



# THE EBOLA OUTBREAK IN LIBERIA: YOUNG PEOPLE'S NEEDS IN THE WEST POINT SLUM



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Front cover: A young woman with a leaflet about Ebola (photo: DG ECHO/UNICEF Liberia)

## Introduction

Liberia is facing its greatest humanitarian crisis since the country's civil war ended in 2003. The deadly Ebola virus has claimed more than 2,400 lives throughout five affected West African countries. More than half of Ebola-related deaths have been in Liberia.

The West Point community in the capital Monrovia is the most densely-populated slum in Liberia. Despite a lack of official statistics to show how many cases of Ebola have been detected in West Point, the area has been identified by the Liberian government as high-risk. As a result, its extremely poor population of more than 75,000 have faced harsh anti-Ebola measures that have damaged their livelihoods, health and access to food and water.

In response to the situation, in September 2014 Y Care International (YCI) and the YMCA of Liberia surveyed young people living in West Point to gather a clear picture of their situation. This report presents the findings of the needs assessment, and makes recommendations about how aid agencies and governments can respond.



A water point constructed by the YMCA in West Point

## How has YCI and Liberia YMCA responded to the Ebola crisis?

YCI and Liberia YMCA have worked together to respond to the Ebola outbreak since it began in the following ways:

- By reallocating almost US\$8,650 of pre-existing development funding towards initial response activities, YMCA was able to train 64 young volunteers to conduct Ebola sensitisation sessions in their communities
- The funds enabled the YMCA to print awareness-raising materials
- YCI and YMCA together designed a short term emergency response project which focuses mainly on outreach activities, community engagement, and support for public hand-washing facilities
- YCI supported the launch of an Ebola fundraising appeal in the UK
- YCI is working with YMCA to develop an extended emergency response program for West Point, of which this research is the foundation.

## Aims of this research

This research was conducted among marginalised and vulnerable young people aged between 15 and 24-years-old in West Point. The objectives of the needs assessment were:

- 1 To assess the impact of the Ebola outbreak on the community and how to improve the situation
- 2 To identify the problems young people face now and will face in the future
- 3 To investigate what services are currently provided for young people and whether they are adequate
- 4 To assess policies related to livelihood, health, food security and sanitary conditions in West Point and how these affect young people.

YMCA staff surveyed 100 young people during the research – 50 males and 50 females. They used a combination of questionnaires and discussion groups over two days (4 and 5 September 2014). Vulnerable young people were defined as those from households living in poverty, out of full-time education or training with insecure livelihoods, including those facing multiple vulnerabilities such as disability or being from marginalised groups.

YMCA staff also spoke to community leaders about Ebola. Those consulted were the West Point commissioner Miata Flowers, an administrator at the West Point Star of the Sea health clinic (the only government-run clinic in the community), a member of a Community Steering Group (CSG) in West Point, a representative from the Water, Sanitation and Hygiene Committee (WASH), and a Red Cross worker.

For a more detailed methodology see Annex 1.

## Context

West Point is a township in Monrovia located on a peninsula, which juts out into the Atlantic Ocean. Home to more than 75,000 people, West Point is Monrovia's most densely populated slum. Environmental degradation has gradually caused part of the peninsula to erode into the sea. Endemic problems in the area include overpopulation and diseases.

The township lacks proper sanitation, including a limited number of public toilets. A report by the United Nations Office for the Coordination of Humanitarian Affairs estimates there are four public toilets in the area. Pay toilets also exist, but residents cannot afford them. As a result, public defecation is common and the beach surrounding West Point is often used as a lavatory. This creates health hazards.

The outbreak of the deadly Ebola virus has exposed the lapses in Liberia's healthcare system. With the current Ebola death toll over 1,000 people, the government is yet to develop a full response plan to address the outbreak. Health provision in Liberia is poor with one doctor to every 5,000 people. There is a lack of equipment and drugs to respond to regular illnesses like malaria, typhoid and diarrhoea. Under-served communities with high populations, poor sanitary practices and a lack of health services are more vulnerable to the spread of the virus. West Point is one such community.

Despite there being no official figures to determine the number of Ebola cases in the area, preventative measures imposed by the government have hit West Point hard. On 18 August, a temporary Ebola holding facility was ransacked by community residents who opposed the establishment of such a facility in their neighbourhood. Some doubt the virus exists. As a result of the attack, 17 suspected Ebola patients went missing from the facility and medical equipment and soiled bedding was stolen. This event triggered concerns that the virus would spread, as Ebola is transmitted through bodily fluids of infected people.

The government responded by placing the entire township under quarantine, which led to tensions between the community and security forces. Clashes led the military to fire on demonstrators, killing one teenage boy and injuring several others. About 10 days later, the Liberian government lifted the quarantine after announcing all the patients removed from the facility had been recovered. It also said the community was now cooperating with anti-Ebola measures.

As a country, Liberia faces many challenges. Its position at the bottom end of the UN's Human Development Index, with a ranking of 182 out of 186, illustrates the country's current difficulties. The legacy of a 14-year civil war lives on in the form of widespread poverty.

Despite recent improvements in infrastructure and service provision throughout the country, many still lack access to electricity and running water, health care, and education. Liberia is behind in achieving most of its Millennium Development Goals, including the eradication of extreme poverty and hunger (Goal 1), and universal primary education (Goal 2). It is estimated that approximately 75% of the population lives below the poverty line, on less than US\$1 per day, and that 50% of the population lives in extreme poverty, on US\$0.50 or less per day.



Young children hold up a bat, a source of food for people in Liberia, and one of the main carriers of the Ebola virus. This picture was taken just before the Ebola outbreak in Liberia.

Unemployment hovers near 80%. About half of those termed unemployed are involved with some form of informal business to earn their livelihoods. These include petty trading, commercial motorcycle driving, daily hires, daily chores workers and commercial sex work, among others.

The most vulnerable and marginalized groups are the poorest. These include youth, the uneducated and unskilled, large households and female-headed households, disabled persons, returnees, and orphans. Furthermore, Liberia's own Poverty Reduction Strategy notes that nearly 35% of the population has never attended school, including nearly 44% of females.

Young people are particularly disadvantaged in this climate, especially those who fought in the civil war. Despite rehabilitation programs, many ex-combatants have not been fully reintegrated into society and are experiencing social exclusion. It is widely agreed that these marginalised young people, vulnerable to violent crime and exploitation, pose a threat to continued peace and stability in the country, as well as to the security of their communities.

In addition to ex-combatants, war-affected youth form an entire generation of Liberians aged 15-35 whose education was partially or completely disrupted. This lack of education, combined with limited access to vocational or skills training, has meant that these young people are less eligible for already scarce job opportunities. Female young people in particular are vulnerable to gender-based violence and sexual exploitation, and thus exhibit high rates of teenage pregnancy and HIV/AIDS. As a result, young females have higher school drop out and illiteracy rates than young males.

## Findings

When those surveyed were asked to rank the top three problems facing themselves and their families, these were the most pressing concerns:

- 1 Lack of access to healthcare
- 2 Limited income generation
- 3 Not enough food available locally

When asked what were the top three kinds of support families needed, they replied:

- 1 Food provision
- 2 Support to resume livelihoods activities
- 3 Cash for work schemes

When asked what one response those surveyed would like to see from the government in response to their concerns, the top three replies were:

- 1 To open and equip health facilities in the township
- 2 To build more latrines and water pumps
- 3 To remove restrictions on business activities

Researchers also asked more detailed questions about Ebola, livelihoods, food security, water and sanitation, and health facilities.

## Ebola

During the focus group discussions, young people noted that one of the main problems they are facing since the Ebola outbreak began is the lack of medical supplies at health centres. They also criticised the delayed response of the government's Ebola taskforce.

One male interviewee said: *"I think the taskforce is made up of the same government workers who are working for the same salary with no motivation to put extra effort to help people who are calling the Ebola response hotlines every day and are dying."*

They described how they and their families are being affected because they do not have money to seek medical attention. Commenting on the West Point quarantine, they said it had stopped people from outside the community coming to West Point because they are afraid of contracting the virus.

One girl said during a focus group: *"We used to ask some of our friends to help us with money for school fees and other problems, and they use to help us. But now since the quarantine nobody wants to help anybody again - they say we have Ebola in West Point."* The participants noted that most of their support has come from NGOs and other humanitarian institutions or individuals distributing food during the quarantine period. They said the World Food Program (WFP) is still handing-out food in the community. They described their primary source of information about Ebola as coming from the radio, family and friends, the internet and from health workers.

## Concerns about Ebola

The Ebola outbreak has led to an increase in the level of inter and intra-communal tension, as well as growing hostility towards the government. Traditional coping mechanisms and tight social bonds

are breaking down, as community members fear each other, either because they exhibit symptoms of Ebola (for example, malaria and water borne illnesses) or because they may be accused of carrying Ebola because someone they knew has the disease.

In the survey, 86% of respondents were worried about the challenges facing West Point, a community which already faced many difficulties given its status as Monrovia's largest and most overcrowded slum. Over half of these respondents were 'very worried' about the situation in their community, signalling the very high levels of anxiety amongst community members. Even more worrying was that a third of respondents thought that the situation would either remain the same or get worse in the coming six months, 16% were unsure what would happen, while half hoped that the tensions in the community would decrease.

One boy described why tensions exist in the community: *"There is tension because of bad practices in food distribution. Some people received less than their family size while others received more."* Another boy said: *"There is tension between community members, community representatives and the commissioner because West Pointers were not involved in the establishment of the Ebola holding centre."*

### **Awareness of the virus**

The most frequently quoted means of receiving information about Ebola was through radio stations (41%), while the second highest response was by word of mouth (24%). 46% of respondents said they trusted information from radio stations because they believed they only broadcast approved information from the Ministry of Health or sometimes invite health professionals to provide awareness to the public. 18% trusted information from word of mouth, while 10% trust their religious leaders. Only 2% trusted information from the television. This is probably due to the fact few people have televisions within the community

### **Understanding the virus**

The picture that emerges from the survey is one of a high level of awareness of the virus, but one which community members are still unsure of the means of transmission. For example while 80% of respondents said that they were aware of Ebola transmission, one focus group participant said she believed women were more likely to catch the virus *"because they have lower resistance."* Misperceptions about Ebola transmission appear common, with 14% of people either unsure or unaware of how the disease is transmitted.

The West Point commissioner Miata Flowers put the figure of those who were unaware at 90%. During a Key Informant Interview she said: *"People still don't believe that Ebola exists. Just 10% of the population believes that Ebola exists and disbelief is high among females"*. She added that when the government lifted the quarantine on West Point, community members chanted that there was no Ebola in West Point – something that was highlighted in the international media at the time. While disbelief about Ebola appears to have subsided, conflicting rumours about the scale and severity of the outbreak, as well as how best to tackle it, have added to the feeling of chaos and that no-one is in control.

For example, the representative from the Community Steering Group agreed said: *"The community was in a state of denial before the quarantine and with the opening of the community ahead of the*



21 days [original time-frame], they feel the community was opened because there is no Ebola in West Point.” This is extremely worrying, given that West Point appears to be one of the epicentres of the disease in Monrovia.

**Opinions about the government’s response**

Many interviewees were highly critical about the government’s actions to tackle the outbreak. Some typical comments were:

*“The government has wasted time and resources”*

*“The government lacks a strategy to contain the virus”*

*“Medical staff needed to be included on the national Ebola taskforce”*

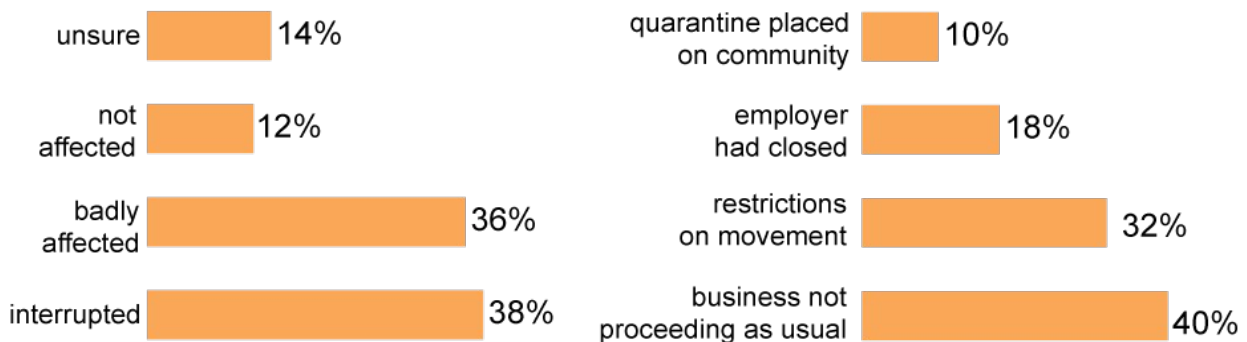
*“The government quarantined West Point for 10 days and did nothing to test residents for signs of Ebola”*

*“The government brought armed men to West Point to shoot our friends”.*

*“The government pays less attention to people of West Point”*

Feelings of exclusion and discrimination amongst residents of West Point were high before the Ebola outbreak, and one needs only look at the number of functioning latrine blocks (4) for a community of 75,000 people to understand why these feelings exist. The response to the Ebola outbreak in West Point, and in particular the quarantining of the entire community for ten days, has caused the community to be even more hostile towards the government, and has also stigmatised the whole community.

**Livelihoods**



**How has Ebola affected livelihoods?**

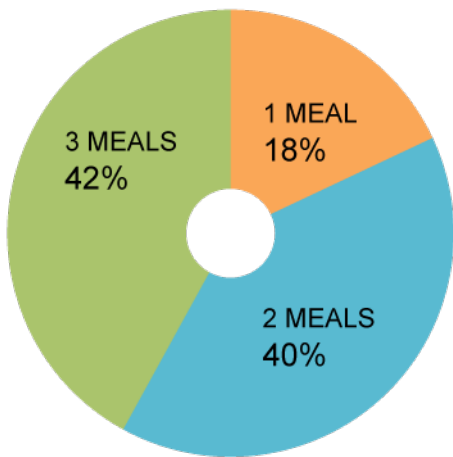
**Fall in income as a result of Ebola**

Since the outbreak, livelihoods in West Point have been severely affected, and this is leading to widespread food insecurity and hunger, and is pushing larger numbers of people into extreme poverty. For example, the focus group discussions revealed that before the outbreak of Ebola, the main sources of livelihoods for young people were fishing, petty trading, casual work and support from family members. However, due to the outbreak, many businesses were affected, especially during the quarantine placed on the community.

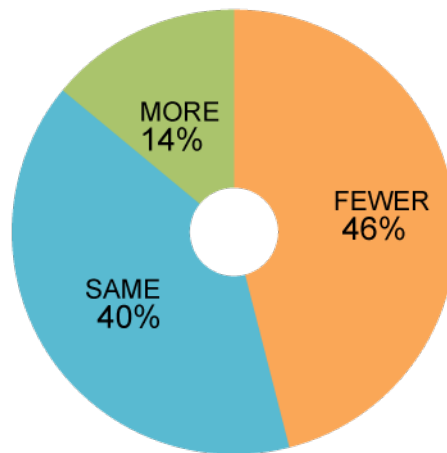
Selling fish is one of the main sources of income for many people in West Point and the halt of this trade affected many families. From interviews, it appears that some families are holding onto their cash because no one is sure about how long the epidemic will continue.

Others, particularly those involved in petty trading have used the money earned from these businesses during this period and now cannot re-start their businesses as they do not have any capital to purchase items. As a result, food consumption has fallen, from an already low level.

One male interviewee said: *"I was in school and selling, but since Ebola business is going bad."* Another young woman commented: *"We now depend on NGOs support and friends. Business is very slow."* Respondents noted the main challenges to getting food to be the lack of money to buy food, and actually collecting it for fear of contracting Ebola from other people in the market.



Number of meals eaten per day



Changes in food consumption since Ebola outbreak

**49%**  
saw food prices  
increase

**29%**  
found fewer food  
sources

**18%**  
said food quality  
&/or quantity  
available reduced

**36%**  
had to ration food  
for their family

**Changes in access to food**

West Point Commissioner Madam Miatta Flowers said: *"Before the outbreak we were struggling with livelihood support and now in the outbreak things have become even worse."* Coupled with the increase in the prices of food and basic commodities, she said this was causing a dire situation for the community. The Red Cross representative agreed, saying: *"There are no safety nets put into place to help community members cope with food shortages except for the food distribution being carried out by the WFP. This process is just for a time and it won't continue."*

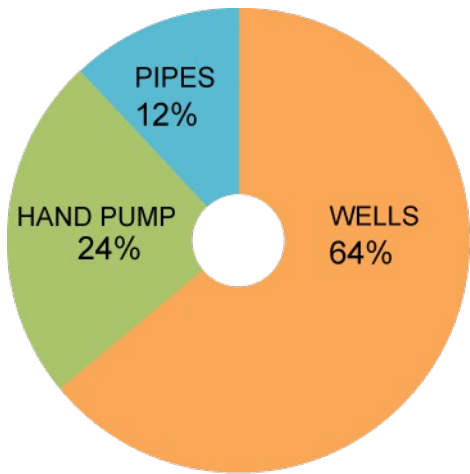
Survey respondents also mentioned that at the moment most families can only eat the materials provided by aid agencies (rice, beans, etc), but cannot afford to purchase meat or fish to cook. They said older people, single parents with children and people with disabilities were at more risk of

suffering from food shortages in the community. One male respondent said: “Our food is restricted to rice, beans and oil – we need money to put other things into our soup like meat and fish.”

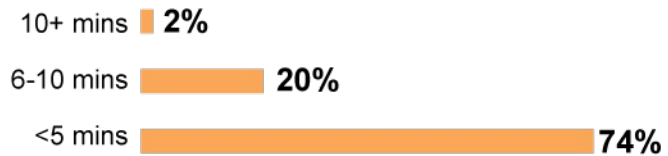
### Water and sanitation



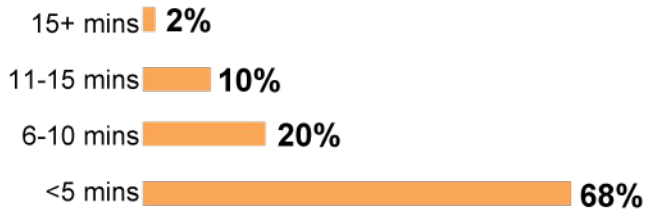
A makeshift and poorly constructed latrine built in West Point



Main water source



Distance to water point



Access to toilet facilities

During the focus group discussions, participants indicated that the Liberian Water and Sewer Corporation provides water to the community through water reservoirs, but not all residents have

access to these. About seven communities are served by one reservoir. Many people get water from the wells, while other community residents spend more money to get bagged water or purified water in gallons sold by young people.

According to the administrator of the Star of the Sea Clinic, the wells used by people are not safe for drinking. He noted this is causing diarrhoea and other water-related diseases in the community, adding that the most prominent cases at his clinic are malaria, diarrhoea and typhoid. He said: *"I feel there is a link between the availability of these services and the Ebola outbreak because the sanitation condition in the community is not really okay, and Ebola prevention is about hygiene."*

Regarding sanitation, the West Point commissioner noted that sanitation is still a problem in the community: *"People are still using the waterfront to defecate, which is causing pollution. Space is a problem as well."*

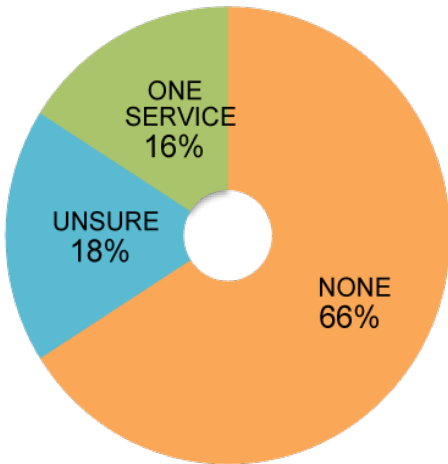
One participant suggested residents walk between 10-30 minutes to access drinking water. Others, however, highlighted that new water facilities and hand-washing points have been introduced in the community by the YMCA and African Methodist Episcopal University because the community needed clean and accessible drinking water.

They also indicated that people have begun washing their hands frequently because they are afraid of the Ebola virus and this is one way to avoid spreading the disease. One male interviewee said: *"People frequently wash hands because they are afraid of the Ebola virus"* While a female respondent agreed: *"Hand-washing is common now in homes."* During a group discussion, one boy noted: *"It is not easy to get water simply because of over-crowding and the insufficient number of wells and pumps."*

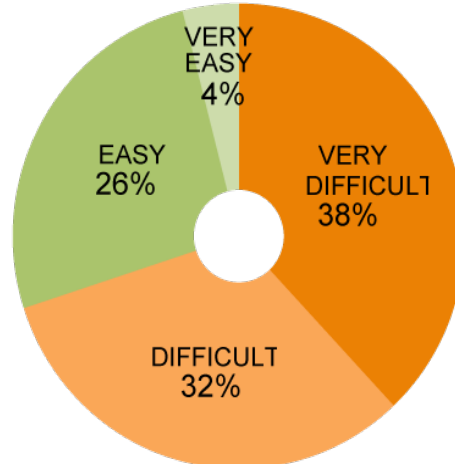
### **Shaking hands during the Ebola outbreak**

While physical contact with the body fluids of someone with Ebola is a primary cause of transmission, 92% of respondents indicated that they are currently shaking hands with other people, indicating either a lack of awareness of Ebola transmission or that strong cultural norms (such as handshaking during a greeting) override any risks.

## Health



**Use of services during Ebola outbreak**



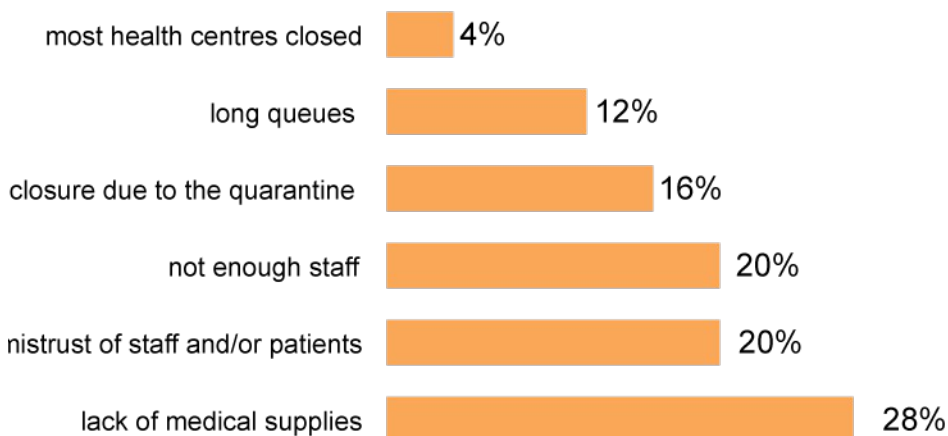
**Access to healthcare**

Focus group discussions highlighted that there is only one clinic in the community, which has run out of medical supplies. Respondents also said there is no health service targeted specifically at young people. The participants indicated that they do not usually use the health centre due to the lack of drugs. Presently many people prefer to go to the pharmacy to buy drugs for fear of being labelled as having Ebola by health centres when they show symptoms of other illnesses.

One boy commented: *“Since the outbreak, health services in West Point are very poor.”*

### Trust in healthcare professionals

60% of respondents said they did not trust health workers and their remedies against Ebola. This is extremely worrying given that the outbreak is far from being under control. Only 28% of respondents trusted health workers, while 12% said they were unsure.



### Biggest issues facing health services

### **Comments from community leaders**

According to the administrator of the Star of the Sea clinic, the Ebola situation has made conditions in the over-stretched facility worse. He said at the moment, the clinic is without generator, beddings, personal protective gear and basic medication for patients.

He said: *"Sometimes people feel disappointed and get angry with us when they bring sick people here that we don't have the capacity to treat. They don't even believe us when we say we can't handle some cases."*

## Conclusion and recommendations

### Ebola

The rapid assessment paints a worrying picture of communities experiencing extremely high levels of anxiety and stress, and who are angry at the government, due to the inadequate and heavy handed response. Although the focus group discussions and communities leaders suggested many people still deny the virus exists, the survey shows that 90% of respondents wash their hands and 74% of them wash their hands at least three times a day.

Recommendations include:

- Ebola transmission awareness is still not effective enough, and there needs to be a greater focus on community-level response measures, including more structured peer education, community sensitisation and contact tracing and surveillance. Both young people and community leaders suggested community health volunteers need to be trained to provide support to the Ebola taskforce to move sick people and carry out burials. West Point commissioner Miata Flowers said: *“There is a need for more training of young people to be able to join the fight against the Ebola virus.”* The Red Cross worker said young people had been helping to spread awareness about Ebola in the community and to trace individuals who had come into contact with people infected by the virus. These efforts need to be stepped up significantly.
- Health centres must receive basic medical supplies and equipment to treat common illnesses. Health workers need to be trained on handling people during the Ebola emergencies. Initial testing facilities need to be provided to each health centre so that people can be tested for initial symptoms of Ebola before seeking medical attention. This will help to reduce the fear among health workers. One young woman said during a discussion group: *“We need health services, good doctors and nurses, drugs, care and good medical supplies.”*

### Livelihoods

The rapid assessment highlights a growing livelihoods and food security crisis in the slums in Monrovia. Livelihoods have been severely disrupted due to the quarantine, the lack of access to markets, the movement restrictions and the general fear in communities, which has led to a reduction in spending. Food consumption has dropped significantly and families are now eating one meal per day.

Recommendations to addressing this emerging crisis include:

- Providing immediate support to petty traders and other micro-entrepreneurs to re-start their business, though micro-grants, loans and other capital support
- Providing cash-for-work and/or food-for-work schemes for young people and their families who have seen the greatest reduction in their food consumption

- Provide food directly to vulnerable households where family members are unable to work (for example carers looking after ill relatives)

## **Water and Sanitation**

Challenges in providing adequate water and sanitation facilities contribute greatly to the sicknesses experienced by young people in the community. 88% of respondents indicated that their source of water is opened wells and hand pumps. Because of the nearby ocean and the polluted river, by which many makeshift latrines are built, even the hand pumps are not safe for drinking.

Recommendations include:

- Greater investment immediately in WASH infrastructure in slum communities
- Community task forces should be established to tackle the problem of open defecation. The Community Led Total Sanitation approach is one such approach that should be introduced and piloted in communities to effect long term behaviour change.

## **YMCA's capacity to respond to the emergency**

The YMCA of Liberia has a high profile in providing emergency response programs to young people and communities. During the recent civil war in Liberia, the YMCA led emergency interventions ranging from the provision of feeding, literacy and recreational programs for more than 5,000 children at eight centres. It also provided temporary shelters for displaced people and refugees, psychosocial services to women and children, and organised food distribution and school feeding.

The organisation has this profile nationally and is recognised for the wide-range of services it has provided to the nation over the decades. Though the YMCA is generally known as a youth development institution, its programs are dynamic and respond to the needs of the communities it serves. About 60% of current YMCA staff have worked on previous emergency programs described above, while others moved on to other bigger organisations that work mainly in emergency situations.

YMCA has a presence in the township of West Point. Through its Slums Project, peer educators and youth advocates are actively playing their respective roles in the community. The Community Steering Group is also involved and has hailed the YMCA for being one of the first NGOs to involve local people at that level of its project implementation. Stakeholders such as the Monrovia City Corporation, the National Housing Authority, the Environmental Protection Agency, WASH and the Ministry of Internal Affairs have attested to the scale of work of the YMCA in West Point.

On a broader level, the YMCA is currently active in six of the 15 counties of Liberia (where more than two thirds of the country's population is based) and is a key player in youth development, livelihood provision, health, peace-building and other community development programs.



## Annex 1: Methodology

Before fieldwork began, Liberia YMCA conducted a training workshop for 10 YMCA staff (six male, four female) and six volunteers (four males and two females) on 4 September 2013. The volunteers were all recruited from the West Point Township. Most of the staff involved have had previous experience in conducting needs assessments and some of the volunteers had participated in previous exercises.

The training provided some practical information related to the current exercise. A schedule for the entire exercise was also developed and shared during the workshop. Data was collected by YMCA staff and the team of youth volunteers, with guidance and technical support from the Development/Program Secretary.

The tools utilised for the needs assessment were as follows:

- Questionnaire (conducted with 50 young people)
- Focus group discussion guides (discussions conducted with 50 young people – 40 from West Point and 10 from the Clara Town slum)
- Semi-structured interview guide (interviews conducted with four local leaders and a CSG member)

A total of 100 young people, including 50 young women and 50 young men, were consulted during the needs assessment process, as follows:

Tool	Young men consulted	Young women consulted	Total consulted
Questionnaire	25	25	50
West Point focus groups	20	20	40
Clara Town focus groups	5	5	10
<b>total</b>	<b>50</b>	<b>50</b>	<b>100</b>

In addition, semi-structured interviews were held with 4 local leaders, including the township's commissioner, a local health official, and representatives from NGOs/CBOs in operating in West Point.

## Challenges

The data collection was conducted successfully with minor delays during the focus group discussions. The community and nation's focus on the current Ebola crises made it difficult to get people who would consent to respond to the questionnaire or participate in the focus group discussion. Relevant city authorities and policy makers at a national level could not be reached.

## Demographic information

Of the 100 young people consulted, 50 participated as respondents to the questionnaires, while another 50 participated in the focus group discussions. 50 of the respondents were males, while the remaining 50 were females. 32% of respondents to the questionnaires fell between the ages of 25-29 years, 30% fell between the ages of 30-34 years, 10% were between 21-24 years old and another 10% were above 35 years. Only 2% were between 15-17 years.

The survey revealed that 50% of respondents were single/independent, while 32% were living with unmarried partner. Only 14% of respondents were married while 2% were widows and another 2% were divorced. In terms of education, 56% of respondents had dropped out of school at secondary level, while 18% had never been to school. 12% dropped out of school at the primary level. Only 14% of respondents had completed school and began post-high school education. None of the respondents had any technical or vocational training.

The most common household size of respondents was between 4-6 members, with 40% of respondents' household size between 4-6. 26% were between 7-10 and 24% had a household size of more than 10 people. Only 10% of respondents lived in households with less than three people.

The study further revealed that an average of 84% of people in households were dependents. About 38% of respondents were the main breadwinners, while 22% of respondents were the main caregivers of their households. 12% of respondents were dependent on someone else, while another 12% provided some other form of contributions (household tasks). Only 16% provided financial contribution to the household. The average household income for all respondents to the questionnaires is US\$2.00 per day.



**For more on YCI's response to the Ebola outbreak, or to donate to our appeal, please visit our website: [www.ycareinternational.org](http://www.ycareinternational.org)**

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