



Understanding the Barriers to
Young People's Access to Sexual
Reproductive Health Services in
Sierra Leone

A Youth-led Research Study

Summary of Findings

August 2012

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DEVELOPMENT**

Foreword

Many important strides have been taken by the government and its partners in recent years to increase the availability and quality of maternal and child health services and sexual reproductive health services including family planning. Most recently the Free Health Care Initiative has greatly improved the accessibility of health service to all qualifying patients including young pregnant and lactating mothers. As a consequence, since the end of the civil conflict we have seen a steady rise in demand for services and a significant reduction in maternal, neonatal and infant death rates.

However, the sexual and reproductive health of young Sierra Leoneans continues to be an area of grave concern. Too many young people are engaging in high risk sexual behaviour exposing them to high rates of teenage pregnancy and an elevated HIV infection rate among other risks. Despite their greater sexual and reproductive health needs and despite the increasing availability and quality of services, young people are not accessing clinical services in line with anticipated demand.

The reasons for this have never been examined in detail. It is for this reason that the Ministry of Health warmly welcomes this study from Restless Development which seeks to understand more about the barriers which prevent young people accessing the sexual and reproductive health services they require. This information is very valuable for the Ministry of Health and other organisations seeking to address the burgeoning issue of youth sexual and reproductive health. We thank Restless Development for their timely and useful contribution to the evidence base.

Dr Sarian Kamara

Head of Reproductive Health, Ministry of Health and Sanitation



Glossary

ANC	Ante-Natal Care
FP	Family Planning
DFID	Department for International Development (UK)
HIV/AIDS	Human Immuno-deficiency Virus/Aquired Immune Deficiency Syndrome
MCH	Maternal and Child Health
MOHS	Ministry of Health and Sanitation
NGO	Non-Governmental Organisation
PHU	Peripheral Health Unit
PNC	Post-Natal Care
SBA	Skilled Birth Attendant
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
VCT	Voluntary Counselling and Testing

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Introduction

A high proportion of young men and women in Sierra Leone engage in risky sexual practices exposing them to unwanted pregnancies and sexual transmitted infections (STIs) including HIV/AIDs. The average age of first intercourse in Sierra Leone is 14 years and 41% of girls have their first pregnancy between the ages of 12 and 14.¹ As the Government of Sierra Leone and its partners step up their efforts to increase the coverage and quality of sexual and reproductive health (SRH) services, the uptake of these services by young people is not keeping pace with anticipated demand.

This youth-led study, funded by the UK Department for International Development (DFID), seeks to shed light on the barriers which prevent young people from accessing essential SRH and maternal and child health (MCH) services. The first study of its kind, this research was designed and undertaken by young Sierra Leoneans, and gives them a rare opportunity to share the complex and multi-faceted barriers that they uncovered that prevent their peers from accessing essential SRH and MCH services.

Undertaken by young people themselves, this unique study is essential reading for policy makers and programme designers seeking to improve the sexual and reproductive health of young Sierra Leoneans.

Restless Development wishes to thank everyone who helped produce this research, particularly our young, dynamic leaders who led the research team. We hope that this report will encourage greater use of young people in defining and addressing the issues that face them and in finding appropriate solutions to those problems.

Cathrin Daniel, Country Director, Restless Development Sierra Leone

¹ *A Glimpse into the world of teenage pregnancy in Sierra Leone*, UNICEF Sierra Leone, June 2010



Methodology

Aligning to Restless Development's goal to empower young people to lead change and development, this study employed an innovative youth-led approach. 19 young people were trained and empowered to act as co-researchers, co-designers and co-analysts. Not only did this methodology provide the young researchers with valuable skills and experience, it also allowed them to generate a depth of understanding with the interviewees which would have been far harder to obtain with non-peer researchers. This significantly enriched the quality of the data collected.

Three core research tools were used:

- A Quantitative Questionnaire, collecting data from 600 young people aged 12-28 years including 200 pregnant and lactating girls (100 of each);
- 18 Focus Group Discussions covering a total of 144 young people across 6 communities, including 36 pregnant and lactating girls;
- 30 Key Informant Interviews with Community Health Officers, school principals and traditional leaders across 10 communities

The research covered 20 communities in 10 districts across four regions. In 10 of the communities, Restless Development has had an intervention running for at least a year. In the other 10 communities, Restless Development has not had any intervention.

The data was processed by the 19 researchers using the Epi Data programme. The quantitative dataset was then exported in to the SPSS programme for data analysis with the support of an evaluations consultant. The draft findings were then shared in a multi-stakeholder validation workshop.



Key Findings



Barriers Preventing Young People's Access to SRH/MCH services

The following barriers to accessing family planning, sexual and reproductive health and maternal and child health services were identified through the research.

1. Knowledge, beliefs and sexual reproductive health behaviour of young people

1.1 Knowledge of contraception, STI symptoms and treatment

On the whole, most young people surveyed have some general knowledge about contraception, STI transmission and symptoms and about HIV/AIDS, which indicates that SRH education interventions are succeeding in raising awareness of these issues. However, this knowledge is superficial and does not consistently translate into behaviour change that leads to young people adopting positive health-seeking sexual and reproductive behaviour. This indicates that though levels of knowledge and awareness can and should be increased, this is not the main barrier to young people accessing SRH and FP services.

Knowledge of methods of contraception

- 88.6% of the young people surveyed had heard of modern methods of contraception . On average, young people could name 2.36 out of 4 of the most common modern methods of contraception.
- 49.6% of in school youth surveyed named abstinence as an effective method for preventing pregnancy compared to just 31.8% of out of school youth.

Knowledge of HIV/AIDS transmission and STIs

- 95.5% of young people surveyed have heard of HIV/AIDs, 82.7% of young people have heard of STIs other than HIV.
- On average, young people could name 1.85 out of a list 7 common symptoms of STIs.

Contraceptive use

- Only 31.4% of young people surveyed who are sexually active (both married and single) used contraception the last time they had sex. Of the single, sexually active young people surveyed only 41.4% used contraception.
- For both married and single young people, a greater proportion of those in school used contraception compared to 49.4% compared to 29.6% of out-of-school youth.
- 89.5% of young men who used contraception at last sex used a condom compared to just 33.3% of women. Women were more likely to use the contraceptive pill (36.7% of those using contraception) or contraceptive injections (25%).

1.2 Limited access to information

Young people have limited means of obtaining information, especially those young people not in school.

- Over 57% of young people had received some SRH education in schools.
- 36.4% of young people had heard of advocacy events around FP/SRH and only 27.4% of young people had heard of decision-making meetings on FP/SRH.

1.3 Misconceptions, fear and myths

Fear, caused by the pervasiveness of misconceptions and myths (eg. that contraception causes infertility) but also by reported side-effects acts as a barrier to young people voluntarily accessing SRH and FP services

- Respondents could name an average of 2.03 of 5 possible effective methods for preventing pregnancy.
- 40.5% could not name a single *ineffective* method of contraception (i.e. identify a common myth).

In a community in Dama chiefdom, Kenema District a young girl died shortly after having a contraceptive implant fitted. This had happened a year before the researchers carried out their study and yet girls in the community were still discouraged from undergoing the same procedure and the common understanding was that she had died as a result of the implant.

1.4 Feelings of shame, fear of disapproval, stigmatisation or judgement by family and community members and clinic staff

Young people are ashamed to seek access to contraception, particularly due to the issue of lack of confidentiality, which came up repeatedly among focus group discussion (FGD) participants. Indeed, this was a general issue cutting across all types of SRH services – young people don't trust health workers not to share their secrets, and, in particular in relation to contraception, are worried their parents will find out that they are sexually active.

1.5 Other factors

Other factors highlighted in the FGDs and by Key Informant interviews were the issue of negative peer influence, influence of Western culture (including a focus on child rights and introduction of pornographic films) was often cited by adults as being a cause of young people's poor sexual health-seeking behaviour. Young people themselves identified issues such as 'lack of satisfaction' (boys) during sex when using a condom and the sexual exploitation of young people by figures of authority such as teachers.

2. Community, social and parental attitudes, norms, behaviours and beliefs

Young people's behaviours are strongly affected by the attitudes, norms and beliefs of the adults who have power and authority over them. Young people often lack the autonomy and life skills of adults to make informed decisions about their own sexual and reproductive health and adopt behaviours that are endorsed by society, either explicitly or implicitly.

2.1 Strong traditional and cultural beliefs

Reliance on traditional structures and support for young women within rural communities acts as a barrier to young people accessing modern forms of SRH/FP and MCH. This includes the high regard for TBAs and reliance on traditional forms of contraception.

"If a father doesn't believe, his child also won't believe except in some cases where the children have higher education levels than their parents." School principal

2.2 Parental neglect, abuse and complicity in the sexual exploitation of children and young people

Many key informants pointed to parental and community tolerance for transactional sex and abuse of children and young people by figures of authority. The research found a stark distinction between the views of adults and that of the young people themselves, with many adults blaming the young people for leading materialistic lives and falling pregnant in order to 'keep up with their peers' while young people talked of living in a community where parents turn a blind eye to transactional sex and where older men in particular exploit the poverty and ignorance of young women and girls, creating a culture where abuse is accepted until the young girl falls pregnant and then is ostracized and marginalised for her transgression.

3.3. The quality and accessibility of health services

3.1 Health worker attitudes towards young people

Awareness and use of MCH services was high, indicating that the Free Health Care Initiative is having an impact on the health seeking behaviour of young mothers, but many barriers still remain, including the attitude of health workers delivering the services. For FP and STI testing and treatment, the quality of the service is a greater determiner in whether young people will access the services. Young people are ashamed to seek access to contraception, particularly due to the issue of lack of confidentiality, which came up repeatedly among FGD participants. Indeed, this was a general issue cutting across all types of SRH services – young people don't trust health workers not to share their secrets, and, in particular in relation to contraception, are worried their parents will find out that they are sexually active.

"There is a need to strengthen relationships between young people and health personnel – to create a forum.....health personnel need to go round all rural communities too, not just big towns." School Principal, Robot

3.2 Limited opportunities for young people to advocate for their rights

Young people are excluded from decision-making fora and have few opportunities to advocate for their sexual and reproductive health rights. As a result, community priorities, attitudes and beliefs act as a barrier to young people being able to lead healthy sexual and reproductive lives. This has a huge impact on the lives of young people, especially young girls, who are often marginalised even further once they fall pregnant at a young age or out of wedlock with often devastating results on their health and that of their children.

- 54.1% of young people had been invited to attend a decision-making forum on SRH (such as a by-law or planning meeting) and of those who attended, a third participated partly or to a limited extent.

3.3 Illegal charging for services

Health services are not addressing the needs of young people as many young people are being charged illegally for access to contraception and other SRH/MCH services. Young people are vulnerable to these charges as they are not sufficiently aware of their rights or lack the skills and confidence to report illegal charging. Evidence from the FGDs show that most young people are unaware that FP and SRH services are supposed to be free at government hospitals and clinics.

4. Poverty and lack of economic opportunity

4.1 Inability to afford travel to clinic or user fees.

Many young people cited distance to health services and the cost as barriers to accessing FP and SRH services. Even travelling short distances is regarded as a barrier, especially when compounded with young people's lack of financial independence and the attitudes of health workers.

4.2 Economic pressure for young people (especially girls) to engage in transactional sex

Poverty was identified as a key determiner in whether young people are able to take positive steps to protect themselves against unwanted pregnancy and STIs. A lack of aspiration is also linked to poor educational attainment, with starting a family being one way for young women to find their place in society and ensure that they will be cared for in their old age.

"Poverty is one of the key factors in this community. Parents cannot provide basic needs for their children, especially the girls. Many of the girls champion their own problems for themselves and go in for men that can help them out." Traditional leader, Dogoloya



Conclusions and Recommendations



Conclusions

This study has revealed that there is a multiplicity of barriers preventing young people from accessing SRH/FP/STI services. These barriers involve both supply and demand factors and relate as much to knowledge and behaviour of young people, communities and service providers as to structural factors such as infrastructure, service coverage and poverty.

Some key observations that can be distilled from the findings are:

- **Lack of detailed knowledge of SRH issues and risks:** A majority of young people have a basic knowledge of FP, HIV/AIDS and STIs but only a few have in-depth, detailed knowledge. This raises questions about the quality of information being disseminated and/or the effectiveness of the dissemination methods.
- **Pervasiveness of misconceptions and myths:** There are many pervasive misconceptions and myths around FP, HIV/AIDS and STIs that seem to have a strong influence on young people's thinking, often taking prominence over knowledge gained from school or NGO outreach programmes. This suggests the need to strengthen key messaging and engage in more 'myth-busting' education.
- **Strength of traditional and cultural beliefs:** Traditional and cultural beliefs are also very influential and similarly often appear to take prominence over knowledge gained from school or through NGO outreach and education activities. As above, key messaging and 'myth-busting' are important but also education of parents and community members who may play a key role in perpetuating the traditional or cultural beliefs that put young people at risk.
- **High awareness of clinical services, low awareness of advocacy groups:** The majority of young people are aware of the clinical services that are on offer, especially MCH services. However, there appears to be very low awareness of advocacy groups and the services they offer. This suggests such groups need to step up their visibility and outreach.
- **Imbalance in knowledge between in-school and out-of-school youth:** Schools are important venues for the dissemination of SRH/FP/MCH information and in-school youth demonstrate consistently better knowledge in relation to SRH than out of school youth. This suggests that more needs to be done to outreach in effective ways to young people who are not in schools.
- **More responsible behaviour among youth in school:** Not only do young people in schools demonstrate higher knowledge of SRH than out of school youth, they also consistently demonstrate more responsible behaviour with regard to their health choices. As before, this implies the need to outreach more effectively to out of school youth, perhaps making greater use of exemplary in-school youth as role models to their out of school counterparts.

"A good number of young people deny that HIV is real. Do they understand how it is transmitted? No!"

Traditional leader, Gbodrape

Conclusions

- **Differences in male and female behaviour:** In most cases young men appear to demonstrate more responsible behaviour than young women (higher rates of condom usage, abstinence and treatment for STIs). This may be because young men have more autonomy and agency when it comes to health choices while young women often lack negotiating power. These issues can be addressed by interventions such as incorporating life skills (including assertiveness, decision-making, avoidance of peer pressure) into SRH education especially among girls; implementing programmes which empower girls and increase their autonomy; and sensitising both boys and girls (and the wider community) on gender inequality issues.
- **High usage of MCH, lower usage of FP or STI treatment services:** Young people appear to be accessing MCH services to a high level. While FP and other SRH services (eg. VCT or STI treatment) are used far less frequently by young people. This may be because illegal charging is more common with respect to FP services than the MCH services where the Free Healthcare Initiative has removed all user fees for eligible patients. It may also be that there is more stigma, and hence embarrassment/shyness/fear, surrounding STI treatment and FP needs than around pregnancy, which for some but by no means all young women may have a certain prestige.
- **Varied engagement in decision-making events:** Young people demonstrate a keen interest to participate in decision-making events such as by-law meetings, planning meetings and community court events. The key barrier however seems to be lack of communication and awareness-raising around those events. This implies that young people are not apathetic or passive when it comes to the SRH issues that affect them, but rather that the barrier lies more with the authorities who are failing to engage young people in key decision-making processes.
- **Effectiveness of awareness-raising interventions:** The survey results reveal consistently higher knowledge levels and more health-seeking behaviour among young people in the communities where Restless Development has been intervening. These findings conform to the findings of the regular monitoring the Restless Development does of its own programmes and suggest that the Restless Development embedded, peer-to-peer non-formal education methodology can bring about positive changes in young people's knowledge and behaviour.
- **Poverty as underlying factor:** A clear conclusion that can be drawn from the study is that poverty and lack of economic opportunity are common denominators underlying many of the barriers to access. Poverty inhibits young people from making the journey to the clinic and paying (often illegal) fees for services. Poverty also lies behind the prevalence of transactional sex which is often condoned or even encouraged by parents/guardians who are struggling to make ends meet. This suggests that livelihoods interventions should be a component of any programme aimed at addressing barriers preventing access to SRH services.

“Young girls think that if they have children at a young age, the children can help them out financially.”

FGD respondent

“There is a need for health personnel to provide a friendly atmosphere for young people—they should stop shouting at them! Instead, they should be open and find solutions to solve their problems”

School principal, Robot

Recommendations

In order to address the multiple intersecting barriers which lie behind the persistence in the unmet needs of young people for MCH and especially SRH services, a holistic approach is required that tackles each layer of barrier in turn. Key recommendations coming out of this study include:

Addressing knowledge/behaviour/attitudes of young people

- **More targeting of out of school youth:** Out of school youth continue to be disadvantaged in terms of the knowledge and outreach they receive. Efforts should be stepped up to address the needs of out of school youth, providing them with flexible opportunities for sensitisation/education and access to services that fit around their working life and other commitments.
- **Alignment of key message and more investment in ‘myth-busting’:** The pervasiveness of misconceptions/myths and the strength of cultural/traditional beliefs both have a strong influence of young people’s decision-making with regard to their sexual health. To address these, the Ministry of Health (MOHS) should lead intervening agencies in the alignment of key SRH messages. Messaging should also include clear ‘myth-busting’ elements to clarify common misconceptions.
- **Non-formal and multi-media approaches:** Feedback from interviewees suggest that non-formal education (drama, song, dance) are more effective methods to deliver key SRH messages given low levels of literacy. These should be emphasised in education and sensitisation activities. Where possible these should be supplemented by multi-media education including video and radio.
- **Emphasising female empowerment:** Young women have less autonomy and negotiating power than their male counterparts and are consequently less likely to use condoms, to abstain from sex, to seek treatment for STIs and to be pressured in to transactional sex. Any intervention to address barriers to access should include female empowerment, life skills and gender sensitivity components to help overcome the societal disadvantages that young women face.
- **Engaging young people in decision-making:** More effort should be made to ensure that young people participate in all meetings that have implications for youth SRH including by-law meetings, community courts and planning meetings. Community leaders should take responsibility to ensure they are invited and involved meaningfully in those discussions.

“Young people should serve as ambassadors in disseminating information on FP/SRH to their peers, and we must get stakeholders to involve these young ambassadors in their decision-making meetings.”

MCH Aide, Yoribana

Recommendations

- **Emphasis on FP/STIs and prevention:** Uptake of family planning and STI treatment services is significantly lower than uptake of MCH services. Sensitisation/education should seek to emphasise the preventative side of SRH and to encourage young people to take responsibility for family planning and responsible SRH.

Addressing community/social/parental attitudes, norms, behaviours and beliefs

- **Transforming parental and community attitudes and behaviour:** The attitude and behaviour of parents and the wider community are critical factors which either inhibit or aid young people's health seeking behaviour. Intergenerational dialogue methods can help to transform parents and community members' attitudes so that they play a more supportive and facilitative role by, for example, shunning myths and damaging cultural practices/beliefs, condemning transactional sex, and encouraging openness in discussions around SRH.
- **Involving the community in decision-making:** A key way to ensure parents and communities are helping to create an enabling environment for youth health seeking behaviour is to involve them in decision-making meetings such as community courts, by-law meetings and other planning meetings.

The Government needs to drop the system of child rights and let parents discipline their children as they wish – they are living with them, they know their weak points and will help them on their way forward as the leaders of tomorrow.”

Traditional leader, Gbodrape

“The government needs to provide resting centres in chiefdoms where pregnant/lactating mothers can easily access MCH services. They need to provide accommodation and feeding as well as these women are poor“

Traditional leader , Sembehun Kokofela

Addressing the coverage and delivery of services

- **Penalties for illegal charging:** Illegal charging for services is a major barrier to access for young people. To curb this practice the MOHS should increase monitoring and feedback systems to identify offending clinics/health workers and introduce penalties for those who charge illegal fees.
- **Increase health worker training especially in relation to confidentiality:** Health worker attitudes particularly in relation to patient confidentiality and stigmatisation continue to present a barrier to young people's access of health services. Youth friendly service provision and patient confidentiality should form part of pre-service training for all health workers and should also be addressed as an in-service training module.

Recommendations

- **Increase coverage and introduce youth friendly spaces:** Coverage of SRH/MCH services is not comprehensive and distance to travel is a barrier faced by young people living in poorly served areas. The MOHS and other providers should step up efforts to ensure greater coverage. In addition, youth friendly spaces (such as Restless Development's Youth Friendly Resource Centres) should be provided for young people to receive counselling and information in a confidential and welcoming environment.
- **Strengthen advocacy groups:** Advocacy groups have a potentially important role to play in sensitising and educating young people and the wider community on SRH issues and linking young people to clinical services as well as advocating to the authorities regarding the quality of service provision. However evidence from this survey suggests that these activities are not well known or well accessed. Advocacy groups should therefore step up efforts to extend their services and conduct outreach and education to a wider audience.

"There are poor relationships between health workers and clients – nurses are impatient and demanding."

CHO interviewed

- **Increase outreach activities of clinics:** Peripheral Health Units (PHUs) should dedicate more time to outreaching to members of the community who are at risk of not accessing services.
- **Stronger enforcement of by-laws on TBAs:** Some chiefdoms have introduced by-laws to restrict the practice of TBAs but in some cases they are not being enforced. There needs to be more effort to curb the practice of TBAs and, wherever possible, to re-train and equip TBAs to become SBAs in their communities.

Addressing poverty and lack of economic opportunity

- **Livelihoods interventions at all levels especially young women:** Poverty is a root cause of many of the barriers that prevent young people from accessing SRH/MCH services. Livelihoods interventions should ideally be incorporated in to any programme seeking to target barriers to access. Young females, or families with girl children, should be a primary target to increase the possibility of schooling for girl children and reduce the attraction of transactional sex as a means of generating income or goods.
- **Incentives to stay in school :** Evidence from around the world suggests that the longer that girls stay in schools, the later they start a family and the better the health and education outcomes for their children. More effort needs to be made to prevent girls from dropping out of school early and become vulnerable to early pregnancy and/or high risk sexual behaviour. Programmes which offer livelihoods incentives to enable girls to stay in school should also be considered as part of an SRH programme.

About Restless Development

Restless Development is Sierra Leone's foremost youth-led development agency. It began working in Sierra Leone in 2005 at the invitation of the then Ministry of Education, Youth and Sports. Its programmes focus on improving young people's sexual and reproductive health and creating opportunities for enhanced youth livelihoods and active and meaningful civic participation. Today Restless Development works in every district of the country empowering young people to address the most urgent issues facing their communities and wider society. In the seven years it has been working in Sierra Leone Restless Development has built a far-reaching reputation for programmatic excellence and tangible impact.

Restless Development take five approaches to achieving its goals:

- **Direct Delivery** of evidence based grassroots programmes and services to a critical mass of young people
- **Building a Strong Youth Sector** by providing technical support to a critical mass of national youth-led and youth-focused civil society organisations
- **Shaping Policy and Practice** through sustained engagement with strategic partners (government, donors and the private sector) to help them work more effectively with and for young people as part of their core strategies and business models
- **Sharing and Learning** by capturing and disseminating best practice, replicable models and learning from other organisations
- **Generation of Leadership** by linking young leaders to professional experiences and opportunities

Voted Sierra Leone NGO of the year in 2009, Restless Development continue to receive commendations from donors and partners for its ability to deliver effective programmes with lasting impact.



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Many young people in Sierra Leone are engaging in risky sexual behaviour which exposes them to unwanted pregnancies and infection by STIs including HIV. Even when young people have a reasonable knowledge of family planning and HIV/AIDS or STIs, evidence suggests that many are consistently failing to use that knowledge to protect themselves and seek medical treatment and support, even though many of these services are now free.

This study, funded by the UK Department for International Development, seeks to shed light on the barriers which prevent young people from accessing essential sexual reproductive health and maternal and child health services. The first in-depth study of its kind, it tries to understand why unmet needs persist in maternity services and especially family planning despite the increase in the quality and coverage of services.



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