BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

ADVOCACY PRESENTATION: *OPERATIONALIZATION THROUGH INTEGRATION*

U.S. Agency for International Development
Bureau for Global Health
Office of Health, Infectious
Diseases and Nutrition
Ronald Reagan Building
1300 Pennsylvania Ave., NW
Washington, D.C. 20523
Tel: (202) 712-0000
Email: globalhealth@phnip.com
www.usaid.gov/our_work/global_health

BASICS
4245 N. Fairfax Dr., Suite 850
Arlington, VA 22203
Tel: (703) 312-6800
Fax: (703) 312-6900
Email: basics@basics.org
www.basics.org

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Healthy Timing and Spacing of Pregnancy (HTSP): Operationalization through Integration

Gloria Ekpo, MD, FMCOG, MPH
Issakha Diallo, MD, MPH, DrPH
BASICS—Basic Support for Institutionalizing Child Survival

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Outline

1. Definition and Justification of Healthy Timing and Spacing of Pregnancy (HTSP)
2. Main Findings from USAID sponsored and other studies
3. BASICS' strategy and key interventions for integration
4. Country Experience in Integration
5. Lessons Learned and recommendations for scale up
6. Conclusion

1.1 What is Healthy Timing and Spacing of Pregnancy (HTSP)?

DEFINITION

Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families make an informed decision about the delay of first pregnancy and the spacing or limiting of subsequent pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, within the context of free and informed contraceptive choice taking into account fertility intentions and desired family size, as well as the social cultural and religious contexts.

Source: Extended Service Delivery (ESD) Project: Healthy Timing and Spacing of Pregnancy (HTSP). Trainers Reference Manual. Revised August 2008.

What do we mean by Birth Spacing?

The period between a live birth or stillbirth and the conception of the next pregnancy

C | Conception to Birth | B | **Birth to Conception** | C | Conception to Birth | B

Birth-to-Birth interval ("birth interval")—the period between two consecutive live births, from birthdates to birthdates

Inter-pregnancy interval —the period from conception of the first child to conception of the next

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2.1 USAID sponsored six studies Showed Evidence of longer birth intervals effects on health

For Children

Lower risk of:

- Child death
- Infant death
- Neonatal death
- Fetal death
- Stunting and underweight
- Small for gestational age
- Low birth weight
- Preterm birth

For Mother

Lower risk of :

- Maternal death
- Puerperal endometritis
- Premature rupture membranes
- Anemia
- Third trimester bleeding

Conde-Agudelo A., Effect of Birth Spacing on Maternal and Perinatal Health: A Systematic Review and Meta-Analysis. Rutstein, S. Johnson & Conde-Agudelo A. Systematic Literature Review and Meta-Analysis of the Relationship between Interpregnancyor Interbirth Intervals and Infant and Child Mortality. Reports submitted to CATALYST Consortium, October 2004, Conde-Agudelo, A. and Belizan, J.M. Maternal morbidity and mortality associated with interval: Cross sectional study. British Journal (Clinical Research Ed.) 321 (7271): 1255-1259. Nov. 18, 2000.

Under five children Mortality Rate is higher for Birth Interval less than 2 years

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Source: Mali, Cambodia, Timor Leste, Rwanda DHS-III, 2005

Unintended pregnancies among women HIV+ in Rwanda

Pregnancies in 132 Women After Testing HIV+

	GoR managed	Faith-based managed	Total
Intended	24 (35%)	10 (16%)	34 (26%)
Unintended	45 (65%)	52 (84%)	97 (74%)
Total	69 (100%)	62 (100%)	131* (100%)

* Excluding one case of no reply

Source; *Livinus Bangendanye, FHI/Rwanda* Pregnancy, Pregnancy Desires, and Contraceptive Use Among HIV-infected Women 3rd Pediatric HIV Conference Dec 2007

$p=.02$

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2.4 Key Messages on Healthy Timing and Spacing of Pregnancy

- **Recommendation for spacing after a live birth**
  - After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.
- **Recommendation for spacing after a miscarriage or induced abortion**
  - After a miscarriage or induced abortion, the recommended minimum interval to next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes.
- **Recommendation for adolescents:**
  - Adolescents need to use an effective FP method of their choice continuously until they are 18 years old before trying to become pregnant

Source: WHO, Report of a WHO technical consultation, policy brief, Dept of making pregnancy safer, Dept of RH research, Geneva , 13-15 June, 2006

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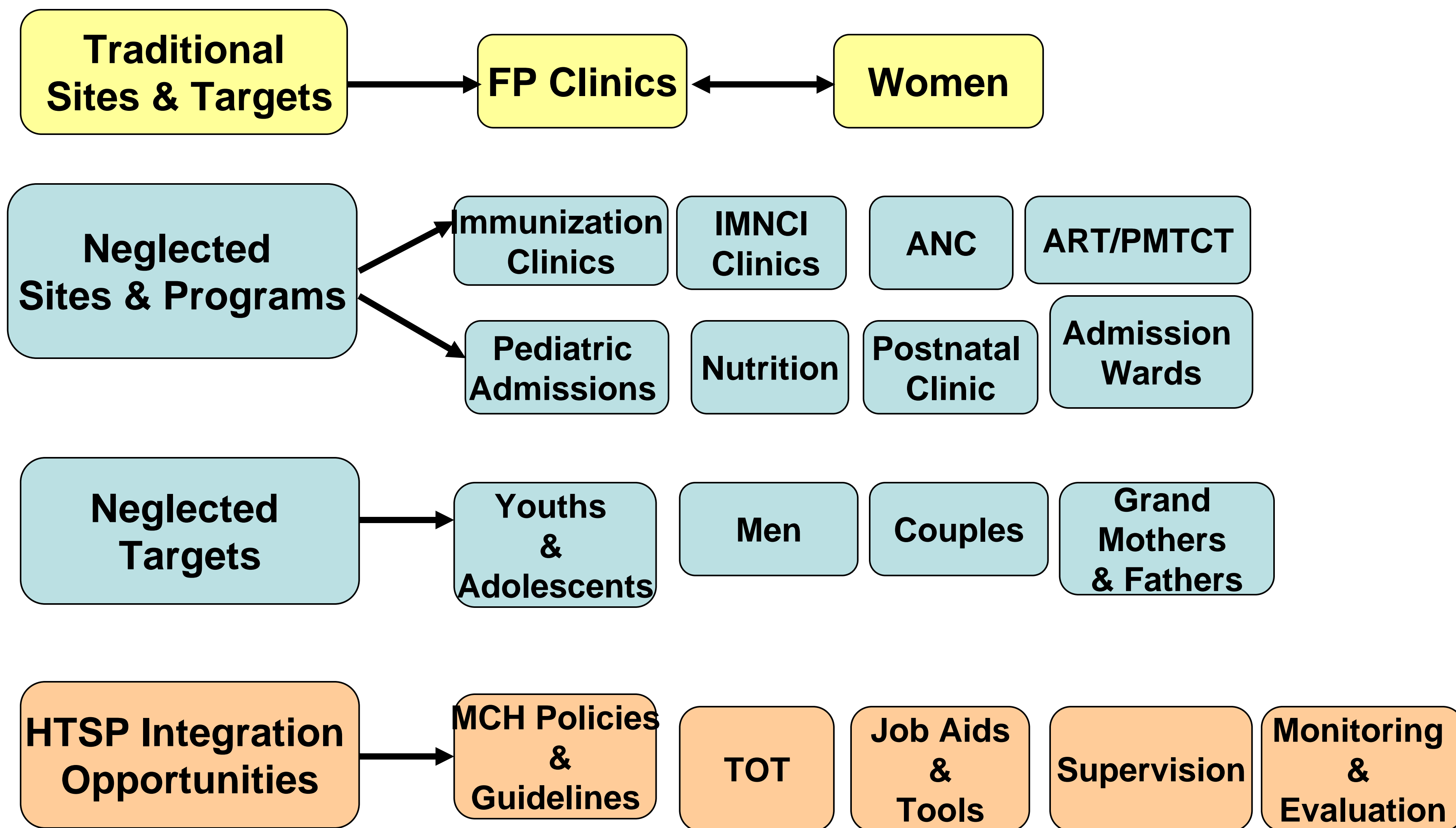
3.2. HTSP Mandate in BASICS

- Healthy Timing and Spacing of Pregnancy (HTSP) is now recognized as a critical child survival intervention.

- BASICS' scope of work -to introduce, strengthen, and expand coverage of HTSP within newborn and child health programs.

- BASICS build capacity within local implementing partners (bilaterals or NGOs) and/or Ministries of Health:
  - Introduce HTSP within routine newborn and child health care services,
  - Adapt and refine indicators, quality assurance and supportive supervision materials for HTSP within child survival services
  - Establish monitoring and documentation systems for all countries where HTSP is introduced as an infant and child health intervention.
  - Best practices are identified, lessons-learned shared and improvements measured in the use of HTSP as an effective child health intervention.

3.3 Opportunities for the Integration of Healthy Timing and Spacing of Pregnancy (HTSP) into MCH programs



3.4 Programmatic HTSP Integration Strategies: Rwanda, Swaziland, Timor Leste

- **Advocacy**: Encouraging governments and partners to adopt integration strategy, guidelines, or policy;
- **Integration**: Development/Strengthening of guidelines in HTSP, development of tools, dissemination of revised guidelines, policies, tools to relevant officials and partners;
- **Implementation**: Training of trainers and on-the-job-training of service providers on integration of HTSP in child health at central and district levels;
- **Supervision, mentorship and Monitoring:** Supportive supervision and mentoring of HTSP service providers;
- **Expansion and Scale-up:** To improve coverage in additional districts and provinces in the countries.
- **Partnership and Collaboration: Global and Country level**
  - USAID, ESD, ACCESS-FP, IMMUNIZATIONbasics
  - Ministry of Health and Maternal and Child Health department in Rwanda, Timor Leste, Swaziland;
  - Intrahealth/Twubakane project; Intrahealth/Capacity project;
  - Extended Impact Project (EIP: IRC, WorldRelief, Concern), EGPAF, Population Council

3.5 BASICS' Overall Strategy: Combining Tailored Advocacy Interventions with Well Selected service Delivery Activities in Child Health

The Advocacy Component:

- **Audience**: High level decision makers, program managers, leaders

- Content: Convincing strong statement of the huge health benefits of long birth intervals and/or the adverse effects of short intervals on child health using country data, regional data and new findings from the USAID sponsored and other studies.

-**Methodology:** Evidence based approach using various methods from PPTs presentations, to sharing published documents, to visit successful demonstration interventions

- Key principles: Creation of ownership; building on local champions and engaging local decision makers for immediate institutionalization of major changes for HTSP integration within MCH Programs

3.6 Overall Strategy: Combining Tailored Advocacy Interventions with Well Selected service Delivery Activities

The Service Delivery Component Focuses on WHO recommendations:

-**Audience**: providers of child health services: newborn care, immunization, growth monitoring and nutrition clinic, facility based IMCI, community IMCI

-**Content:** accurate and complete information about effects of HPS on child health using country good data, regional data and new findings from the USAID sponsored six studies and WHO recommendation for Spacing

-**Methodology:** evidence based approach using various methods & channels; from PPTs presentations, to sharing published documents, to visit successful demonstration interventions or projects

Key principles: creation of ownership by building earlier on local champions and engaging local decision makers for immediate institutionalization of the major changes

3.7 Institutionalization and Operationalization of the integration Strategy

- Integration within the country Child Health (PHC) Policy and Strategy guidelines (norms, protocols and standards)
- Integration in the country's Child Health tools and approaches for each target essential child health activities
- Integration to the training curriculum, supervision/ monitoring guides and other management materials for each of the essential child health activities
- Selected essential child health and maternal health activities include: *Antenatal care, Post-Partum Care, Immunization services, Growth Monitoring and nutrition clinic, Facility based-IMCI, Community IMCI, Emergency Visit at clinic for baby*

3.8 Country Level Experience: Rwanda, Swaziland, Timor Leste

- **Placing MCH and PMTCT Technical Advisor** at country level to work with the Ministry of Health to support birth spacing activities
- **Strengthening birth spacing within maternal and child health policies, protocol and guidelines**
- **Assessment of child health services for integration of HTSP**
- **Capacity Building for health care workers** in PMTCT, integrated IMCI-HIV-Birth spacing training, postnatal care, and Immunization sites
- **Regular supervision and mentorship at the district level**
  - Joint Monitoring of IMCI-HIV-BS activities in the district with MOH/MCH
  - Supportive supervision to selected districts
- **Partners: International and at country level:** MOH, ESD, ACCESS-FP, IntraHealth/Twubakane, IntraHealth/Capacity Project, EGPAF, POPCOUNCIL, other NGOs.

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3.9 Platforms for HTSP integration in child health programs

- IMNCI-Sick baby clinics at MCH (Rwanda, Malawi)
- Immunization and Well baby clinics (Rwanda)
- Essential newborn and postnatal care (Swaziland, East Timor)
- PMTCT programs (Malawi)
- Pediatric HIV care and support services (Rwanda)
- Pre-service and In-service training curriculum (Rwanda, Malawi)

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3.10 Tools in Support of HTSP Programming

1. Advocacy and Capacity Building in HTSP
2. Methodological guide for HTSP integration at child health service points
3. Key HTSP messages for use at Immunization sites
4. Church Health Messages on Child Spacing
5. Jeopardy Game on Child Spacing for community mobilization and capacity building for health care providers

3.11 Tools in Support of HTSP Programming cont'd

6. Rapid Facility Functionality Assessment Guide

7. Supervision and Mentorship checklist

8. Framework for monitoring and evaluation at global and country level of HTSP results

9. Training Manual for integration of HTSP into child health programs

Guide to Pediatric HIV Presumptive Diagnosis

Entry Points To Care: Immunization, Orphans and Vulnerable Children (OVC) Services, Home based care and Nutritional Care and Support at Community level

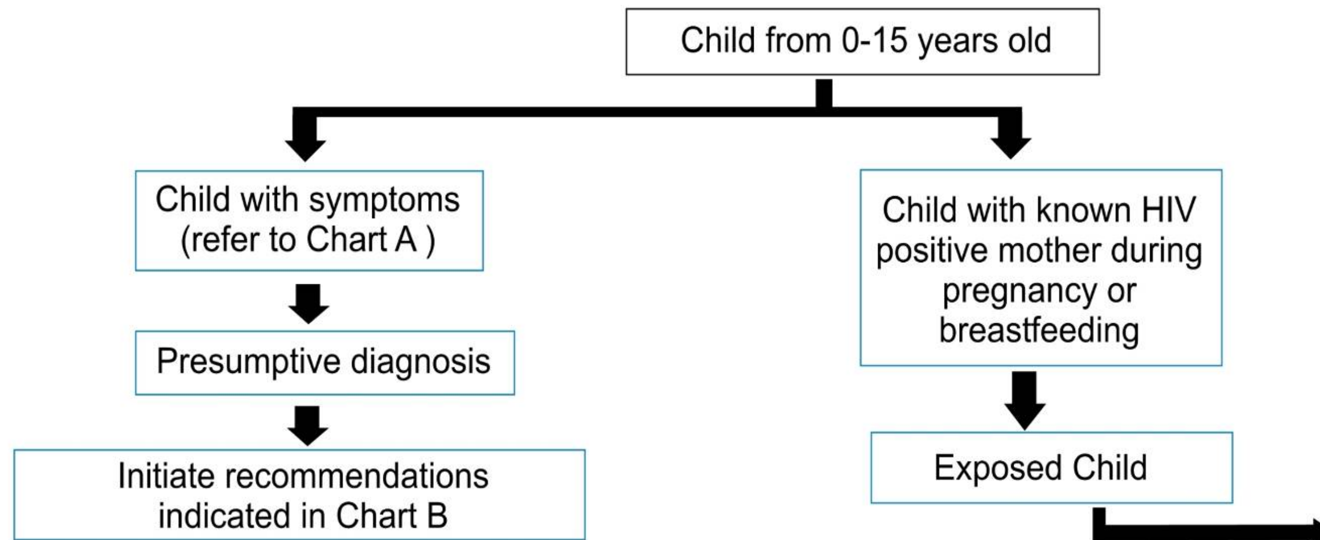

CHART A: Presumptive Diagnosis of HIV infection in children based on Clinical Signs and Symptoms

- Unexplained severe wasting or severe malnutrition not adequately responding to standard treatment
- Unexplained persistent diarrhea (>14 days)
- Unexplained persistent fever (or intermittent for >1month)
- Oral candidiasis (Post neonatal period)
- Pulmonary or extra pulmonary tuberculosis
- Recurrent severe bacterial infections
- Chronic herpes simplex (labial or cutaneous >1 month)
- Recent history of maternal death due to HIV

NB. Any two or more of the above signs and symptoms leads to presumptive diagnosis of HIV and application of chart B recommandations

Chart B: Recommendations for positive HIV test /Exposed child

- Refer for HIV testing
- Schedule follow up visit in 14 days
- Counsel on infantfeeding
- Advise on home care for child
- Continue immunization schedule
- Counsel mother on her own HIV status and advise that other members of the family go for HIV testing
- Link mother & child to support groups
- Counsel mother on birth spacing and where to go for family planning services

1

WHILE MOTHERS ARE WAITING FOR A VACCINATION, SAY THE FOLLOWING TO THEM ABOUT BIRTH SPACING AND HIV

- Even if you have resources, your children will grow better if you always wait at least two years after giving birth before conceiving again. Waiting this long is also good for your health.
- Using a modern contraceptive is the best way to ensure you will not conceive before you want to.
- Visit Family Planning services here or at another health facility to learn about planning your next pregnancy and to obtain contraceptives.

HIV

- If a woman with HIV conceives, she may give the disease to her child during pregnancy , delivery, or later when she breastfeeds. Mothers with HIV who conceive have a better chance of protecting their babies against the disease by taking special medicine during pregnancy.
- The first step in protecting your baby is going for antenatal care, including getting tested for HIV and knowing your test result. If you are HIV-positive and you conceive again, ask an antenatal care service provider here or at another health facility what you need to do next.

On the other side of this card is important information to tell mothers right before their child is vaccinated.

2

BEFORE VACCINATING A CHILD, BE SURE TO DISCUSS THE FOLLOWING WITH THE MOTHER (OR CAREGIVER).

- Tell the mother the names of the vaccines her child will receive and the diseases they protect against.

Vaccine	Protects child against:
BCG	Tuberculosis
OPV (oral polio vaccine)	Polio
Pentavalent vaccine (Penta)	Protects against five diseases: • Diphtheria • Whooping cough • Tetanus • Hepatitis B • Some types of pneumonia
Pneumococcal vaccine (Pneumo)	Some other types of pneumonia and some meningitis
Measles	Measles

- Explain that there may be some minor side effects, usually pain or redness where the injection was given or fever. These generally go away in one or two days. If the mother is concerned, she can bring her child to the health facility or give the child paracetamol.
- Say that the child needs to be vaccinated several times in the first year of life to be protected against 9 serious diseases.
- Tell the mother the date when she should return for the next vaccination and show her where you have written that date on the vaccination card.

Vaccinate according to this schedule

Age of child	Birth	6 weeks	10 weeks	14 weeks	9 months
Vaccines and doses to give	• BCG • OPV-0 *This is the birth dose of OPV and should only be given in the child's first two weeks of life.*	• OPV-1 • Penta-1 • Pneumococcal-1	• OPV-2 • Penta-2 • Pneumococcal-2	• OPV-3 • Penta-3 • Pneumococcal-3	• Measles vaccine

- Remind the mother to always bring her child's vaccination card when they visit the health center for any reason. Also remind the mother to bring her own health card whenever she visits the health center for antenatal care.

On the other side of this card are important things to say to mothers while they are waiting in line for their child is vaccinated.

3.14 Timor Leste Country Experience: Key Health Messages on Pregnancy Spacing for use in Churches

JUNE: Pregnancy and Birth Spacing Month

- **First Week:**
  - Recommended Birth Interval of at least 3 years between births- "To benefit everyone's health, the time between one birth and the next should be *at least three years.*"
- **Second Week:**
  - Benefits of longer birth intervals to children
- **Third Week:**
  - Benefits of longer birth interval for the rest of the family-mother, father, and community, etc
- **Fourth Week:**
  - The first thing that couples need to do is *discuss* together the benefits of having an interval of three years or longer between births.
  - Then if they agree to try for at least three years until the next birth,
  - The second step is for them to talk to a health provider who can describe many different ways to accomplish this.
  - Together with the health provider, the couple can select the most appropriate and easiest method for them.
  - It should also be a method that both the wife and husband feel comfortable with."

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Short orientation of Child Spacing

DOUBLE JEOPARDY!

4.1.1 Country Experience: Swaziland

Swaziland: BASICS and partners implemented the integration of focused quality postnatal care for all postpartum women and their newborn babies in ANC and PMTCT.

▪**Objective:** Improve the follow-up and care of HIV positive mothers and their exposed babies, who were being lost to care after being identified by the national PMTCT program during ANC.

- Training and supportive supervision to 132 health staff involved in MNH care and birth spacing;
- Facilitated system improvements to provide the new postnatal care services;
- Program was evaluated after one year.

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4.1.2 Swaziland: HTSP counseling by health providers at postnatal clinic

Observation of providers counseling on and providing preferred FP method

Percent of providers counseling On and providing FP method

100
80
60
40
20
0

Baseline 2006 (N=50)
Endline 2007 (N=117)

	Baseline 2006 (N=50)	Endline 2007 (N=117)
Provider asks preferred method**	32	82
Client receives preferred method**	28	70

** $p<0.01$

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4.2.1 Country Experience: Rwanda
Exit Interview for mothers visiting MCH services in health facilities in Rwanda

Result of HTSP integration within maternal and child health services in Rwanda

Response from Clients Interviews (%)

Selected HTSP Indicators	Baseline (N=29)	Endline (N=67)
Client received HTSP message at Consultation	28	78
Client could identify benefits of birth spacing	31	75
Client could state adequate birth interval	34	64
Client/family on FP method for 3-5 years	21	36

4.2.2 Rwanda Country Experience: Evaluation of HTSP messages at IMCI and Non-IMCI District

Communication and Counseling for mothers and caregivers by health care providers at IMCI clinics

	Kirehe District (IMCI) % & Number	Bugesera District (non-IMCI) % & Number
Rule for treatment at home (continuing breast feeding)	100% (5/5)	0% (0/6)
How to correctly administer treatment	100% (2/2)	17% (1/6)
Counseling on infant feeding and nutrition	100% (5/5)	33% (2/6)
When (mother or guardian) to return immediately to the health center	100% (5/5)	17% (1/6)
Counseling on healthy timing and spacing of pregnancy	67 % (6/9)	33% (2/6)

Source: MOH/Rwanda/Laval University/BASICS: Rapport d'évaluation de la stratégie de Prise en Charge Intégrée des Maladies de l'Enfant (PCIME) dans le district de Kirehe dans la Province de l'Est au Rwanda. November 2008

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Country Experience: Timor Leste

Timor Leste RH/FP Background

- Population: 1 million
- TFR for Timor Leste: 7.8 (DHS 2003)
- Maternal mortality ratio: 660/100,000 (DHS 2003)
- Infant mortality: 84/1000 live births (DHS 2003)
- Women using a modern contraceptive method: 9.7%

- **62%** of ever-married women were **unable** to name or recognize any contraceptive method
- **69%** were **unable** to identify sources of family planning services
- **64%** of women report they have **never** discussed family planning with their husbands
- **71%** of ever-married men were **unable** to identify a contraceptive method
- **80%** were **unable** to identify a source of family planning information

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Timor Leste Country Experience on HTSP Integration within child health services cont'd:

Knowledge of Healthy Timing and Sapcing of Pregnancy among child health care providers in Oeccusse Districts Timor Leste 2008

Child Spacing Indicators	% of HCWs Interviewed
Knowledge of who can use child spacing	79
Knowledge of benefits of child spacing	71
Knowledge of methods used for child spacing	57
Knowledge of key messages on child spacing	36
Knowledge of recommended birth interval after a livebirth	14

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Timor Leste Country Experience cont'd:

FP Clients served at 4 Community Health Centers in Oeccusse District- Timor Leste

BASICS/TAIS commenced integrated HTSP services in November 2008

Year	Number of Clients Served
Feb. 2007	144
Feb. 2008	188
Feb. 2009	325

Y-axis: Number of Clients Served (0, 50, 100, 150, 200, 250, 300, 350); X-axis: Year

Total Population=66,000   Target women of reproductive age =16,642

5.1 Lessons Learned

Enabling environment for a successful Integration

- HTSP is not a Stand Alone Program but complements other maternal and child health services;
- Functional PHC activities with constantly increasing performance for the essential MCH package in which the new HTSP interventions will be integrated;
- Readily available quality and complete data from the DHS for baseline and for planning purpose;
- Political will with interested and influential public officials in various management and leadership functional structures…Champions for HTSP;
- Partnership and collaboration in HTSP activities: A roster of interested local child health partners with good working relationship the Ministries of Health and other partners including BASICS.

5. 2 Lessons Learned

Enabling environment for a successful Integration cont'd…

- BASICS' strong and strategic representation in country with her highly technical and leadership credibility to influence political and strategic decisions, as well as engaging and coordinating partners to work for common child health goals;
- Appropriate tools and approaches reviewed and improved by internal and external experts from various organizations for quality assurance;
- Training and capacity building of health care workers on HTSP integration within maternal and child health platforms including IMCI, ANC/PMTCT, Immunization clinics, postnatal and other services;
- Balance demand creation for HTSP services with improved access and quality of services in family planning;
- Supportive supervision and mentorship at all levels of the health care system;
- Joint Monitoring and Reporting of activities in HTSP integration at the country level with clearly defined indicators for HTSP.

Every mother/guardian visiting with a child to health facility is a target audience opportunity to provide healthy timing and spacing of pregnancy information and services

5.4 Challenges for the expansion of HTSP

Constraints & Issues:

- Engaging child health providers to integrate preventive measures such as HTSP activity into their daily busy child survival activities limits access to HTSP services;
- Some child health implementing partners are not willing to take HTSP activities unless they are adequately funded to do that;
- Some implementers and health care providers still see HTSP as family planning and as such should deserve no additional attention;
- Limited human resources for implementation of activities- Point person is required to facilitate program implementation, data collection and supervision of HTSP activities at all levels of care at the country;
- Monitoring impact of activities through partners who have other multiple activities and programs;
- Limited funding for the implementation of integrated HTSP activities.

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6. 1. Recommendations

- **At National level:**
  - Revise family planning guideline to include clear and specific messages on healthy timing and spacing of pregnancy
  - Integrate birth spacing activities into regional and district health plans, and monitor quality of FP services
  - Integrate specific birth spacing messages in pre-service nursing curriculum for health care workers
  - Produce and disseminate birth spacing specific IEC materials targeting women, men, couples religious leaders, and low literacy population
  - Coordinate with HMIS to clearly define and monitor specific HTSP indicators for child spacing. This should also include:
    - *Women of reproductive age/couples who could state benefits of child spacing*
    - *Women of reproductive age/couples who could state the recommended birth interval after a live birth*
    - *Women using family planning method for 3-5 years*
  - Maximize collaboration amongst maternal and child health partners and the communities on child spacing

6.2 Recommendations

At Health Facility Level

- Expand the use of MCH entry points especially IMCI clinics, Immunization, early postnatal period and pre-pregnancy care to provide information on child spacing and family planning services;
- Introduce groups health talks on key health messages including child spacing before clients are seen by the health care provider at health facilities;
- Promote daily family planning services on for clients and where not feasible ensure that FP services are provided on immunization, ANC and MCH/IMCI clinic days;
- Link HTSP and Family Planning with MCH, PMTCT, ART, TB, and HBC programs through referral systems, training, etc.
- Improve quality of FP services through integrated supportive supervision and mentorship.

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6.3. Recommendations cont'd

At Community Level:

- Involve community leaders in raising awareness about healthy timing and spacing of pregnancy through community mobilization activities;
- Use community discussions supported by media messages, radio spots, soap opera and film to create demand for family planning services.
- Involve the men and the religious in community mobilization activities in the sub-districts
- Use CBO/FBOs including churches or worship places to provide key information on maternal and child health including adequate child spacing within culturally and religiously acceptable context.
  - With dialogue the Church and MOH can arrive at a common ground to improve maternal and child health through HTSP services.

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Conclusion

- Integration of HTSP in child health services is feasible and crucial to reinforcing child and maternal health services.
- HTSP in child health contributes to expand the access and use of FP services by reducing the missed opportunities to educate women/couples on the benefits of HTSP and the use of contraception to achieve their fertility intentions.
- HTSP is an essential component of the Repositioning FP Initiative and should receive more attention and commitment from the FP program managers, policy makers and donors.

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BASICS Country and HQ HTSP Team

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Thank

You