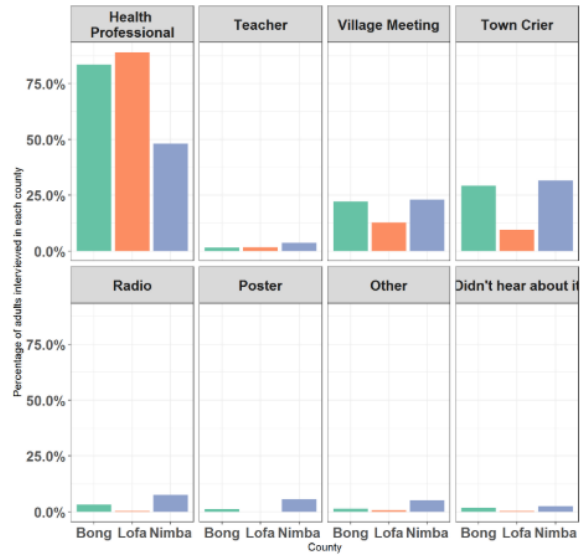
Comments

The first graph shows responses to questions about knowledge about the MDA. Knowledge about the MDA was lower in Bong.

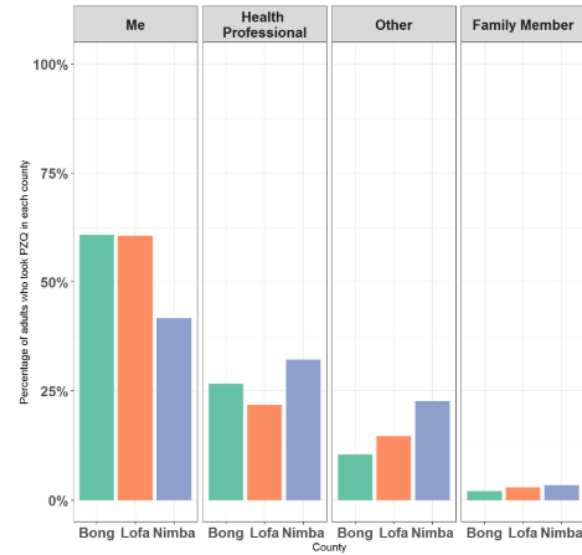
Despite little knowledge about the MDA, the vast majority of children reported having eaten before taking PZQ.

Children recognised the Dose Pole and the PZQ pill, but recognition of the disease (understanding what it is by having it described) is low.

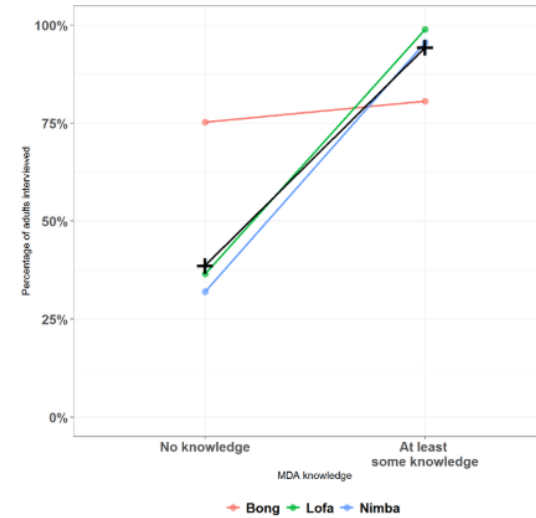
Adult sensitization: How did you hear about MDA?



Adults - Person deciding whether to take drugs



Adults - PZQ coverage with and without prior knowledge of the MDA (Overall mean in black)



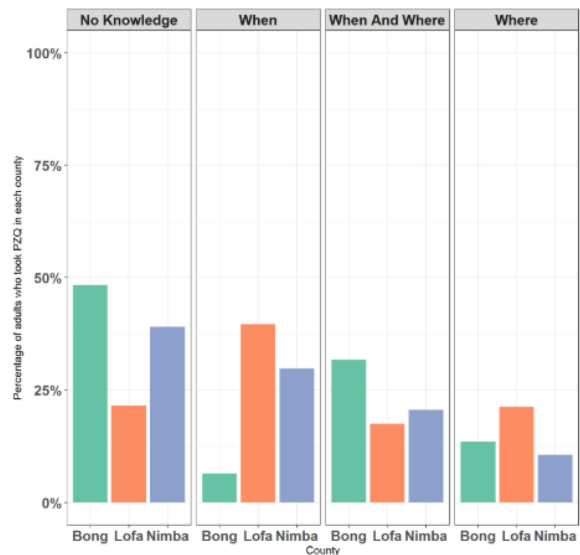
Comments

For adults sensitization was done either through health professionals or village mechanisms like meetings or criers'.

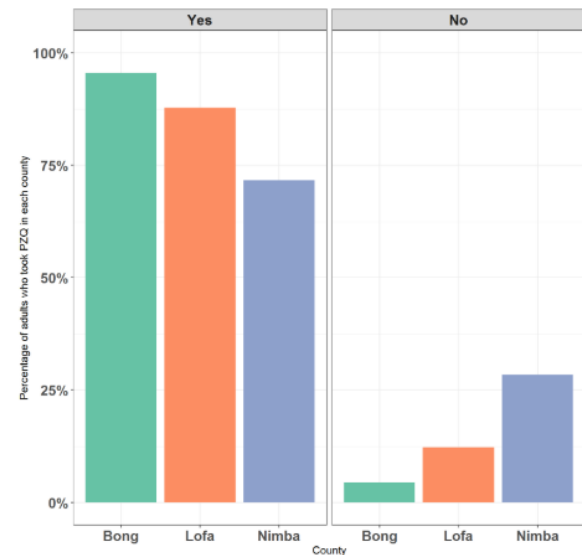
The individuals themselves are the main deciders whether to take the drugs or not with a small yet substantial role played by health professionals.

Lastly, individuals with some knowledge of the MDA, on average, showed higher coverage rates. The effect is similar as with children.

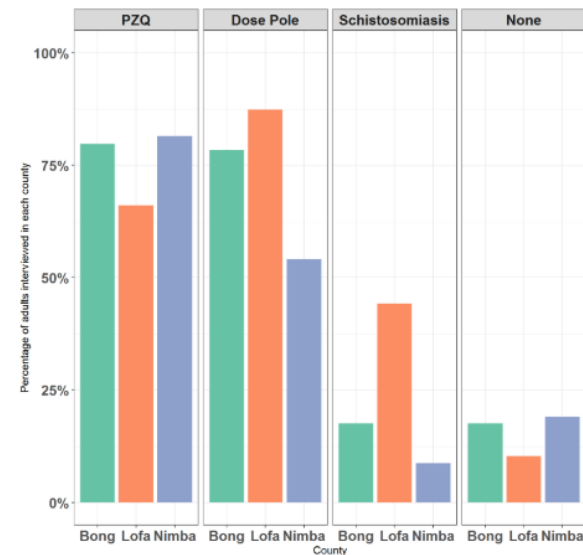
Adults - Knowledge about the MDA



Adults - Food eaten prior to taking PZQ



Adults - MDA items recognition



Comments

Among adults, knowledge about the MDA was higher, yet still approximately 25% to 50% of individuals surveyed did not know of the MDA.

Just as among children, the majority of adults ate before taking PZQ. The proportion of adults who had eaten prior to taking PZQ is lowest in Nimba.

Recognition of the PZQ pill and Dose Pole are similar to that of children. Adults seem to have a better understanding of schistosomiasis, even though overall, recognition levels are low.