

# COVID19 RESPONSE: COUNTRY KNOWLEDGE EXCHANGE SERIES

Continuity of Maternal, Newborn, and Child  
Health, Family Planning, and Reproductive  
Health Care in the Time of COVID19

---

MOMENTUM Country and Global Leadership

THURSDAY, JUNE 18, 2020



**USAID**  
FROM THE AMERICAN PEOPLE



# Sarah B. Barnes, Moderator

Project Director, Maternal Health Initiative; Women and Gender Advisor,  
Wilson Center



Sarah B. Barnes leads the planning, development, and implementation of seminars, workshops, and conferences at the Wilson Center focusing on maternal, child, and adolescent health, reproductive health, gender, family planning, women's and girls' empowerment and leadership, health systems and the healthcare workforce, infectious and noncommunicable diseases, and health access in post -conflict and humanitarian settings. She conducts research related to women's health and leadership, as well as health security and economic empowerment. As the women and gender advisor, Sarah coordinates the Wilson Center's programmatic focus on women and gender through collaboration with its regional and thematic programs.

[@Wilson\\_MHI](#) [@TheWilsonCenter](#) [@Sarah\\_B\\_Barnes](#) [#USAIDMomentum](#)





## WEBINAR 1

# Strategies for Maternal and Newborn Health, Family Planning, and Reproductive Health

# Kerry Pelzman

Deputy Assistant Administrator, Bureau for Global Health,  
United States Agency for International Development (USAID)



Kerry Pelzman is a Senior Foreign Service Officer with 30 years of experience in public health, two-thirds with USAID. She has served in six USAID missions, covering health, education, and capacity development, including in South Africa, Afghanistan, India, Iraq, the Regional Mission for Central Asia, and Russia. Prior to joining USAID in 1998, Kerry was an international health consultant; worked to implement a family planning program in Togo; managed public health education programs for the New York City Department of Health and served as a U.S. Peace Corps Volunteer in Mauritania.

**@USAIDGH #USAIDMomentum**

# Dr. Tim Robertson

Assistant Scientist, Department of International Health, Institute for International Programs, Johns Hopkins Bloomberg School of Public Health (JHSPH)



Dr. Tim Robertson works as part of the team that maintains the Lives Saved Tool and develops other models to assist program managers more effectively design and evaluate health programs. He has created a series of web tools for nongovernmental organizations to more easily generate evidenced -based monitor and evaluation plans, compile electronic survey questionnaires, and conduct statistical analyses of survey and routine data. At JHSPH, Tim is an instructor for graduate -level courses on large -scale effectiveness evaluation, nongovernmental organizations management, and statistical modeling .

**@JohnsHopkinsSPH    #USAIDMomentum**



## Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries

Download the Lives Saved Tool and support materials at: [LivesSavedTool.org](https://LivesSavedTool.org)



Help files



Training material



User forum



Webinars



# Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study

Timothy Roberton, Emily D Carter, Victoria B Chou, Angela R Stegmuller, Bianca D Jackson, Yvonne Tam, Talata Sawadogo-Lewis, Neff Walker



## Summary

**Background** While the COVID-19 pandemic will increase mortality due to the virus, it is also likely to increase mortality indirectly. In this study, we estimate the additional maternal and under-5 child deaths resulting from the potential disruption of health systems and decreased access to food.

**Methods** We modelled three scenarios in which the coverage of essential maternal and child health interventions is reduced by 9·8–51·9% and the prevalence of wasting is increased by 10–50%. Although our scenarios are hypothetical, we sought to reflect real-world possibilities, given emerging reports of the supply-side and demand-side effects of the pandemic. We used the Lives Saved Tool to estimate the additional maternal and under-5 child deaths under each scenario, in 118 low-income and middle-income countries. We estimated additional deaths for a single month and extrapolated for 3 months, 6 months, and 12 months.

*Lancet Glob Health* 2020

Published **Online**

May 12, 2020

[https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1)

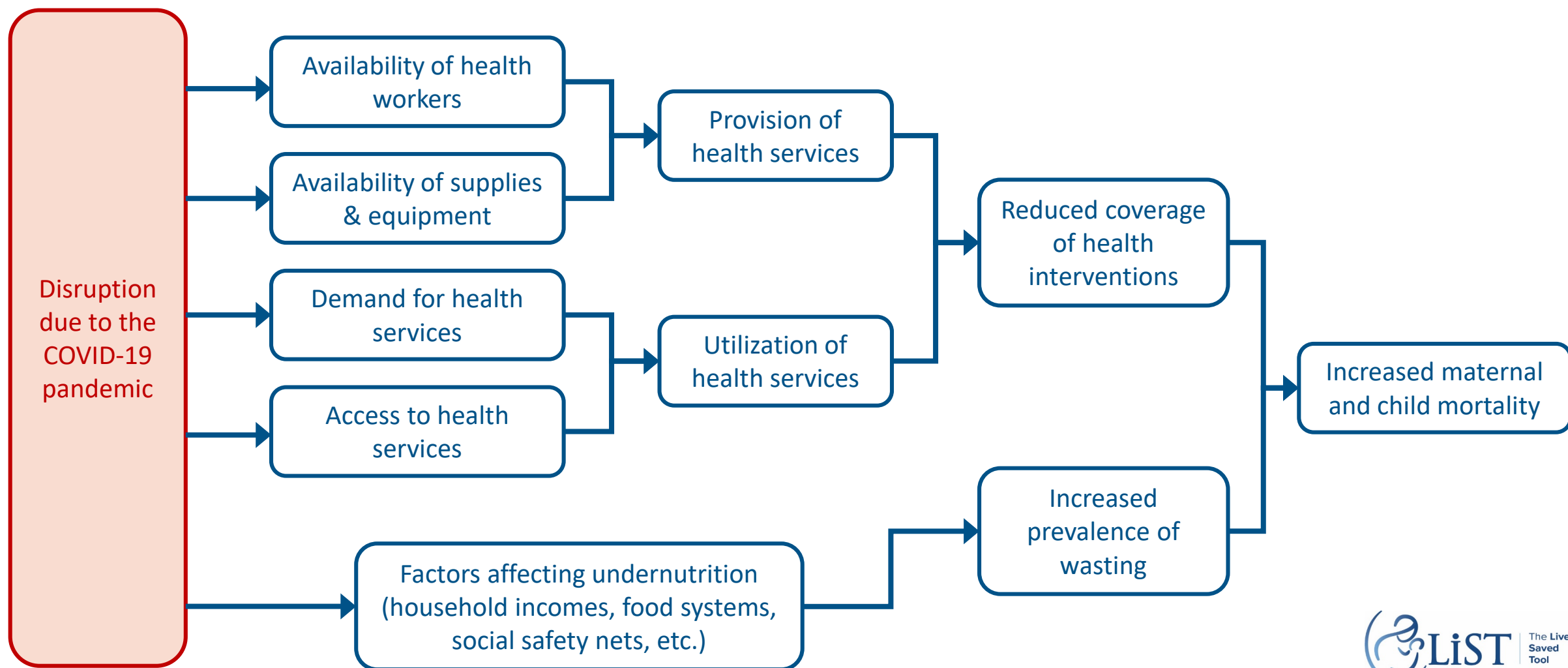
See **Online/Comment**

[https://doi.org/10.1016/S2214-109X\(20\)30238-2](https://doi.org/10.1016/S2214-109X(20)30238-2)

Johns Hopkins Bloomberg  
School of Public Health, Johns  
Hopkins University, Baltimore,

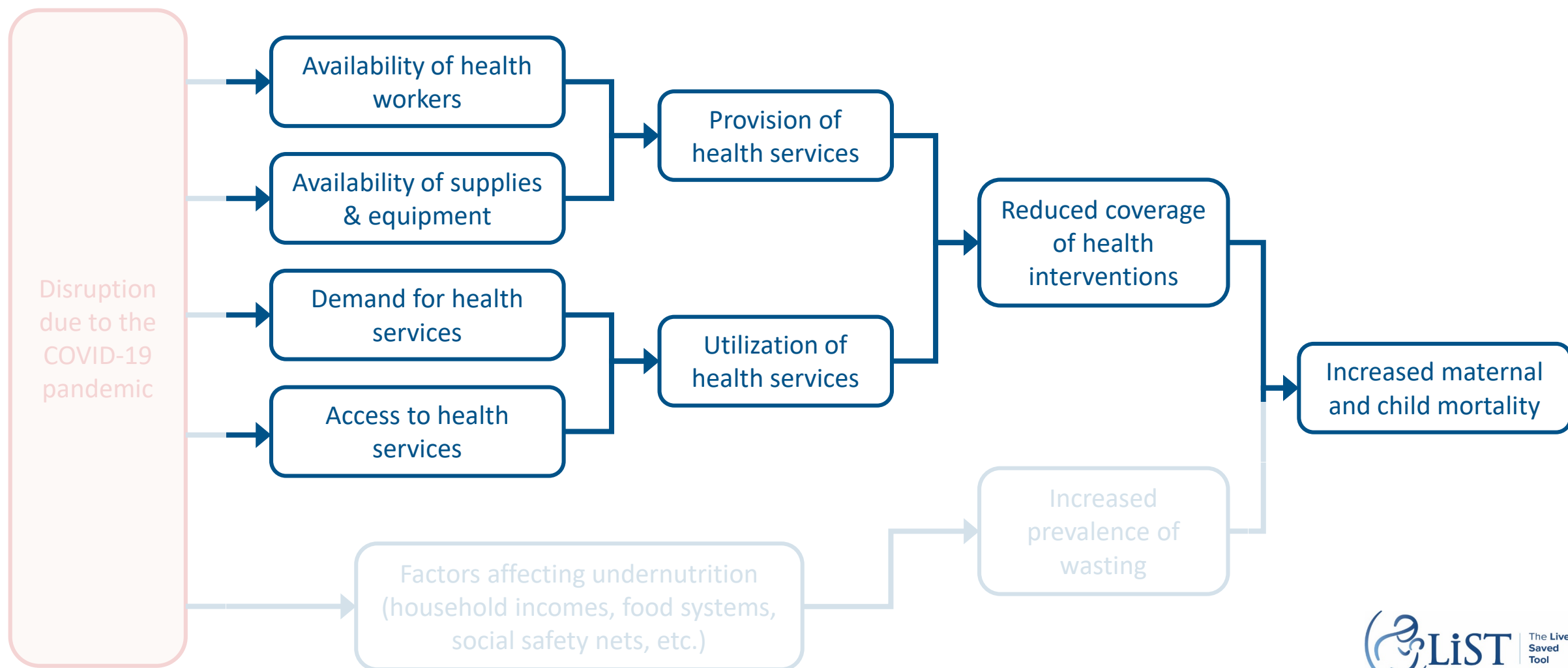


# Framework for indirect effects of the pandemic

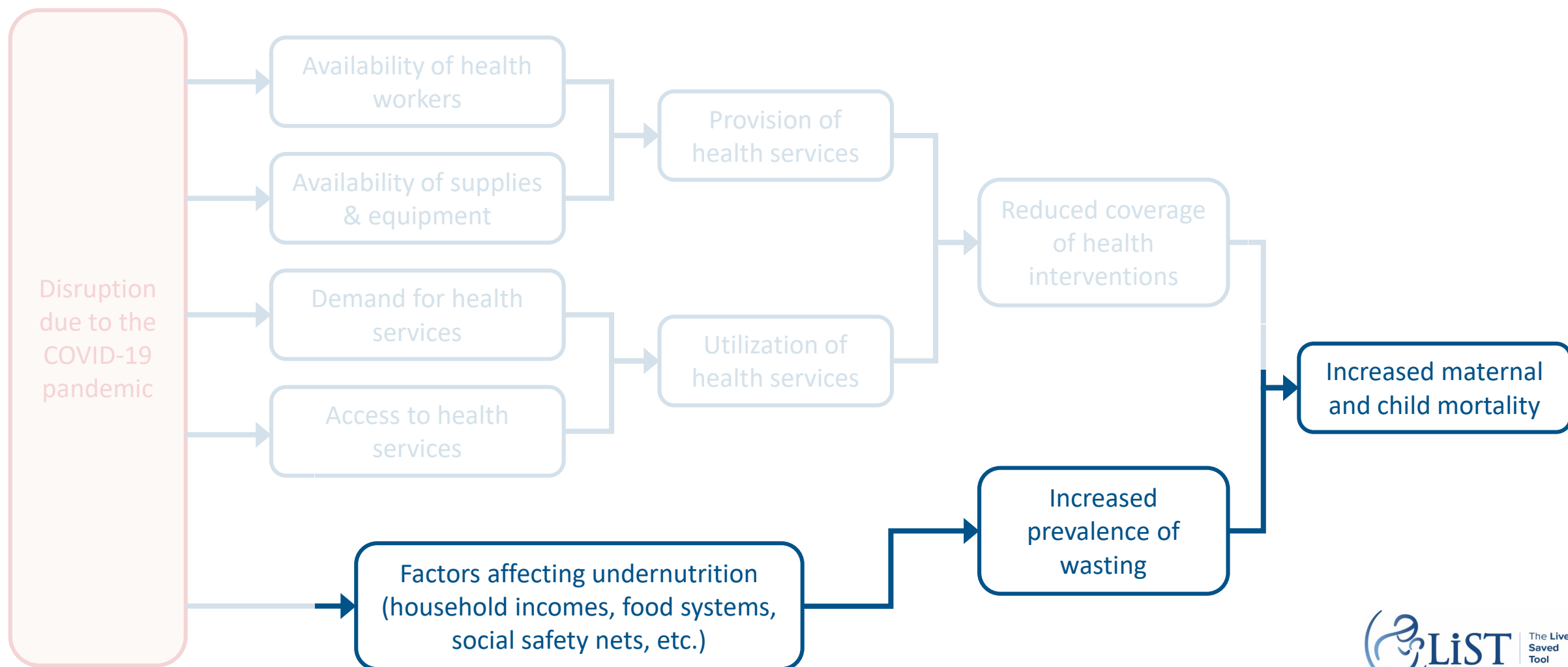




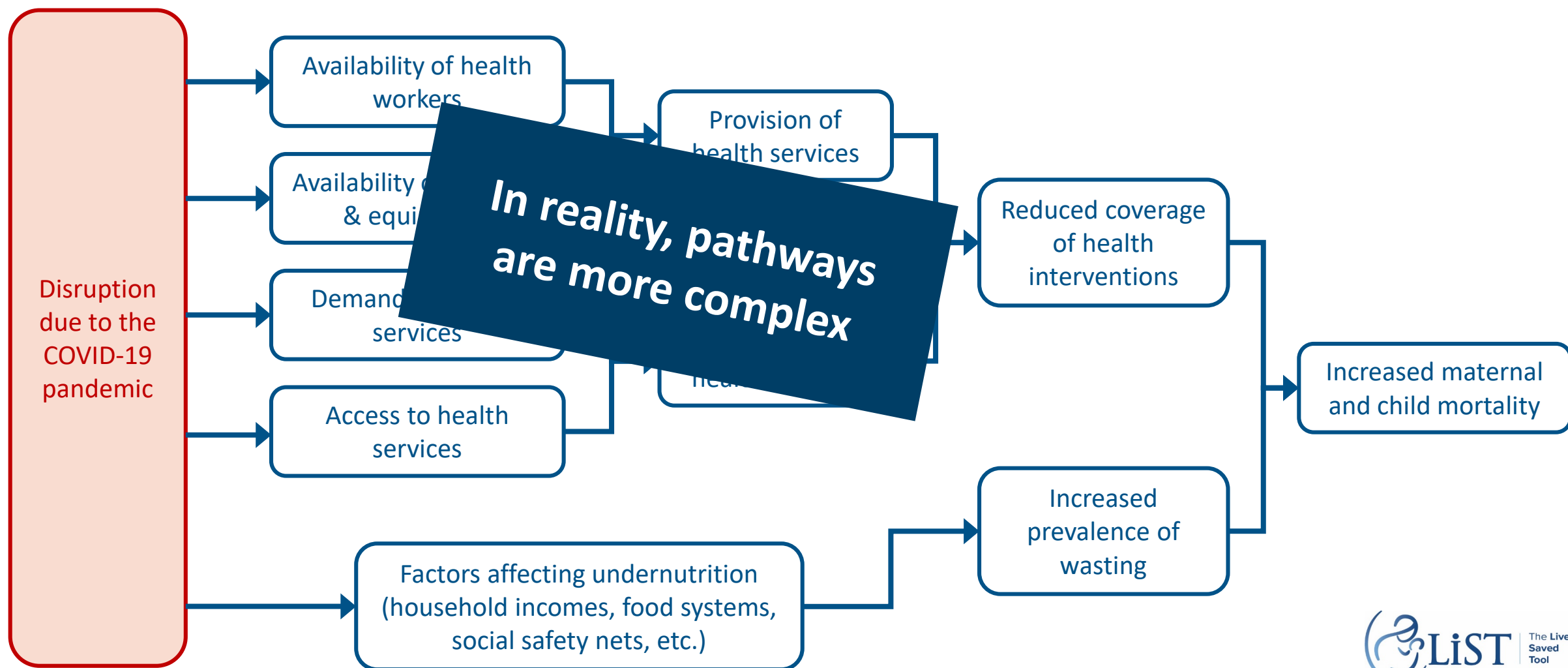
# Framework for indirect effects of the pandemic



# Framework for indirect effects of the pandemic



# Framework for indirect effects of the pandemic



# Scenario 2

	Workforce Reduction	Supplies Reduction	Demand Reduction	Access Reduction	Coverage Reduction
Family planning	Small (5%)	Moderate (10%)	None (0%)	Small (5%)	18.8%
Antenatal Care	Moderate (10%)	Moderate (10%)	Small (5%)	Small (5%)	26.9%
Childbirth Care	Moderate (10%)	Moderate (10%)	None (0%)	Small (5%)	23.1%
Postnatal Care	Moderate (10%)	Moderate (10%)	Small (5%)	Small (5%)	26.9%
Early Child Vaccinations	Moderate (10%)	Moderate (10%)	Small (5%)	Small (5%)	26.9%
Early Child Preventative	Small (5%)	Moderate (10%)	Small (5%)	Small (5%)	22.8%
Early Child Curative	Moderate (10%)	Moderate (10%)	None (0%)	Small (5%)	23.1%

Relative increase in the proportion of children who are wasted      20%



# Coverage reductions for scenarios ~ Ethiopia

	Baseline	Scenario 1	Scenario 2	Scenario 3
Contraceptive prevalence (mCPR)	40.0%	36.1%	32.4%	24.3%
Parenteral administration of anti-convulsants	18.8%	16.1%	14.5%	9.5%
Parenteral administration of antibiotics	19.6%	16.8%	15.1%	9.9%
Parenteral administration of uterotonics	23.4%	20.1%	18.0%	11.8%
Cesarean delivery	2.3%	2.0%	1.8%	1.2%
Oral rehydration solution (ORS)	29.5%	25.3%	22.7%	14.9%
Oral antibiotics for pneumonia	29.4%	25.2%	22.6%	14.9%
Measles vaccine	61.0%	49.7%	44.6%	29.3%

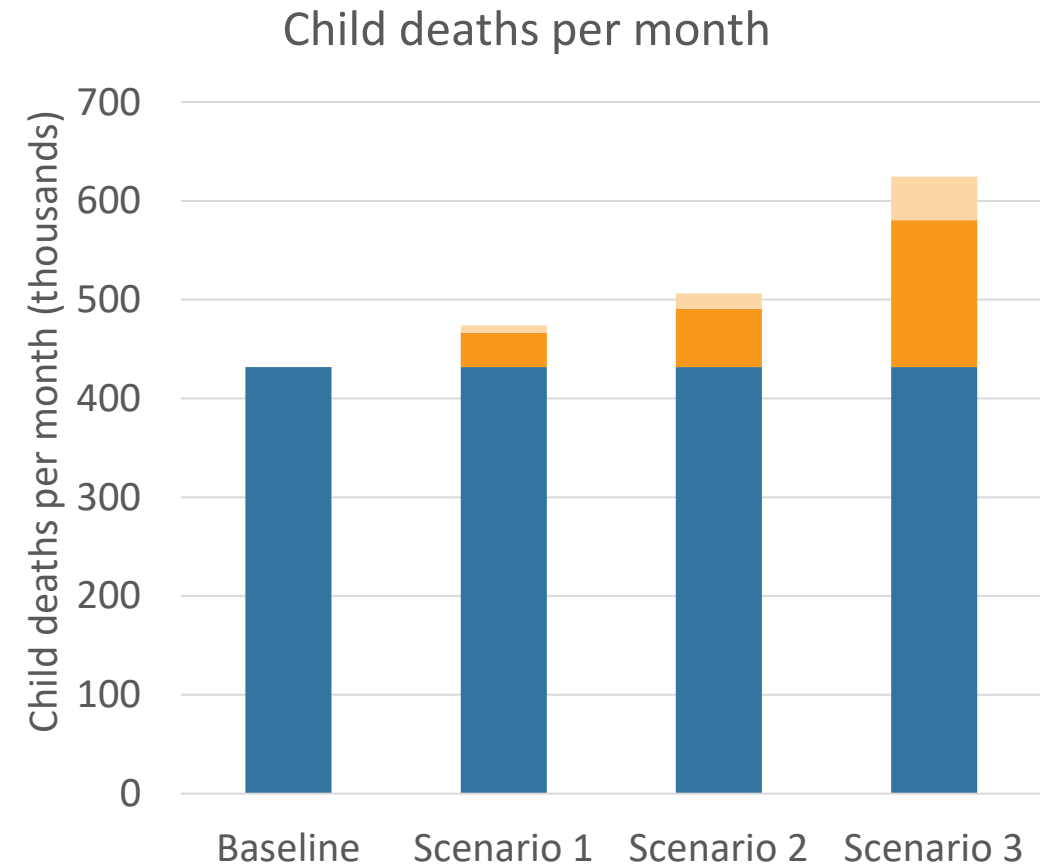
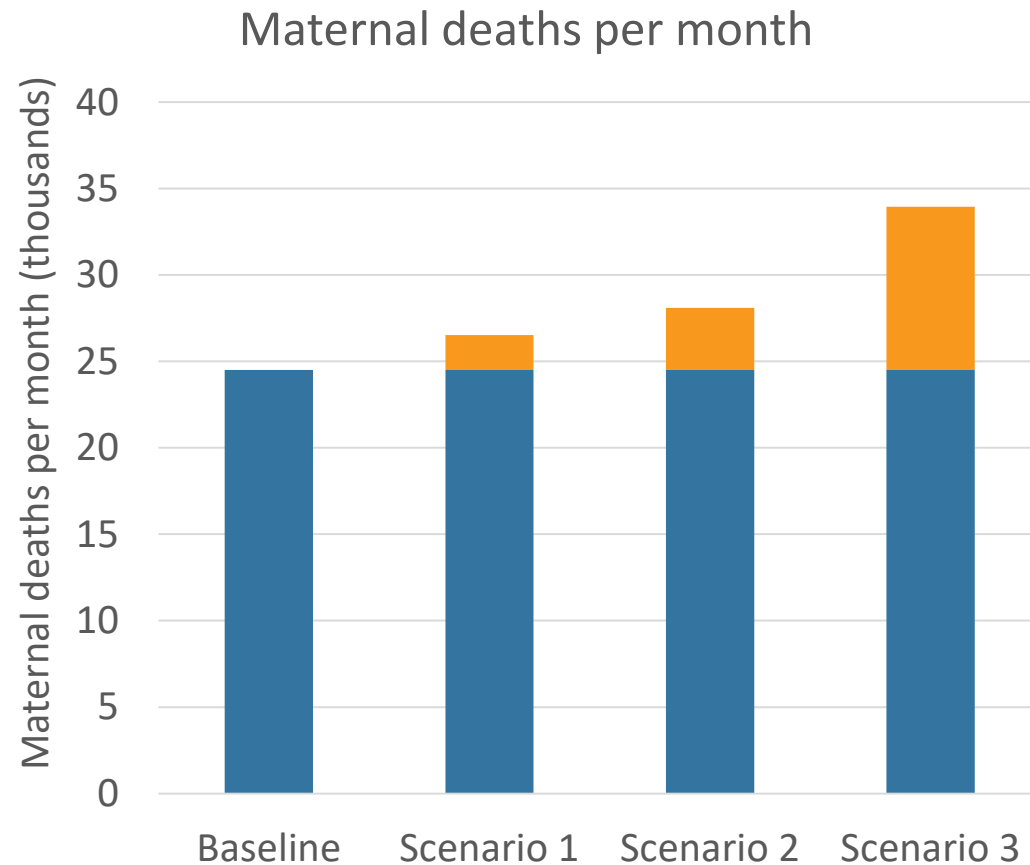
# Coverage reductions for scenarios ~ Tanzania

	Baseline	Scenario 1	Scenario 2	Scenario 3
Contraceptive prevalence (mCPR)	43.8%	39.5%	35.6%	26.6%
Parenteral administration of anti-convulsants	49.9%	42.8%	38.4%	25.3%
Parenteral administration of antibiotics	32.3%	27.6%	24.8%	16.3%
Parenteral administration of uterotonics	57.1%	49.0%	43.9%	28.9%
Cesarean delivery	5.4%	4.6%	4.2%	2.7%
Oral rehydration solution (ORS)	44.8%	38.4%	34.5%	22.7%
Oral antibiotics for pneumonia	55.4%	47.5%	42.6%	28.0%
Measles vaccine	99.0%	80.6%	72.4%	47.6%

# Coverage reductions for scenarios ~ India

	Baseline	Scenario 1	Scenario 2	Scenario 3
Contraceptive prevalence (mCPR)	56.7%	51.1%	46.0%	34.4%
Parenteral administration of anti-convulsants	56.4%	48.4%	43.4%	28.6%
Parenteral administration of antibiotics	59.1%	50.7%	45.5%	29.9%
Parenteral administration of uterotonics	70.5%	60.4%	54.2%	35.7%
Cesarean delivery	6.9%	5.9%	5.3%	3.5%
Oral rehydration solution (ORS)	50.6%	43.4%	38.9%	25.6%
Oral antibiotics for pneumonia	78.1%	67.0%	60.1%	39.5%
Measles vaccine	90.0%	73.3%	65.8%	43.3%

# Maternal and child deaths per month, by scenario



- Baseline
- Additional deaths due to reduction in intervention coverage
- Additional deaths due to increase in wasting



# Additional deaths ~ Ethiopia

	Per month			6 months additional deaths
	Baseline deaths	Additional deaths	Relative increase	
Maternal deaths				
Scenario 1	1,210	48	3.9%	285
Scenario 2	1,210	84	6.9%	501
Scenario 3	1,210	193	15.9%	1,157
Child deaths				
Scenario 1	16,580	1,130	6.8%	6,779
Scenario 2	16,580	1,959	11.8%	11,755
Scenario 3	16,580	4,774	28.8%	28,643

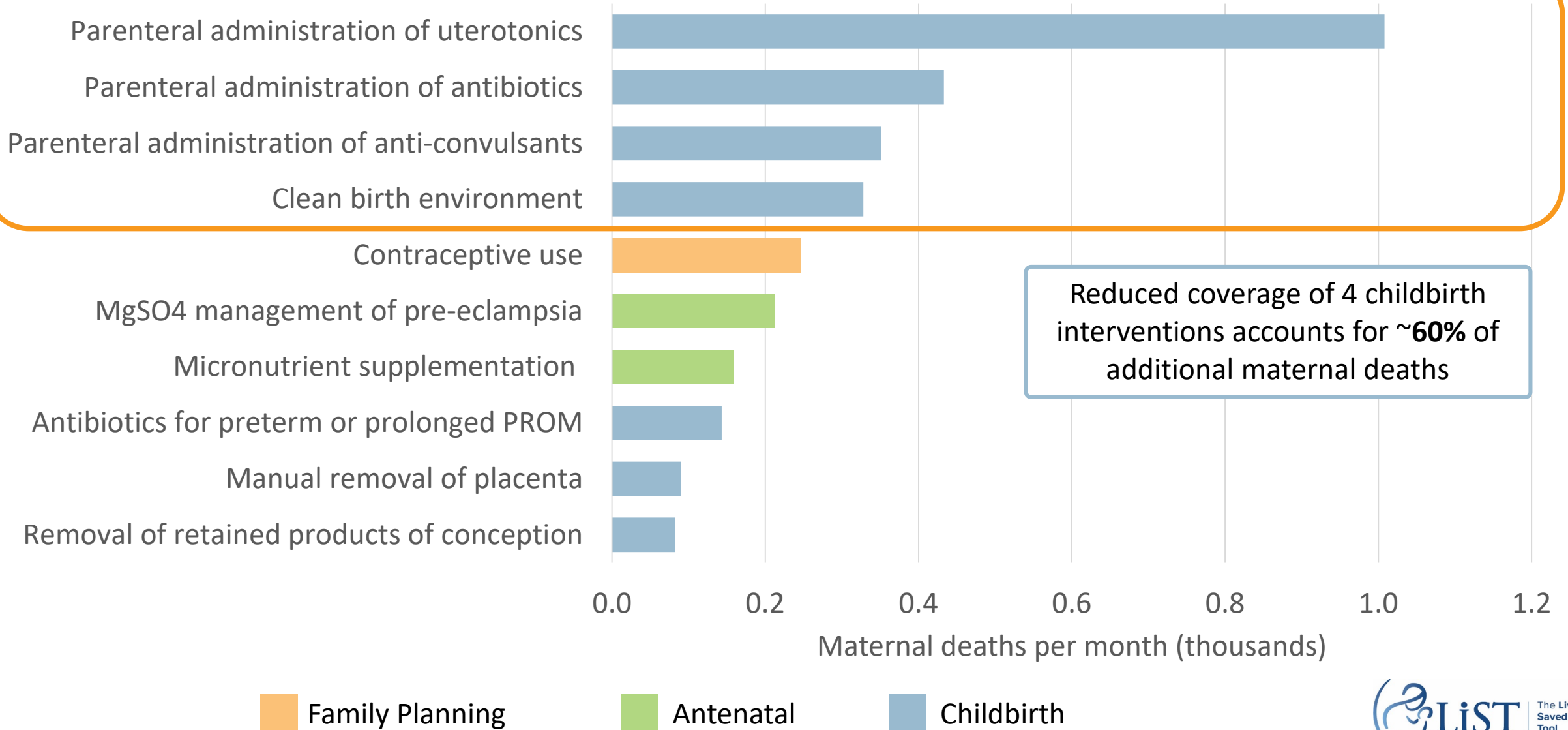
# Additional deaths ~ Tanzania

	Per month			6 months additional deaths
	Baseline deaths	Additional deaths	Relative increase	
Maternal deaths				
Scenario 1	920	74	8.0%	446
Scenario 2	920	129	14.0%	773
Scenario 3	920	329	35.7%	1,972
Child deaths				
Scenario 1	9,170	789	8.6%	4,734
Scenario 2	9,170	1,345	14.7%	8,068
Scenario 3	9,170	3,309	36.1%	19,851

# Additional deaths ~ India

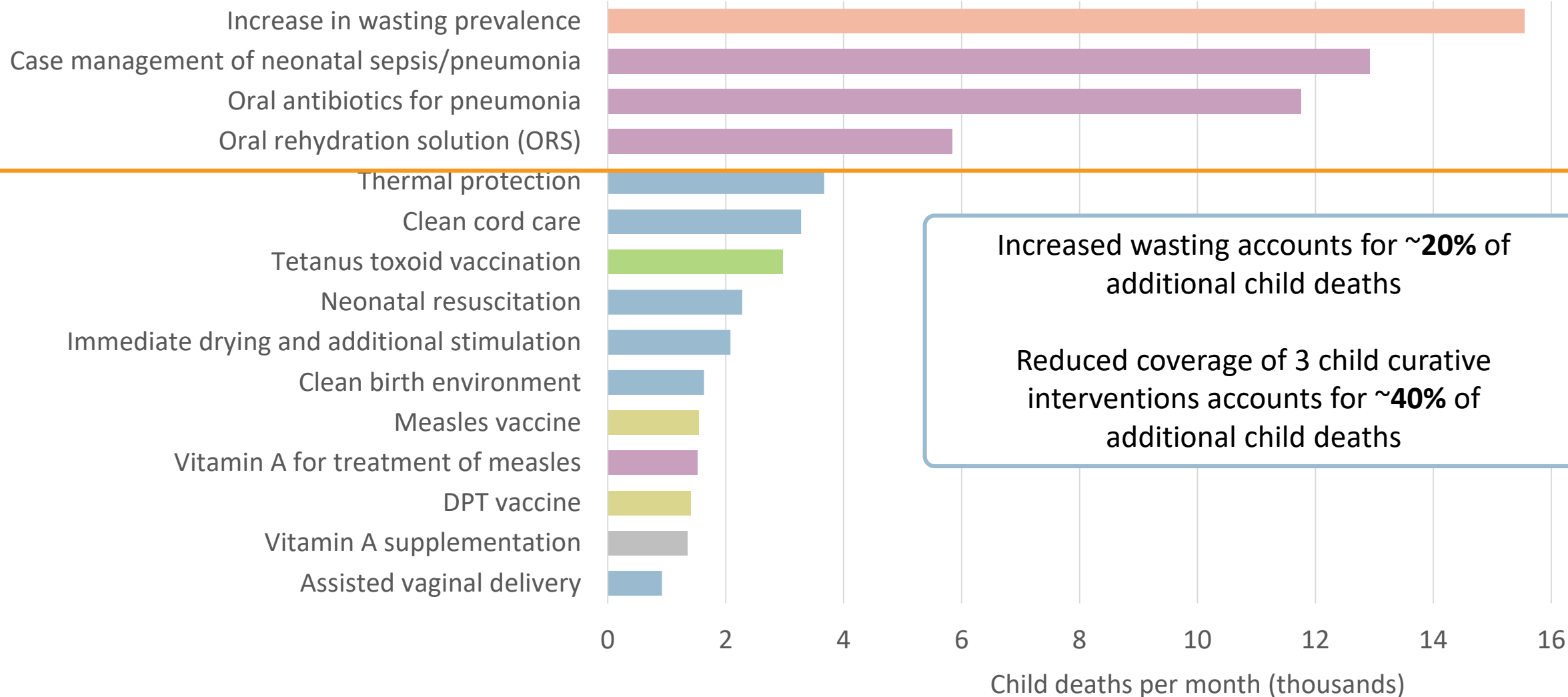
	Per month			6 months additional deaths
	Baseline deaths	Additional deaths	Relative increase	
Maternal deaths				
Scenario 1	2,930	458	15.6%	2,745
Scenario 2	2,930	848	28.9%	5,085
Scenario 3	2,930	2,398	81.7%	14,389
Child deaths				
Scenario 1	74,080	10,120	13.7%	60,717
Scenario 2	74,080	18,296	24.7%	109,777
Scenario 3	74,080	49,851	67.3%	299,105

## Additional maternal deaths per month by intervention, scenario 2





# Additional child deaths per month by intervention, scenario 2



Antenatal Childbirth Preventative Vaccines Curative

## Dr. Ahmad Makuwani

Assistant Director Reproductive and Child Health Section,  
Tanzania Ministry of Health



Dr. Ahmad Makuwani , obstetrician/gynecologist, has more than 20 years of experience working in reproductive, maternal, newborn, child, and adolescent health in Tanzania. He has also worked with other African governments to build capacity in maternal and newborn health capacity and in Afghanistan with physician and midwives on Blood Safety and Safe Delivery. Dr. Makuwani has served as a Clinical Lecturer in maternal and newborn health at the Liverpool School of Tropical Medicine and is the author of several publications on maternal and newborn health and blood safety.

**@AfyaTz    #USAIDMomentum**

# Maintaining RMNCAH services in Tanzania during the Covid 19 pandemic

**Dr. Ahmad M. Makuwani**

**Assistant Director**

**Reproductive and Child Health Services,**

**Department of Preventive Services,**

**Ministry of Health, Community Development, Gender, Elderly and Children**

# Content

1. Background in Tanzania
2. Covid 19 pandemic situation
3. Mitigating Covid 19 challenges



# RMNCAH in Tanzania

- **Tanzania has been implementing RMNCAH services in line with:**
  - ✓ Global RMNCAH strategy for women and Children (2016-2030)
  - ✓ Tanzania Health Policy 2007
  - ✓ Tanzania Health Sector Strategic Plan IV (2016-2020)
  - ✓ Tanzania One Plan II (2016-2020)
- **All these document pledges to improve availability, coverage and access of quality RMNCAH services**

# Tanzania Progress RMNCAH service provision

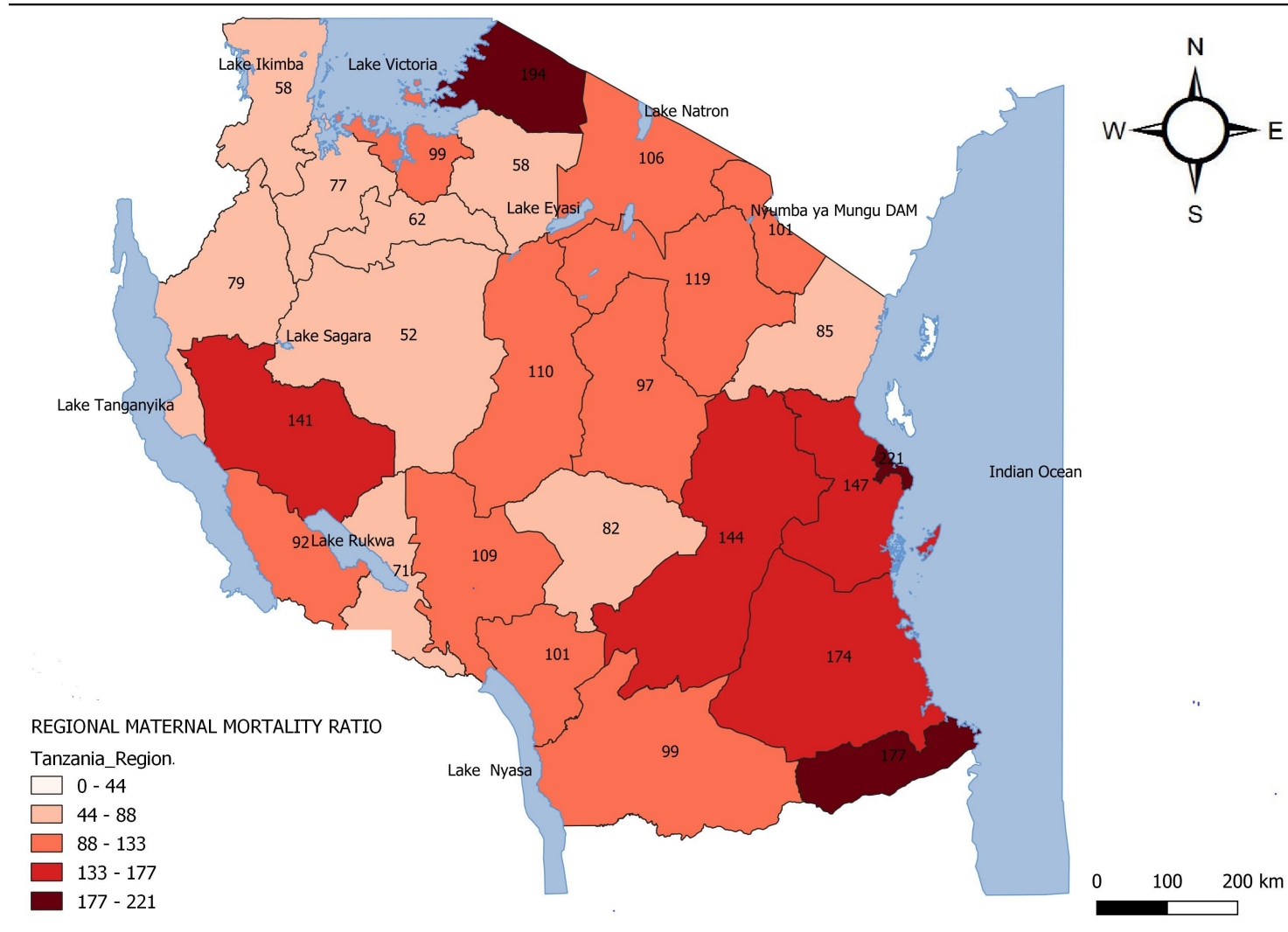
- **There is overarching increased in political commitment that resulted in improvement health system performance**
- **Some performance indicators (DHIS2):**
  - ✓ modern Contraceptive Prevalence rate - 39%
  - ✓ Proportion of women attended ANC4 - 74%
  - ✓ Proportion of women delivered in HFs - 83%
  - ✓ Proportion of women attending postnatal - 78%
- **Generally Tanzania has been fairing well with the coverage and access of RMNCAH services though our major challenge is to attain QUALITY**

# Impact indicators: Neonatal and Child deaths

- **Tanzania like many developing countries has high perinatal deaths**
- **TDHS 2016 showed neonatal mortality rate was at 25 deaths per 1000 LBs:**
  - ✓ Routine data shows that this may be in ranging 5 - 10 deaths per 1000 live births
- **TDHS 2016 showed that U5MR was 67 deaths per 1000 live births:**
  - ✓ Routine shows that this may be at 11 deaths per 1000 live births

# Geographic variation in health status

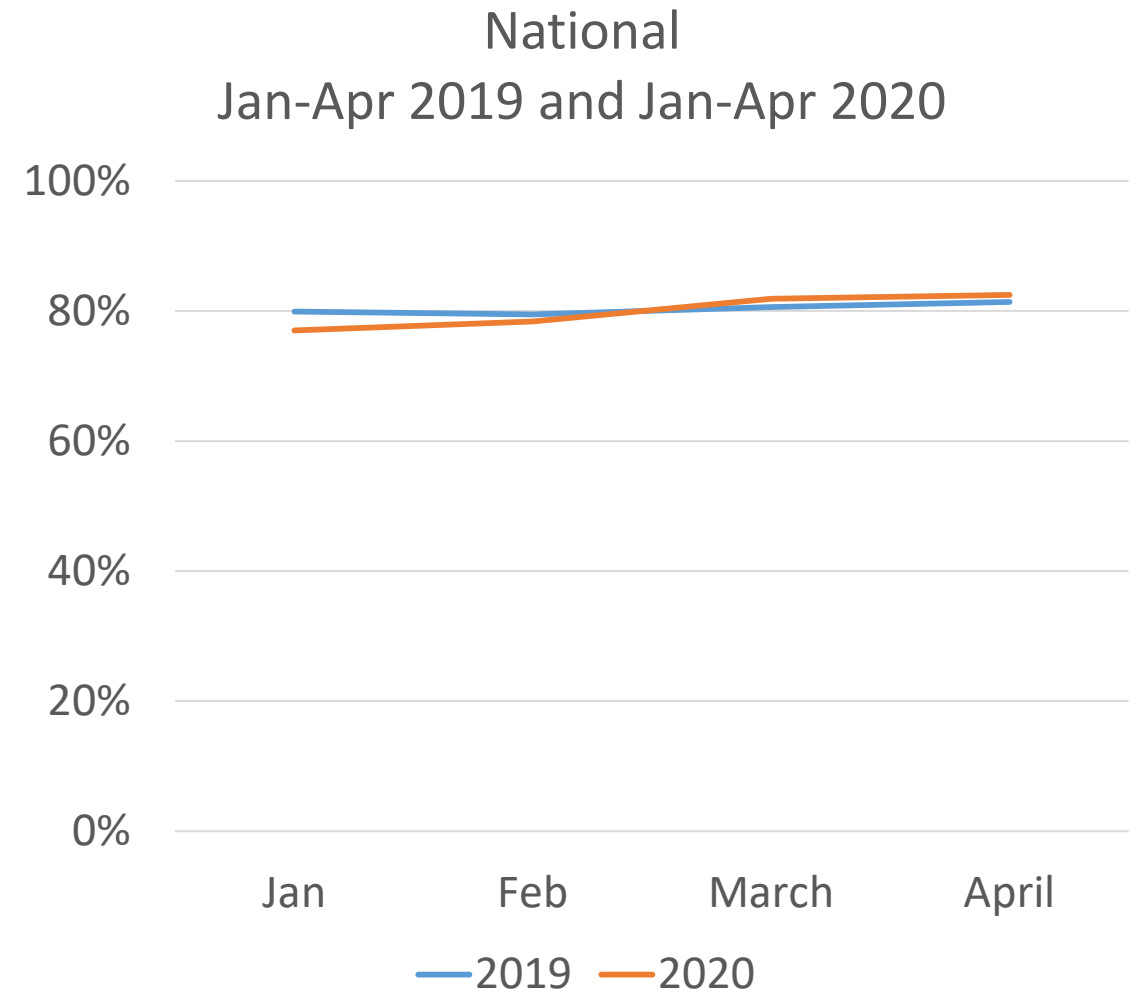
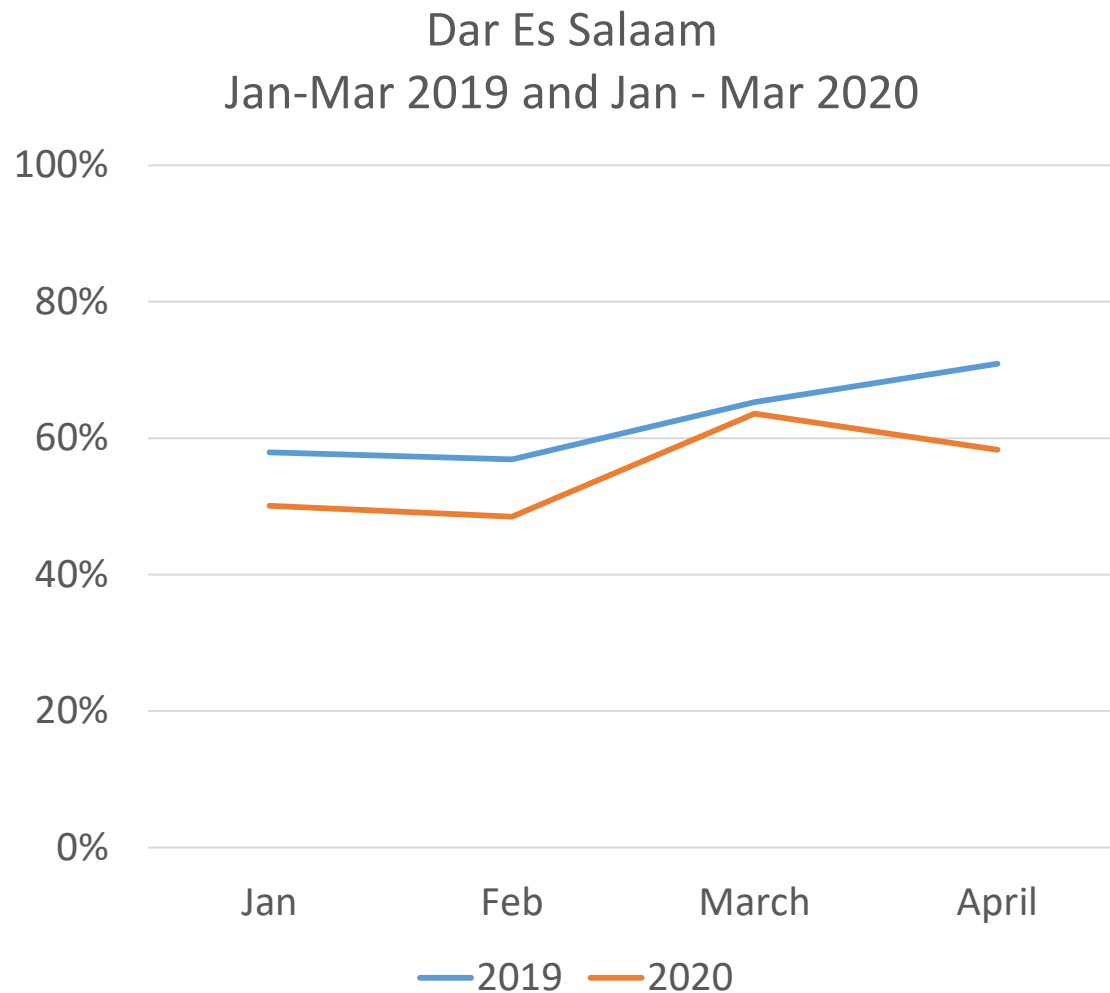
Maternal Mortality in Tanzania (MMR=104 deaths per 100,000 LBs)



# Facing the challenge of Covid 19

- **Tanzania confirmed the first case of Covid 19 on March 16th, 2020.**
- **Our approach of Covid 19 was different from most global communities including neighbouring countries:**
  - ✓ Tanzania borders remained open throughout
  - ✓ There was no lockdown
  - ✓ People continued more or less with daily life with emphasis on personal protection.
  - ✓ Emphasized on IPC; handwashing, keep distant and avoiding unnecessary body contact especially hand shaking
  - ✓ All schools and colleges were closed
- **The above approach including special consideration for frontline Health workers for having PPE, Tanzania had one guideline which guided health system.**
  - ✓ Over 90% of all PPEs were locally made

# Institutional Birth Rate During Covid 19 pandemic



# Emphasis on reducing congestion at clinics

- **Re-engineering Service Delivery**

- ✓ Increase space interval between clinics
- ✓ Increase supplies to accommodate expanded interval
- ✓ Establish register calendar for clients, which can be shared with CHWs and Village Governing Committee
- ✓ All clinics have outside hand washing stations
- ✓ Clients should wear mask or cover nose and mouth using overhanging cloth or handkerchief

- **Depending on severity of the pandemic, we have considered strategies for task sharing of some RMNCAH tasks to the community level (such as FP and ARH)**

- **Tanzania established call centre to seek on health care including RMNCAH**

- ✓ Currently, we have received a number of question from call centre



# Strengthening National Policies and Guidelines

We are at the ratification stage for RMNCAH Guideline for Covid 19 pandemic, which addresses:

- ✓ The need to strengthen community approaches
- ✓ Use of telemedicine to support RMNCAH clients
- ✓ Supporting health worker population with IPC

# Dr. Meseret Zelalem

Director Maternal, Child Health and Nutrition, Federal Ministry of Health, Ethiopia



Dr. Meseret Zelalem Tadesse, a pediatrician, is the secretary for the national food and nutrition coordination body and chairs the national food and nutrition technical team. Dr. Meseret has 10 years of experience in teaching medical students, supervising and mentoring residents, overseeing community services, and is particularly engaged in the school health and community outreach program. She was also a senior clinical coordinator and mentor for prevention of mother-to-child transmission of HIV and pediatrics HIV at the University of Gondar and she has published peer-reviewed articles in reputable journals.

**@dr\_zelalem   @FMoHealth   #USAIDMomentum**



## Impact of COVID-19 Pandemic and its Mitigation Strategy for RMNCAYH-N services

**Meseret Zelalem Tadesse (MD, Pediatrician)**  
**MCH Directorate, Director, FMOH, Ethiopia**

**June, 2020**

ጤና ሚኒስቴር - ኢትዮጵያ  
MINISTRY OF HEALTH-ETHIOPIA

6/26/2020 የጤና ሚኒስቴር ብልጽግና!  
HEALTHEST CITIZENS FOR PROSPEROUS NATION



# Outline

- Introduction
- Impact of COVID-19 pandemics on RMNCH-N services
- Strategies for continuing RMNCAYH/N services during COVID 19 Pandemic

# Introduction



ጤና ሚኒስቴር - ኢትዮጵያ  
MINISTRY OF HEALTH-ETHIOPIA

- As compared to the **Western** and the **American** the spread of COVID-19 is slower in Africa. However, recent models shows the worst is yet to come in **Sub Saharan African** countries
- Experience from recent epidemics in the world shows that when all the attention is diverted to the epidemics, the existing health services are significantly compromised
  - 2014 Ebola: service utilization declined by 27% and inpatient care by 44% in West Africa
  - 2003 SARS: outpatient care decreased by 24% and inpatient care by 35% in Taiwan
- This could be
  - Related to **leadership and governance**, **service provider** or **society demand** for the services

# Impact of COVID-19 pandemics on RMNCAH-N services

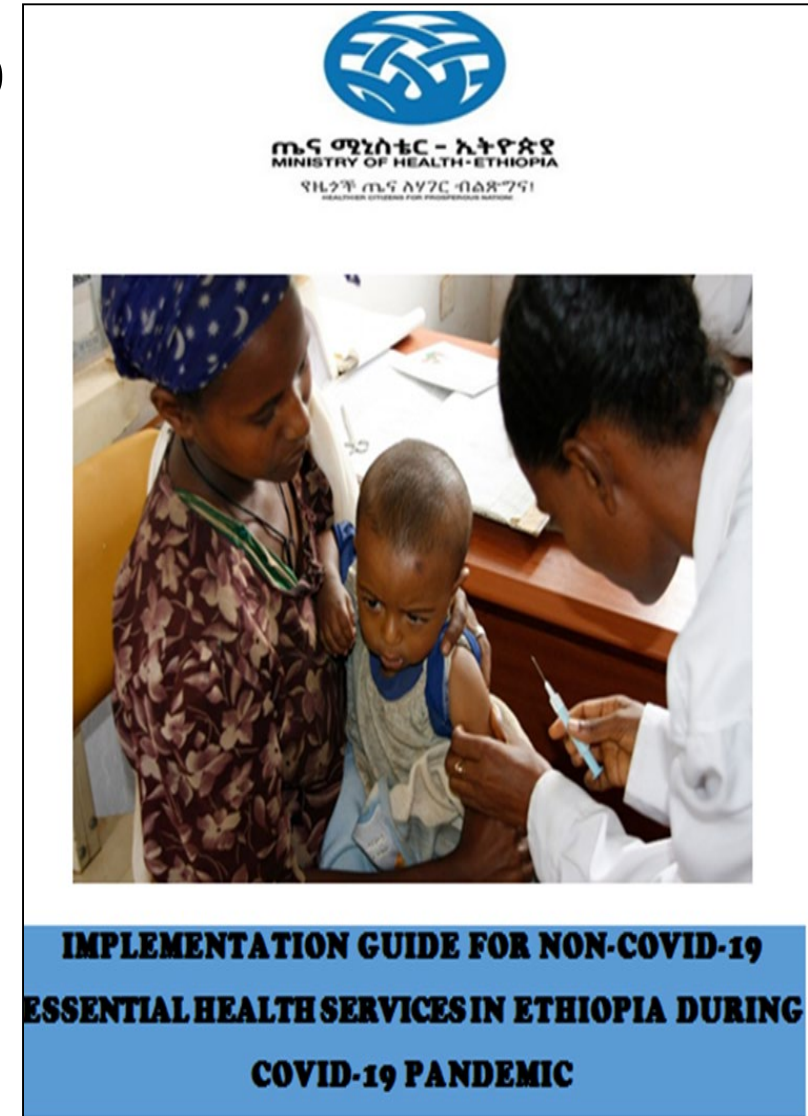


ጤና ሚኒስቴር - ኢትዮጵያ  
MINISTRY OF HEALTH-ETHIOPIA

- Essential RMNCH-N services compromised due to diverted attention to COVID-19 response
- Suspended logistics operations due to high risks of reduced production capacity of suppliers for essential health and nutrition service commodities
- Compromised routine program supportive supervision to ensure service quality
- Compromised planned review meeting to track improvements and practices
- Interrupted capacity building/training for frontline worker on essential RMNCH-N services

# Strategies for continuing RMNCAH/N services in the context of COVID 19 pandemic

1<sup>st</sup> and 2<sup>nd</sup> version implementation Guide to Maintain **Essential Health Services** during COVID-19 Pandemic with RMNCAH/N component prepared and distributed to region





## Strategies for continuing services .....



ጤና ሚኒስቴር - ኢትዮጵያ  
MINISTRY OF HEALTH-ETHIOPIA

- Programmatic guidance and mitigation plan of RMNCAH/N routine services in the context of COVID-19 prepared and shared to stakeholders
- Training modules/content on essential RMNCAH-N developed for HEWs (IVR technology/mobile application)
- Some services directed to existing community-based service delivery using HEWs
- Close follow up on **weekly bases** using PHEM data on MPDSR, SAM, VPD (Vaccine preventable disease) like measles outbreak and others monitored
- Based on weekly report analysis, frequent communication and feedback given to regions
- Weekly zoom meeting with regions to monitor essential health services
- All regions communicated about essential service continuation and information cascaded up to woreda
- Assigning and hiring new staff to absorb health work force

- Dashboard prepared for selected MCH program data (Data dissemination using DHIS2 online)
- Demand creation using different communication Platform
  - Increase demand for RMNCAH-N services through creating awareness on media on the availability of service
  - Over an email group conversation and direct call
- Directorate forum meeting conducted virtually
- Organized zoom meeting with partners and TWGs



# Way forward



ጤና ሚኒስቴር - ኢትዮጵያ  
MINISTRY OF HEALTH-ETHIOPIA

- ❖ Modifying patient flow
- ❖ Context specific Self care for selected milestones
- ❖ To avoid case overload in one time (appoint morning or afternoon)  
Reengineering of the protocols and strategies on COVID19 Suspect case and treatment too
- ❖ Stringent IPC for COVID19 to maintain the vital services
- ❖ Continuing the balanced social mobilization(COVID19 &Essential service continuation
- ❖ Using IVR Digital platform complete the module for refreshing of the HEW on RMNCAYHN in light of COVID19
- ❖ Completing the context specific Self care
- ❖ Keep up the coordination and leadership at all level best

Thank you

Let us work very hard more than before in solidarity for saving many lives  
(Mothers, Newborns, Children, Adolescent, Youth )



# Dr. Bulbul Sood

Country Director, Jhpiego India



Dr. Bulbul Sood is a public health professional with more than 40 years of experience. A global figure in the fields of family planning, maternal health and reproductive health, her expertise in advocacy, negotiation and diplomacy is highly regarded. Dr. Sood established Jhpiego's India country office in 2009 and has been the Country Director since then. Under her leadership, Jhpiego is among the leading nonprofit public health organizations in the country with a diverse portfolio of programs across family planning, maternal and newborn health, human resources for health, noncommunicable diseases, and adolescent health .

**@BulbulSood @Jhpiego #USAIDMomentum**



# **COVID response:**

## **Ensure Continuity of Maternal, Newborn, and Child Health, Family Planning and Reproductive Health Care Services in India**

Dr. Bulbul Sood  
Country Director, Jhpiego India

June 18, 2020

# The Need.....Change in Maternal Newborn Health and Family Planning Services: April 2019 vs. April 2020

## MNH care

- **14%** reduction in ANC registrations\*
- **21%** reduction in 4 and more ANC services\*
- **43%** reduction in anemia testing among PWV\*
- **36%** reduction in institutional deliveries\*\*
- **1.6%** increase in stillbirth rate\*\*

Source: \* Program data from 125 CIFF supported Born Healthy facilities in Rajasthan;  
\*\* Program data from 81 ASMAN supported facilities in MP and Rajasthan

## Family planning

- **9%** reduction in postpartum IUCD insertions
- **21%** reduction in interval IUCD insertions
- **41%** reduction in family planning counseling

Source: Program data from 387 LAD supported facilities in Chhattisgarh and Odisha states

## At the primary health care level

- **85.1%** decline in fully immunized children between 9-11 months
- **74.3%** reduction in ANC registration
- **7.6%** reduction in institutional deliveries
- **54.1%** reduction in FP acceptance

Source: HMIS data from USAID supported 12 NISHTHA states and 2 BMGF supported states



# Our COVID response

- **Objectives**

- Support facility based & frontline health workers with knowledge and expertise
- Support state governments in their COVID-19 response requests
- To ensure continuation of MNH, FP and other essential services

- **Actions**

- Re-engineering service delivery
- Coaching/ (e)-Mentoring for Adaptive Management
- Maintaining and/or modifying demand for services
- Updating national guidelines
- State rapid response team members
- Data analytics

# Strategies to Continue Maternal and Newborn Health Services

## Facility level

- Infection Prevention and Control
- Re-engineering services (facility preparedness, triage, clinical management, and referral linkages)
- Promoting use of Personal Protection Equipment
- Information, education and communication material

## Community level

- Task-sharing
  - Home based antenatal/postnatal care by Frontline Health Workers
  - Distribution of Iron and Folic acid
- Identification of high risk pregnancies



Trained ~50,000 Drs/CHOs/ANMs/ASHAs/ Tele counsellors/Labtech/managers through >170 virtual training sessions across 15 states

# Coaching/ (e)-Mentoring for Adaptive Management

- **Private sector – Manyata Program**

- Trained Drs and nurses from >200 private hospitals across three states in India on Hospital Preparedness during Covid-19
- Initial trainings through ECHO platform followed by virtual mentoring
- 12 Session webinar with Safe Motherhood Committee of FOGSI for >2500 paramedical staff across India.

- **Public sector – Dakshata Program**

- Trained > 1200 Drs/Nurses across Rajasthan, Madhya Pradesh and Orissa
- Hospital preparedness, taking care of Pregnant and lactating mothers and newborns
- Designing and budgeting for dedicated labor room complex in COVID hospitals
- Planning for essential RMNCH services in containment zones

## Strategies to continue Family Planning services

- Re-engineering service delivery by engaging Community Health Workers to provide condoms, OCPs, EC pills, etc. and counsel on FP during home visits
- Promotion of self-care (pregnancy kits)





## Updating national guidance in the context of **COVID-19** to ensure equitable and respectful response

- Operational guidelines on continuing essential health services developed which has been adopted by four states
- Supported Ministry of Social Justice and Empowerment to develop a learning resource package to train tele-counsellors for mental health helpline





Health and Wellness Centers across the country are playing a key role in ensuring continuity of services amidst the pandemic. Many of the CHOs are saving lives of mothers and newborns by ensuring safe deliveries closer to their homes.

*“I cannot stay at home because I am a health worker, but you can help me by staying at home and reducing the spread of infection. We need to be prepared physically and mentally to fight this pandemic.”*

Ranita Maibam, Community Health Officer,  
Ayushman Bharat Health and Wellness Center,  
Awang Wabagai, Manipur





# THANKS

## Corona Warriors Tweets



To all our donors for their  
generous support

**USAID**  
**Bill & Melinda Gates Foundation**  
**Children's Investment Fund Foundation**  
***MSD for Mothers***  
**ASMAN**  
***Large Anonymous Donor***  
**David and Lucille Packard Foundation**  
**World Diabetic Foundation**





❖ **Country Panel:  
COVID19  
Response**

❖ **Audience  
Question &  
Answer**

# Dr. Koki Agarwal

Project Director USAID's MOMENTUM Country and Global Leadership



Dr. Koki Agarwal is an internationally recognized expert in safe motherhood, reproductive health, and family planning policies and programs, as well as promoting policy dialogue and advocacy for policy reform. She has more than 25 years of service delivery experience in reproductive health, family planning, and maternal health, and for over two decades has led, managed, and implemented large -scale USAID -funded global health projects. Previously she directed USAID's flagship Maternal and Child Survival Program, which worked in 32 countries, and was the principal follow -on to the Maternal and Child Health Integrated Program. Dr. Agarwal is also the Vice President of DC Operations for Jhpiego .

**@Koki\_Agarwal #USAIDMomentum**





**USAID**  
FROM THE AMERICAN PEOPLE



# Thank you!

This content is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under the terms of the Cooperative Agreement #7200AA20CA00002, led by ~~typo~~ and partners. The contents are the responsibility of MOMENTUM Country and Global Leadership and do not necessarily reflect the views of USAID or the United States Government.







**USAID**  
FROM THE AMERICAN PEOPLE

