

## Case Study: HEP+ Response to the COVID-19 Pandemic in Guatemala

### Introduction

On January 30, 2020, the World Health Organization (WHO) declared the new coronavirus (SARS-CoV-2) to be the cause of a disease constituting an international public health emergency. Less than two months later, WHO declared the COVID-19 outbreak a pandemic because of the alarming levels of infection and severity of illness and inaction by the global community. When the first case of COVID-19 was reported in Guatemala on March 13, 2020, the Ministry of Public Health and Social Assistance (Ministerio de Salud Pública y Asistencia Social or MSPAS in Spanish) moved quickly to acquire additional medical equipment and establish multisectoral working groups to support their emergency response.

However, every country in the world went into crisis, as none of them was prepared for dealing with a pandemic of this magnitude. Poor funding for the health sector, fragmented global and country responses, limited knowledge of the new virus, misinformation, its rapid spread, and the lack of personal protective equipment impeded an immediate response. Although several countries closed their borders and businesses as an initial attempt to stop transmission of the disease, according to WHO, as of December 31,

2020, more than 82 million people had been infected with COVID-19 and more than 1.8 million had died (WHO, 2021). One year later, this figure had increased to 263 million cases and 5.2 million deaths, of which Latin America accounted for 18.3 percent of cases and 30.1 percent of deaths (WHO, n.d.; CRS, 2022).

In the case of Guatemala, the increase in the demand for healthcare represented a challenge for senior MSPAS officials and the central government, mainly due to the lack of information related to the management of public resources during a health crisis, the shortage of supplies in hospitals to care for infected patients, and the concentration of health services in the country's urban areas.

The spread of COVID-19 in Guatemala aggravated the challenges faced by the health sector and had serious consequences for Guatemalan society and its citizens, increasing the poverty rate from 45.6 percent to 47.0 percent, according to the World Bank (2021). As a result of the economic crisis, the number of Guatemalans in need of food assistance increased to 1.2 million people (Action Against Hunger, 2020). As of January 23, 2022, the MSPAS COVID-19 dashboard reported 669,830 positive cases nationwide, of which 16,268 had died, implying a case fatality of 2.5 percent (MSPAS, n.d.).

## Involvement of COPRECOVID and HEP+

As part of its plan for the prevention, containment, and response to COVID-19, the government of Guatemala announced the creation of the Presidential Commission for the COVID-19 Emergency (COPRECOVID) in May 2020. COPRECOVID was created to support, advise on, and facilitate the actions, mechanisms, measures, and protocols implemented by MSPAS and other governmental agencies to address and mitigate the health crisis. The ministries of health, finance, labor, social development, and agriculture joined this commission, together with the Secretariat for Planning and Programming of the Presidency. The Health and Education Policy Plus (HEP+) project, funded by the U.S. Agency for International Development (USAID), began its support to COPRECOVID by providing permanent staff for that purpose.

As part of this multidisciplinary effort, HEP+'s initial technical assistance focused on four aspects: (1) developing the territorial containment strategy; (2) opening temporary isolation centers; (3) creating respiratory care centers; and (4) providing technical assistance to streamline the financial and procurement processes for medicines, medical and surgical supplies, and personal protective equipment. HEP+ also supported MSPAS in establishing regulations designed to contain and monitor the virus in areas considered high risk. These were designed through working groups, which established regulations for the capacities allowed in schools and shopping malls, and the operation of public transportation during the pandemic, for example.

## Territorial Containment

To contain the spread of the disease, COPRECOVID designed a strategy for territorial containment, which has been of vital importance in saving lives in Guatemala. The development of this strategy began with an epidemiological analysis in the country's 29 health area directorates.<sup>1</sup> To perform these analyses, a representative from MSPAS visited each directorate and assessed: its capacity to process diagnostic tests and implement biosecurity measures, staff knowledge of infection prevention and control, and its relationship with community leaders for carrying out joint prevention activities. In parallel, COPRECOVID analyzed positivity rates, the number of tests performed, and cumulative incidence in each health area directorate. Based on these results and the increases in these variables, COPRECOVID planned visits to the municipalities most affected by COVID-19, located in seven of the country's 22 departments: Alta Verapaz, Chiquimula, Huehuetenango, Quetzaltenango, Quiché, San Marcos, and Totonicapán.

The visits to the prioritized departments were carried out by technical teams made up of epidemiologists, experts in infection prevention and control, and representatives of the Social Communication Unit of MSPAS. HEP+ prepared the initial assessment of each area for discussion with the corresponding authorities on each visit. This assessment analyzed local capacities to manage the virus by looking at, for example, the flow of patient care in hospitals and the administration of diagnostic tests. This enabled COPRECOVID to develop strategies based on the needs and challenges faced by each of the country's regions.

<sup>1</sup> In Guatemala, each health area directorate forms an administrative unit that functions as an intermediary between the centralized health system and local health facilities. It is responsible for planning, executing, supervising, and evaluating public sector health programs and coordinating the distribution of medicines and supplies at the district level.

One of the key achievements of these visits was the decentralization of SARS-CoV-2 diagnostic testing, which increased the capacity to perform and process tests. As part of this process, HEP+ supported MSPAS in training health personnel in the strategy for tracing contagion and in the application of technical regulations; it also promoted communication between health areas and local hospitals.

One of the main elements of the territorial containment strategy was the implementation of temporary isolation centers. The objective of these centers was to control the spread of the virus by isolating patients who were confirmed as positive using rapid antigen testing, had mild symptoms, and did not require oxygen. As part of this effort, HEP+ worked with MSPAS to set up the first temporary isolation center in a hotel in Guatemala City, which served as a model facility after which eight additional centers were set up throughout the country. At the same time, MSPAS implemented a strategy to follow up on positive COVID-19 cases and their last contacts, who were admitted to these centers if they developed symptoms, to break the chain of transmission. As part of this process, HEP+ and MSPAS promoted dialogue between the health area directorates and civil society to establish consistent messaging that would enable them to connect with local people and inform them about COVID-19 and its treatment.

At the same time, COPRECOVID identified the need to implement respiratory wellness centers. These are clinics where patients suspected of having COVID-19 can go to be evaluated by a health worker—often via telemedicine—and are subsequently referred to the nearest health center or receive the treatment suggested for patients with mild

symptoms. While the isolation centers cared for already-infected patients, these centers were dedicated to identifying new cases. Following this model, the guidelines for respiratory wellness centers were implemented in 12 health area directorates. With technical assistance from HEP+, MSPAS set up the first respiratory wellness centers in Alta Verapaz, Baja Verapaz, Huehuetenango, Quetzaltenango, Quiché, San Marcos, Sololá, and Totonicapán. In Guatemala City, where the municipality is managing and opening new mobile respiratory wellness centers, 62 were in operation by January 11, 2022 (Larios, 2022).

## Capacity Development to Address the COVID-19 Pandemic

In September 2020, through USAID, the U.S. Government donated 50 state-of-the-art LTV 2200 ventilators to MSPAS to save lives and improve the quality of treatment for patients who were severely unwell with COVID-19. The ventilators were delivered to eight prioritized hospitals whose facilities had been previously assessed to determine their readiness to accept and use the new equipment.<sup>2</sup>

To improve capacity to care for patients with COVID-19, train in the use of LTV 2200 ventilators, and strengthen protective measures for healthcare personnel, HEP+ facilitated training at these hospitals from December 2020 to June 2021. To achieve this, experts in mechanical ventilation, infectious diseases, and infection prevention and control taught the following eight modules that made up the clinical training course: (1) epidemiology and management of COVID-19, (2) therapy, (3) therapeutic options, (4) intubation, (5) mechanical

<sup>2</sup> These hospitals were: Cobán Regional Hospital, El Progreso Hospital, Escuintla National Hospital, Malacatán National Hospital, the Parque de la Industria Temporary Hospital, Quiché National Hospital, San Juan de Dios General Hospital, and Zacapa National Hospital.



COVID-19 training in the El Progreso Hospital.

ventilation, (6) nosocomial infections, (7) anesthesia and management of delirium, and (8) ventilator weaning. During this training, HEP+ also trained personnel on the correct use and disposal of the personal protective equipment that is used when caring for patients infected with SARS-CoV-2. In total, HEP+ trained 4,250 healthcare providers in inpatient case management, respiratory management, the use of personal protective equipment, and infection prevention and control between August 2020 and August 2021. HEP+ also collaborated with the Guatemalan Infectious Diseases Association to create the first national practical guide for hospital personnel on managing COVID-19.

The first round of training was well-received by the Vice-Ministry of Hospitals and participating MSPAS healthcare workers. HEP+ then conducted a second round of one-day virtual training and conferences in July and August 2021. These provided updates on the concepts and were aimed at health

personnel from hospitals across the country. Through four sessions, specialists in different branches addressed the following topics: mental health for health workers, rational use of antibiotics in patients with COVID-19, post-COVID-19 syndrome, and fungal infections in patients with COVID-19.

As Guatemala's national vaccination plan progressed, HEP+ and MSPAS identified a new emerging need—the detection of events supposedly attributable to COVID-19 vaccination. To support this need, HEP+ facilitated a series of training sessions on pharmacovigilance for the staff of MSPAS and the 29 health area directorates. During the training, presenters discussed in-depth the detection, recognition, classification, and management of such events, as well as the preparation of electronic reports to notify MSPAS's epidemiology department of any suspicious symptom. A group of 159 people, including physicians and paramedics,

completed the program and can share what was learned among their colleagues.

In the health area directorates of Chiquimula, Huehuetenango, Izabal, Petén Norte, Petén Sur Occidente, Quetzaltenango, Sololá, and Zacapa, as part of visits between August and November 2021, HEP+ assessed the capacity of health services and vaccination posts to provide care for events supposedly attributable to COVID-19 vaccination. The project replicated the training on pharmacovigilance and electronic reporting to 1,665 healthcare providers. Representatives from the department of epidemiology indicated that, at the end of this process, reporting on events supposedly attributable to COVID-19 vaccination increased by more than 100 percent in all health areas visited.

Subsequently, based on the need to improve the treatment of mild cases at home, in October and November 2021, HEP+ virtually trained 604 healthcare providers from the areas of Alta Verapaz, Área Metropolitana, Huehuetenango, Quiché, and San Marcos on its [\*COVID-19 Home-Based Quality Care: A Practical Guide for Healthcare Workers\*](#). The training focused on: (1) diagnosis, (2) treatment, (3) recognition of warning signs, (4) treatment of pediatric patients, and (5) high-risk populations. The purpose of the guide, which the training was based on, is to facilitate the home management of asymptomatic and mild COVID-19 patients in order to avoid overloading hospital services and provide quality care to patients at home. HEP+ financed the printing of 300 copies of the guide and the production of six videos to complement the training course. Eventually, the guide was adapted by HEP+ specifically for the Guatemalan context, and in August 2021, [was approved and published by MSPAS](#).

In addition, as part of HEP+'s capacity-building efforts, 213 members of civil society networks were trained through

a diploma course, which addressed several topics, including basic concepts for preventing COVID-19 contagion and spread, the preparation of municipal plans, and the monitoring of actions to mitigate the emerging health and nutrition crisis. Additionally, the Men's Network for Health, Education and Nutrition (REDHOSEN), the National Alliance of Indigenous Women for Health, Nutrition and Education (ALIANMISAR), and Young Artists for Social Justice (JAxJS) organized events and activities to raise awareness about COVID-19 and the importance of vaccination. In turn, civil society networks led workshops and conferences on social issues that were impacted during the pandemic, such as gender-based violence, irregular migration, family planning, and food security.

## A Territorial Approach to Vaccination

In November 2020, when the world's first COVID-19 vaccine trials were being conducted, MSPAS established the National Coordination Committee for COVID-19 Vaccination (CONACOVID) and eight working groups with different responsibilities to develop and implement the country's strategic vaccination plan. HEP+ joined the logistics and budget planning teams to provide technical assistance to MSPAS. Among the main contributions of HEP+ were the development of a budgeting plan for procuring vaccines and specifying logistics for transportation and storage, known as the cold chain.

After nearly three months of work, in January 2021, HEP+ supported MSPAS in convening CONACOVID leaders for a two-day workshop in Antigua, Guatemala. Delegates from the National Council of Immunization Practices, the Indigenous Peoples and Interculturality Unit, the Guatemalan Institute of Social Security, the National Immunization Program, the San Juan de Dios General

Hospital, the Military Health Service, the Pan American Health Organization, USAID, UNICEF, and the Foundation for the Development of Guatemala met to present the work of each commission and formulate the [National Vaccination Plan against COVID-19](#).

Vaccination was initially divided into four phases, taking into account groups at high risk of infection. The objectives of the vaccination plan were: (1) to maintain the integrity of the health system, (2) to decrease mortality and the burden of severe disease, (3) to reduce the socioeconomic impact and protect the continuity of basic services, and (4) to reduce the burden of disease. Each phase of the plan included sub-phases that specified the groups prioritized for vaccination.

In the first phase, HEP+ participated in the design of vaccination posts, including process flow, which established access points, personal data capture, vaccine administration, post-vaccination observation, delivery of the vaccination certificate, and patient discharge. HEP+ and MSPAS promoted dialogue and coordination with mayors and governors to include them in this process. As a result, several officials donated furniture and arranged for the hiring of security forces for the opening of the first vaccination centers. In addition, USAID signed a lease agreement through HEP+ and delivered 36 computers to the health area directorate of Central Guatemala for registration, which has been used in 16 vaccination posts. HEP+ provided technical assistance on MSPAS's integrated healthcare system to train 49 nurses from the 29 health area directorates throughout the country in standards for vaccination posts.

Assisting with efforts to inspect vaccination post facilities, HEP+ provided technical assistance to MSPAS in a series of visits to eight departments to conduct simulations prior to the opening of the centers located at the Rafael Landívar University, the

Metropolitan University, the University of San Carlos de Guatemala, the College of Engineers, and the Centra Norte shopping mall. In parallel, in February 2021, HEP+ trained the staff of the 29 health area directorates on the national vaccination plan guidelines to ensure the correct application of the vaccine. In the first phase of vaccination, carried out from the last week of February to the last week of April, the MSPAS COVID-19 dashboard reported that 456,000 people had been immunized with at least one dose.

A few days after starting the second phase of vaccination in April 2021, MSPAS identified the need to register people in advance for vaccination to reduce the amount of time taken at vaccination posts. HEP+ assisted MSPAS in this effort by joining a technology roundtable to help optimize the [vacuna.gob.gt](http://vacuna.gob.gt) website, which allowed registered users to make vaccination appointments. Through weekly meetings, the work team defined a series of technical recommendations to ensure the operation of the platform, including the acquisition of a dedicated link for the exclusive use of the registration system and the integration of a cloud-based security layer to protect the platform and prevent large-scale attacks. HEP+ provided technical assistance with the integration of both processes, coordinating with MSPAS's infrastructure coordinator.

HEP+ also supported inter-institutional coordination by fostering alliances with the public and private sectors and other institutions, including MSPAS, enabling the creation of 30 drive-through posts, 49 registration kiosks for people lacking internet access, and hundreds of vaccination posts throughout the country. As part of this effort, HEP+ joined a working group with the private sector and the shopping mall association, where MSPAS presented a need to set up new immunization centers. As a result of this dialogue, the entities

involved donated furniture, awnings, and infrastructure.

This support was also key to the promotion of the online registration website. HEP+ and MSPAS coordinated a series of meetings with the country's telephone companies, which donated 8 million text messages for sending appointment confirmations to people who registered. Similarly, one of the companies, TIGO, carried out a marketing campaign to promote vaccination in the country, which consisted of offering a five-fold cell phone credit incentive for people who went to get vaccinated.

Following these successful interventions, HEP+ developed a standard for the implementation of vaccination posts in shopping malls, including a profile for vaccinators and data entry clerks. Based on this standard, the country's largest vaccination center with 15 mobile stations was inaugurated at the Explanada Cayalá event venue.

## Rural Strengthening Strategy

In July 2021, Guatemala was facing its fourth wave of COVID-19 infections. Due to the increase in infections, hospital overload, and new variants of the virus, vaccination became a priority, especially in rural areas, where only 6.5 percent of the population had been immunized with at least one dose (Prensa Libre, 2021).

To understand this situation, technical teams from MSPAS, USAID, HEP+, and other partner projects traveled to the areas with the lowest vaccination coverage, starting in Ixcán, Quiché, where the vaccination rate was only 17 percent. Because it is difficult to access, Ixcán is one of the most isolated municipalities, making it challenging to transport the vaccine to communities. In addition, the national vaccination

plan outlined vaccination by age group, prioritizing older adults; this presented difficulties in getting the necessary number of people gathered in one place in the remote area. Based on these findings, MSPAS authorized mobile units and health personnel to administer vaccinations to anyone over 18 years of age residing in hard-to-reach communities throughout the country, instead of limiting vaccination to individuals of advanced age.

During visits to other departments, HEP+ saw that distance was not the only reason for low vaccination. Other factors included topography, infrastructure, the age of the population, and social indicators (education levels, for example). These realities were a vital element in understanding the reasons for low vaccination coverage, which led to the development of a vaccination strategy contextualized to the needs of the rural population. To develop the strategy, a multidisciplinary commission consisting of MSPAS and USAID representatives met with technical teams from selected health areas and vaccination posts, who presented the challenges in each region. This process was carried out in the areas of Alta Verapaz,



Chiquimula, Huehuetenango, Ixil, Petén, San Marcos, Sololá, and Totonicapán.

Although at the beginning there was some distrust and skepticism on the part of those involved, the commission succeeded in establishing channels of communication and promoting intersectoral dialogue. This openness made it possible to identify the main challenges, such as lack of personnel to administer vaccinations, the distance of vaccination centers from the population, and a lack of access to the vaccine, as well as misinformation and rumors that spread rapidly among the population. Providing immediate solutions to these challenges, the commission undertook a series of measures, which, when implemented, expedited vaccination.

Addressing one challenge, HEP+ analyzed the budget allocated to each program area, such as human resources, to help reorganize finances according to local needs. This made it possible to hire data entry clerks and vaccinators to expand immunization coverage in the municipalities and enabled local managers to acquire rapid antigen and PCR tests, medicines, medical and surgical material, etc. The commission expedited dialogue with local authorities to obtain their support and bring the vaccination centers closer to the population. As a result, the municipalities in Alta Verapaz, Chiquimula, Playa Grande, and Totonicapán set up new posts.

Although technical difficulties began to be resolved, increasing vaccination rates would require behavior change from the villagers. Such a change would be impossible to achieve without the support of local stakeholders, who play an influential role in rural areas. For this reason, the commission held a series of meetings with community and religious leaders in each region who undertook to carry out awareness campaigns to educate the population and demystify

the vaccine. Community development council representatives joined this initiative, receiving the first doses of the vaccine and sharing their experiences with the rest of the population to increase confidence levels. Currently, the municipal health districts oversee these activities coordinated with vaccination days that are scheduled by the health area directorate.

The efforts made as part of the rural strategy, together with other MSPAS measures, have contributed to the increase in the number of people vaccinated in rural areas. After the visits, the daily inoculation rate for the first dose in Ixcán increased by 175 percent, in Ixil by 42 percent, in Alta Verapaz by 152 percent, in Chiquimula by 65 percent, and in San Marcos by 69 percent, according to official data recorded up to September 2021. The [rural strengthening strategy](#) was approved on September 14, 2021, by senior officials in MSPAS. Its implementation in the other areas of the country will make it possible to improve territorial planning, establish the necessary resource management mechanisms, increase the efficiency of the current network of vaccination posts, and set up more immunization centers in the areas that require them.

## Lessons Learned

After two years of work on the COVID-19 response, HEP+ and its partners have learned a great deal, including the following:

- **The importance of adequate investment in the health sector.** This allows services to have the necessary financing, processes, and supplies to deal with any kind of emergency quickly and efficiently, for example, through the creation of contact tracing networks, laboratories equipped to process biological samples, and personnel trained in infection prevention



and control practices. In addition, if the health sector is strengthened with the necessary investment, it is possible to maintain other essential services despite health emergencies. As part of its efforts to promote the well-being of the population, in 2020 and 2021, HEP+ provided support to civil society networks, who have advocated for the provision and maintenance of other essential health services—such as family planning consultations in rural areas—during the pandemic. This demonstrates the importance of promoting active citizenship.

- **The importance of information systems.** Collecting and accessing data about the spread and transmission of the virus is as important as generating a territorial containment and immunization plan. HEP+'s collection of information during its visits to health areas facilitated the establishment of the contact tracing strategy, respiratory care centers, temporary isolation centers, and the national vaccination plan.
- **The importance of assertive and contextualized communication in each region.** Being a multicultural country, Guatemala requires information strategies based on the context of each community, taking into account the historical relationship between the health sector and the people and their customs, beliefs, and native language. This makes it possible to respond appropriately to the needs of each community and face challenges effectively, promoting citizen participation and creating bonds of trust between the stakeholders involved. To strengthen these efforts, intersectoral coordination must be promoted at all times, as a centralized strategy will not reach the most vulnerable populations. Coordination with local authorities,

community leaders, the private sector, universities, the military, and others is needed to mobilize the necessary resources and implement appropriate solutions.

The spread of new viruses could occur more frequently in the coming years (Hilsenrath, 2020). However, the COVID-19 pandemic has provided great lessons for the HEP+ team and its partners, who have contributed to building better conditions at the national, departmental, municipal, and community levels to prepare for, respond to, and recover from future emergencies. The health system has been strengthened to better prepare for and manage the containment of new viruses, acquire medical supplies, and administer vaccines and tests in a decentralized manner, promoting local solutions. Likewise, the technical capacities of the population and government officials have been strengthened as they fought together to save lives. The open lines of communication between different sectors will allow for the organization of a united response in the event of another emergency, while keeping all essential health services functioning. The HEP+ project is proud of the work it has done in collaboration with its partners in Guatemala and remains committed to continuing to achieve health outcomes that benefit all Guatemalans, even in the most challenging circumstances.

## References

- Action Against Hunger. 2020. "Number of People Facing Hunger in Guatemala Doubled Due to COVID-19." June 15, 2020. Available at: <https://www.actionagainsthunger.org/story/number-people-facing-hunger-guatemala-doubled-due-covid-19>.
- Congressional Research Service (CRS). 2022. "Latin America and the Caribbean: Impact of COVID-19." In Focus, January 21, 2022.

Available at: <https://sgp.fas.org/crs/row/IF11581.pdf>.

Hilsenrath, J. 2020. “Global Viral Outbreaks Like Coronavirus, Once Rare, Will Become More Common.” *The Wall Street Journal*, March 6, 2020. Available at: <https://www.wsj.com/articles/viral-outbreaks-once-rare-become-part-of-the-global-landscape-11583455309>.

Larios, B. 2022. “En la capital funcionan 62 centros de Bienestar Respiratorio móviles para atender a guatemaltecos.” *Agencia Guatemala de Noticias*, January 11, 2022. Available at: <https://agn.gt/62-centros-de-bienestar-respiratorios-moviles-atienden-a-guatemaltecos-en-la-ciudad-capital/>.

Ministerio de Salud Pública y Asistencia Social (MSPAS). n.d. “Situación de COVID-19 en Guatemala.” Available at: <https://tablerocovid.mspas.gob.gt/>.

Prensa Libre. 2021. “Cómo el modelo de Ixcán podría solucionar los problemas de vacunación en el área rural.” *Prensa Libre*, August 7, 2021. Available at: <https://www.prensalibre.com/guatemala/comunitario/como-el-modelo-de-ixcan-podria-solucionar-los-problemas-de-vacunacion-en-el-area-rural/>.

World Bank. 2021. “The World Bank in Guatemala, Overview.” Available at: <https://www.worldbank.org/en/country/guatemala/overview#1>.

World Health Organization (WHO). n.d. “WHO Coronavirus (COVID-19) Dashboard.” Available at: <https://covid19.who.int/>.

World Health Organization (WHO). 2021. “COVID-19 Responsible for at Least 3 Million Excess Deaths in 2020.” Spotlight, May 20, 2021. Available at: <https://www.who.int/news-room/spotlight/the-impact-of-covid-19-on-global-health-goals>.

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