



MAYA HEALTH ALLIANCE WUQU' KAWOQ

Annual Report 2015



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from our executive director

Dear Friends,

2015 was a year for exciting growth and expansion within Wuqu' Kawoq | Maya Health Alliance. We started off the year with the grand re-opening of our Santiago clinic, funded by our partner TenCent China. This beautiful new space has helped us to better serve our patients both with complex care needs as well as those with chronic conditions like diabetes.

This year we launched new initiatives that allow us to reach even more patients, while maintaining our vision of collaborative, research-based, and community-centered intervention. First I want to thank our partners, both internationally and within Guatemala, who have helped us to expand and provide high-quality care for our patients.

With partners Watsi and the Universidad del Valle de Guatemala, and funded by Grand Challenges Canada, we are performing a cutting-edge clinical trial on the effects of childhood malnutrition on neurodevelopment, and pioneering innovative home-based interventions to treat this chronic condition. Partnering with Emory University and the National Institutes of Health, we are piloting a mobile application to help local midwives identify perinatal complications and reduce the high infant and maternal mortality rates here in rural Guatemala. We began a resoundingly-successful women's health screening program with Friendship Bridge, a micro-loan organization, that is providing thousands of rural women, who have little or no access to health care, with free or low-cost screening for many diseases, including ovarian cancer, the deadliest cancer for Guatemalan women. These women also receive access to high-quality family planning methods. We are thrilled to continue to grow and reach new communities and make an impact for those who need it most.

One of the most exciting parts of the year has been the continued capacity-building at the core of our philosophy. Our goal is to provide our Guatemalan staff with opportunities to learn, develop, and increase their ability to provide the world-class care we pride ourselves on. This year, we have upped this focus. Our women's health staff have learned about post-partum hemorrhage, family planning counseling, and Papanicolaou, while our nutrition staff have continued to expand their knowledge and capabilities to provide home-based care. Guatemalan doctors on staff receive opportunities to publish, attend conferences, and continue their learning. This aspect will continue to grow in coming years!

Of course, none of this would be possible without the incredible staff and volunteers that form the backbone of Maya Health Alliance. We now have more than 40 full-time staff members who are dedicated to providing patients with care in their language of choice. Our ever-increasing group of dedicated volunteers played an invaluable role as well this year. Some came down for short- or long-term stays, and we also welcomed back committed volunteers who continue to provide support both in Guatemala as well as from the United States. We highlight a few of these amazing individuals in our Spotlights section this year, but want to say thank you to all!

I thank you for your continued support of Maya Health Alliance, and look forward to all that 2016 will bring!

With gratitude,
Anne Kraemer Diaz



board of directors

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HENDERSON**

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Assistant Professor
Gainesville, FL

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Businessman
Alberta, Canada

**PAT
O'BRIEN**

Executive Director
Anthropologist
Antigua, Guatemala

**ANNE
KRAEMER DIAZ**

2015 in review

100%

RECEIVED CARE IN
THEIR PREFERRED
LANGUAGE

15,000

HOURS VOLUNTEERED



>10,000

HOME VISITS
CONDUCTED IN
5 MAYAN
LANGUAGES



20 LOCAL MIDWIVES RECRUITED TO USE A
MOBILE APP TO DETECT PRENATAL COMPLICATIONS



1,450

CHILDREN
TREATED FOR

MALNUTRITION



5,000 HOURS
CAPACITY
BUILDING

NEW & ONGOING
LOCAL & GLOBAL
PARTNERSHIPS



45



1,100

PAP SMEARS PERFORMED
& RESULTS DELIVERED



5 PATIENTS
RECEIVED IN-HOME
DIALYSIS



4

MAJOR
RESEARCH
PROJECTS

2,750



WOMEN PROVIDED ACCESS TO **RELIABLE**
CONTRACEPTIVES & **WOMEN'S HEALTH EDUCATION**

PATIENTS

SERVED

>20,000

1 BOOK

PUBLISHED



We are a diverse team of physicians, nurses, anthropologists, linguists, teachers, nutritionists, engineers, public health practitioners, lawyers, designers, accountants, entrepreneurs, and community health workers.

We are a global team with local expertise.

GLOBAL



11 board members
5 volunteer physicians
2 anthropologists
1 linguist

GUATEMALA



37 full-time staff
4 part-time staff
1 anthropologist
4 long-term volunteers
3 volunteer physicians



We are united by our devotion to Guatemala,
and that's why **98% of our paid staff** is indigenous Maya,
and 100% live and work in Guatemala.

our team

our model

HEALTHCARE

We create comprehensive solutions to the world's most pressing health care needs.

Through persistence and creativity we push the limits of what is possible.



RESEARCH

The best solutions are not always obvious. Through constant measurements, evaluation, and creative redesign, we ensure that money is well-spent and patients are respected.



ADVOCACY

Local partners shape the direction and scope of our programs, encouraging diversity and inclusion in community health..



LANGUAGE & CULTURE

There is no such thing as one size fits all. By adapting to local cultures and using indigenous languages, we create an environment where every voice is heard.

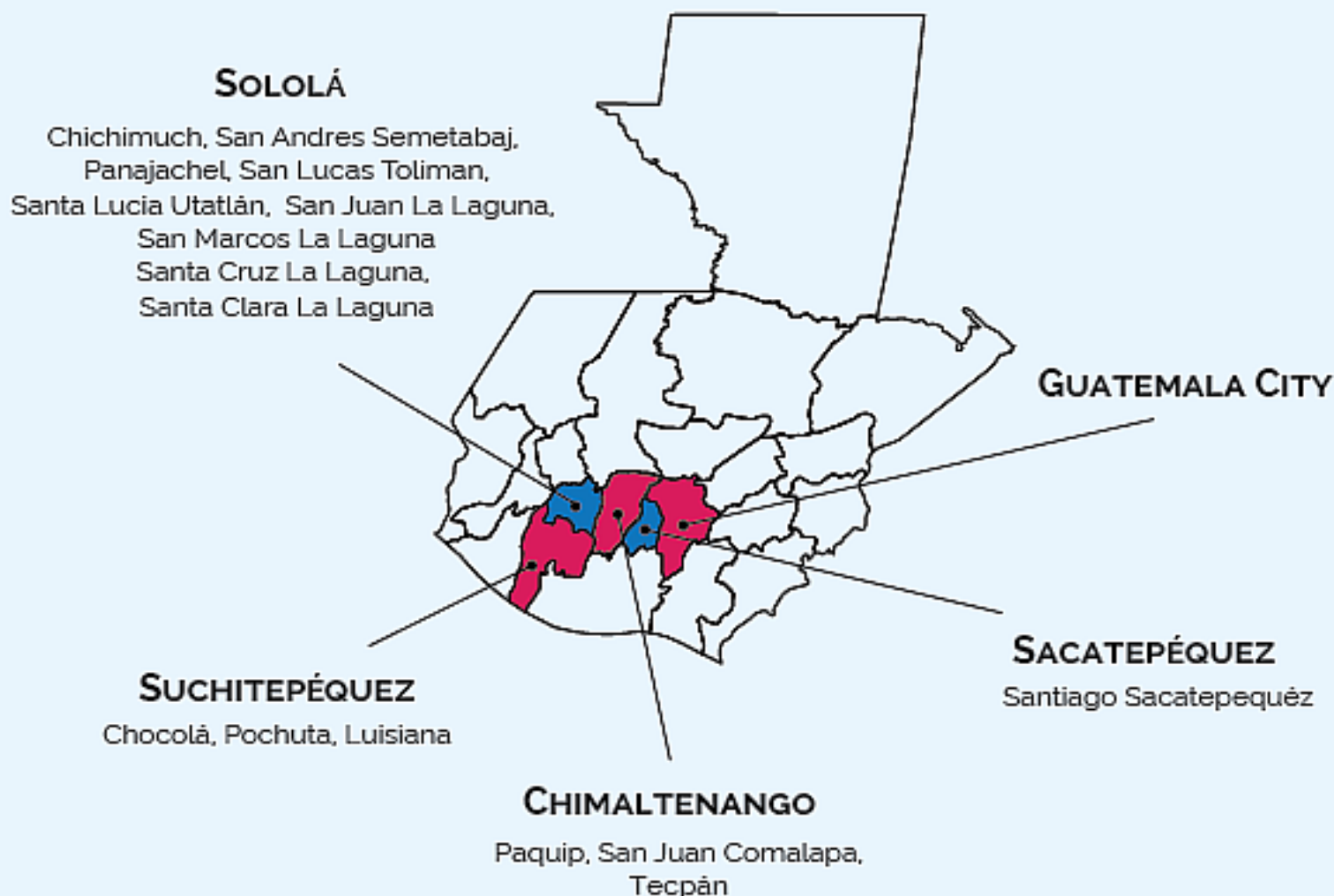
AGILE HEALTHCARE

(n.)

the process of creating high-quality health solutions, by allowing healthcare providers and patients to work in a collaborative, communal environment.

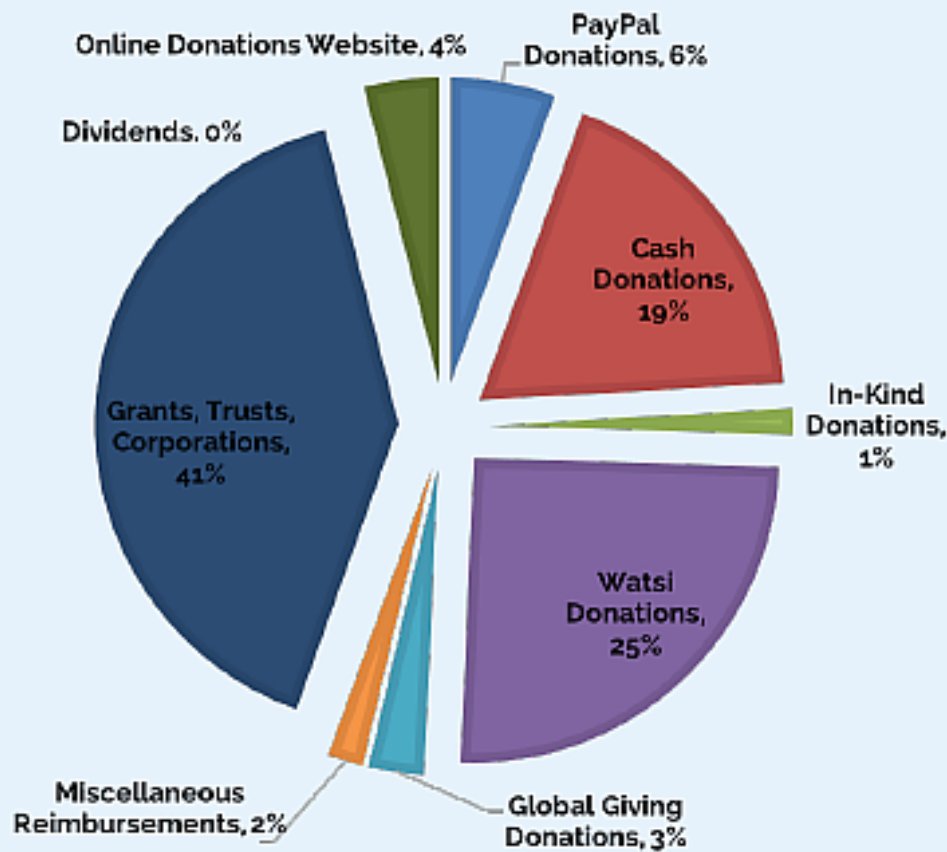
We work in four different departments, 16 municipalities, and over 41 communities to provide world-class health care to our patients. We speak five different Mayan languages, often bringing health care to patients in their own homes, and always in their preferred language.

In 2015, we served over 20,000 patients.



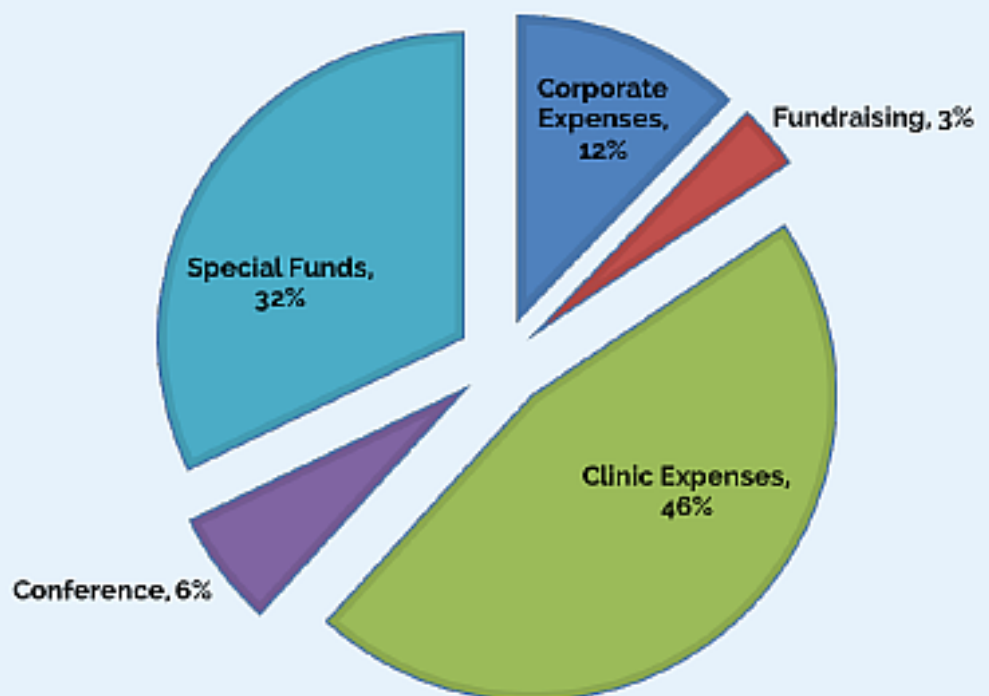
our impact

financials



OPERATING
REVENUE :
\$688,900.31

PROGRAM AND
OPERATIONS
EXPENDITURE:
\$551,828.42



updates **from the field**





In 2015, we wrote a book called **Privatization and the New Medical Pluralism: Shifting Healthcare Landscapes in Maya Guatemala!** Maya Health Alliance | Wuqu' Kawoq team members – founder and Chief Medical Officer Dr. Peter Rohloff and Research Director Dr. Anita Chary – edited and contributed articles, and Dr. David Flood and Dr. Nora King also contributed chapters.

Also this year, Dr. Peter Rohloff and board member Brent Henderson wrote a chapter in Language Documentation and Endangerment in Africa, discussing the Maya Health Alliance model and its relevance for saving African languages.

the grand unveiling: our santiago clinic

IN 2015, WE CELEBRATED THE GRAND OPENING OF OUR SANTIAGO CLINIC. THANKS TO TENCENT CHINA'S GENEROUS DONATIONS. THE SANTIAGO CLINIC SPACE HOLDS A SPECIAL SPOT IN OUR HEARTS: **IT WAS OUR FIRST HOME.**



When Maya Health Alliance | Wuqu' Kawoq was founded in 2007, Dr. Peter Rohloff saw patients in Santiago, only through home-based visits. Through the dedication of an incredible board member, Pat O'Brien in 2009 we purchased our clinic in Santiago. Five years later, with many more patients and expanded medical programs in Santiago, we needed to grow to meet the need. That's when TenCent joined us to make this possible.

the grand unveiling : our santiago clinic



This beautiful new clinic is creating access to healthcare that our indigenous patients could never have received before. We have spacious, hygienic, workable clinic rooms that give patients the privacy and dignity they deserve. There is space for teaching and for meetings, so our team can continue to develop and improve our delivery of care. Living spaces and a kitchen allow patients who would otherwise have to travel 6 hours or more on public transport for appointments in the capital to stay close-by, in comfort, and with family for support.

QUICK STATS:

\$40,000 INVESTED.

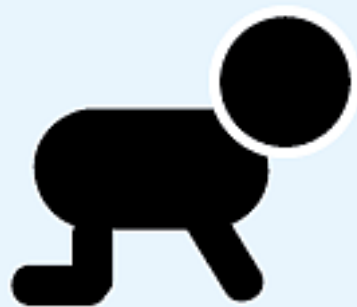
11 MONTHS OF CONSTRUCTION.

FROM 1 TO 3 FLOORS OF USABLE SPACE.

EXPANSION FROM 3 ROOMS TO 8!

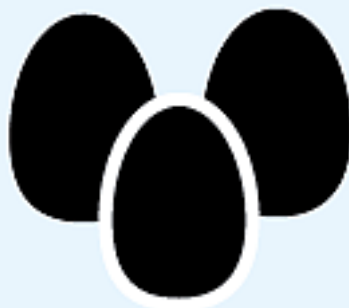
NEW HANDICAP-ACCESSIBLE ENTRY RAMP.

We can see our patients – especially those with chronic diseases like diabetes, hypertension, and cancer – in a world-class space. Many of our patients would otherwise be completely ignored by the healthcare system. Now, thanks to TenCent, we can serve them better than ever before.



>2,745

active nutrition
patients ages 0-5



432,000

fresh eggs delivered



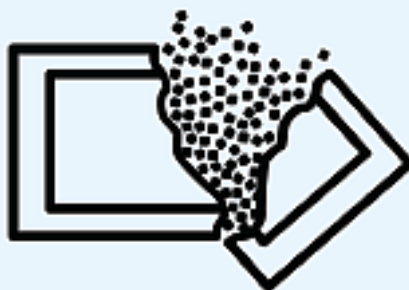
32,400

hours of in-home
motivational
nutrition education



360

hours of cooking classes for
caregivers of
nutrition patients



900,000

packets of micronutrients
delivered to
nutrition patients



325

children enrolled
in study investigating
neurodevelopment and
malnutrition

nutrition

Here at Maya Health Alliance | Wuqu' Kawoq, we go where the need is greatest. With one of the highest rates of chronic malnutrition in the world, compounded by challenging geographic and cultural contexts, Guatemala's Maya children are at high risk not only for stunting in height, but also for childhood and chronic illnesses. What is especially important is the link between malnutrition and developmental delays. Stunted children are slower to acquire milestones like walking and talking, and have poorer school achievement and completion rates. They even have lower earning potential when they reach adulthood.

WHAT WE ARE ASSESSING

Effectiveness of
home-based, personalized
nutrition education
in the caregivers'
preferred language

Changes in parenting
style and the richness
of the home environment.

Socio-emotional,
linguistic, cognitive, and
motor development of
the child

Feasibility of
crowdfunding to cover
direct costs of care
and scaling up malnutrition
programs.

In a cutting-edge clinical trial, funded by Grand Challenges Canada and with partners Watsi and Universidad del Valle de Guatemala, MHA is systematically studying the effects of chronic malnutrition on development



We are tackling the technical, logistical, and financial challenges to delivering high-quality care to stunted children. Using a randomized design, this program is evaluating the effectiveness of the delivery of high-quality, home-based nutrition education on the growth and development of stunted children.

We are training and empowering highly-motivated indigenous health workers to succeed in providing individualized home visits. Our health workers go out every day, walking miles across remote and rugged terrain to reach the families that live in even the most rural areas.



We have been able to greatly expand our nutrition program, to reach over 320 children in need in 12 different communities, in an area where access to health facilities is extremely limited.

The majority of children has been increasing in height and weight, and we have been able to create connections with families, community health workers, and community leaders.

WHAT WE PROVIDE



We anticipate that our unique blend of "hard-core" door-to-door personalized medicine and innovative donor engagement and flexible financing will be effective, scalable, and franchisable, which means we can continue to reach and serve those patients who need it most.



263

active complex care
patients



8

received prosthetic
limbs



70

received MRIs or other
diagnostic care they
could not afford



45

received life-saving
surgeries



13

care centers
connected to
complex care patients



15

received life-changing
eye surgery

complex care

It is 4am and my cell phone is ringing. Merida, our Complex Care Manager, is waiting outside in the front seat of a white shuttle. The hood of her pink Nike sweatshirt is pulled up over her long black hair and she looks just about as tired as I feel. Cesar, our driver for the day, thankfully looks more chipper behind the wheel. I hop in and we drive to a nearby hotel. A little girl, her parents, and brother get in, smiling at me as they move to sit in the last row.

Cesar closes the door, and we are off through the fog. Not even the roosters are awake yet. We will stop at another MHA | WK clinic in Santiago Sacatepéquez, where a few more patients spent the night. Then we will head to several of the public hospitals that are spread out across the concrete jungle that is Guatemala City.



The government healthcare system in Guatemala is so overwhelmed that patients must arrive before 6 am to secure their appointment for that day, so even though we left Tecpán at 4:10am, we are running on a tight schedule.

We arrive at the first hospital. This is when Merida's work really begins. She guides them to the front of a packed entry hall, and chats with the security guard and nearby nurse. It's 6:15am, and the people sitting in his hall look as though they have been waiting all night. The nurse shakes Merida's hand and gives her a small smile. Two minutes later, we hear our patient's name called over the loud speaker – magic! The two family members move forward to enter the building with Merida.

The rest of the day goes similarly. Merida talks to the right people and shakes the right hands to get our patients the care they need. If the woman at the scheduling desk says the only surgery date available is in 6 months and our patient desperately needs the operation within two weeks, then Merida walks to the next building over and chats with a social worker who sometimes can get the surgery "bumped" to a closer date. She goes into every consult to not only translate for the patients, but to advocate for their needs. She explains their medication changes and ensures they understand their treatment plan.

Merida, in the capital, is the face of Maya Health Alliance, and the person to whom patients turn when they feel lost in the system. She is there with them in every sense.





>160

active diabetes
patients



5

do dialysis in
own home in rural
areas



>95%

receive comprehensive
medical care in rural
communities



99%

receive metformin
when needed



37%

receive insulin

diabetes

In 2015, our diabetes education program continued to expand through five of our rural communities. Out of 154 diabetes patients, 86 were enrolled in education classes with consistent follow-up visits, and our first set of patients graduated after completing 8 classes in the course of a year!

A crucial element of the education program is the intimacy that our staff members and patients share. Individualized classes provide a safe atmosphere, one in which patients feel fully cared for, without the discrimination they would face if they were to seek treatment in a hospital. Moreover, since most patients are unable to travel to a hospital due to cost, illness, or time, our staff **go the distance** to reach them at home. It is not uncommon for our staff to walk an hour from one home visit to the next. During visits, our diabetes team allots as much time as the patient needs, allowing patients to express their concerns openly and in their native language.

Communication with patients in their native language may seem like a simple gesture, but it instills a deep sense of trust that would otherwise be hard to achieve. With that trust, patients are more willing to utilize the information they receive in their education classes and adopt healthier behaviors, such as taking medicine routinely, incorporating more exercise, and improving eating habits.





>2,745

active women's health
patients



5

women treated for
cervical cancer



284

received reliable
contraceptive
methods



2,100

women's health visits
performed
in rural communities



909

breast exams
performed

women's health

REFLECTIONS FROM THE FIELD FROM DR. KIRSTEN AUSTAD

My favorite part of working with Wuqu' Kawoq is training our amazing women's health nurses. In Guatemala, nurses do not typically have access to ongoing education to expand their skill set. At Maya Health Alliance | Wuqu' Kawoq, we believe these nurses CAN provide high-quality medical services that would otherwise be delivered only by doctors. Our doctors develop clinical protocols and provide program oversight and support, while our nurses provide direct patient care in the Mayan languages of our patients.

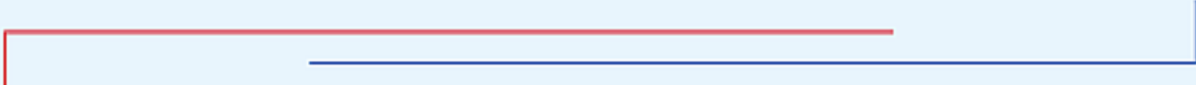


One of our primary goals for 2015 was to give our patients access to better family planning tools known as LARCs, or long-acting reversible contraceptives. This term includes hormonal implants and intrauterine devices, which are over 100 times more effective than oral contraceptives and injectable progesterone (Depo). They are ideal because there is no need for frequent replacement, there is less risk of running out of stock (something that often happens in the cash-strapped Guatemalan government health system), and they are discreet – allowing women to plan pregnancies without fear of others knowing.

REFLECTIONS FROM THE FIELD FROM DR. KIRSTEN AUSTAD

Through a combination of classroom and field-based training, our nurses have become experts in counseling patients on their options for birth control, including possible side effects, and addressing the many myths that exist regarding contraception in local communities, and in the placement of implants and IUDs. So far we have placed over 120 LARCs and now, with six nurses fully trained, that number will continue to rise.

While I was finishing the in-the-field contraception training with one of our nurses, two of her sisters came to have contraceptive implants placed. I watched her expertly carry out the counseling and procedure, without any need for my help. The next day, she told me that upon arriving home that night, her family was shocked to hear from her sisters that she placed the implant (instead of me, the doctor). They had never heard of a nurse capable of doing that before. She smiled and said that when first told that she would learn to place implants, she too did not think that she was capable.



We at MHA | WK see great potential in our nurses. The main reason I love training them is to witness the shift as they slowly come to see that potential within themselves.

Our nurses become more self-confident, happier, and begin to advocate for the health challenges they believe our organization should tackle next.

When patients come to Maya Health Alliance for medical services and see indigenous women independently providing comprehensive women's health care, we begin to slowly shift the paradigm on the role of women and we start to see positive change for indigenous communities taking place. Our nurses work tirelessly to improve their communities and to fix the Guatemalan health care system from within. We are all excited to see what they accomplish in the realm of women's health in 2016!

It is no secret that health care in Guatemala is challenging. Existing health care systems do not take into account culturally-appropriate services for rural, indigenous women, resulting in significant discrepancies between need and access.

The partnership between Friendship Bridge - a micro-lending organization that serves 20,000 clients, mostly indigenous women - and Maya Health Alliance was created to overcome this gap by providing indigenous women with access to health care specifically designed for them.



The pilot collaboration launched in July 2015 has been a resounding success.

The effort featured a team of three local nurses - each of whom speaks a different Mayan language, a project manager, one medical doctor, and a group of highly-motivated and qualified volunteers. The project far exceeded the initial goals of serving 300 women by the end of January 2016. More than 1,000 women are receiving high-quality health care in their native Mayan language.

Over 950 women received cervical cancer screening, resulting in three cancer cases being detected. All three women are receiving full follow-up treatment. The team also identified approximately 60 cases of diabetes and hypertension, and offered these clients low-cost health packages to proactively manage these diseases, including laboratory exams, treatment and medical follow-up. Around 90 women received family planning services, while 60 were treated for sexually transmitted diseases and pelvic inflammatory disease. Five women received support to access surgical procedures for prolapsed uterus, an unfortunately common consequence for women who started families early and have frequent childbirth.

The pilot achieved its intended objective of providing sustained access to culturally-attuned health care, resulting in significant improvements in quality of life for women who would otherwise remain marginalized from basic health services. We are excited to see the successes to come as we expand!





spotlights

learn more about the incredible volunteers and staff who
make everything possible

VERA GOLDBERG JOINED OUR TEAM AFTER COMPLETING HER THIRD YEAR AT HARVARD MEDICAL SCHOOL, TAKING A "FIFTH YEAR" TO REVISE OUR NUTRITION PROGRAM.

What was your main goal when you first joined our team?

My goal was to better understand how to effect change - how to carry out effective, research-driven intervention, and how the Guatemalan healthcare system works, because I hope to continue coming back to work in Guatemala with MHA | WK.

What is the most impactful experience you have had here?

Yoli (name changed for patient confidentiality) is a 14-month old baby who really helped me shift my definition of success. When we first met her, her hemangioma, a benign tumor, was swallowing the right side of her face. Had she been in the US, her case would have been caught much earlier. At first, I had this false expectation that she would get her eyesight back, and thought, 'if she doesn't get her eyesight back, what's the point?' but now I see that it really does make all the difference. If she hadn't received treatment, it may have spread to her other eye, or damaged her hearing.



"WE SHOWED BOTH HER FAMILY AND THE COMMUNITY THAT PEOPLE CARE ABOUT THEM AND THAT THEIR COMMUNITY ISN'T FORGOTTEN OR ABANDONED."

Without MHA | WK she never would have gotten the care she needed. The government system just doesn't have a presence where she lives and her family doesn't have the resources to seek care on their own. Yoli is a good reminder that this type of care is something we can do, and we should do.

KATIA COMES TO US FROM CALIFORNIA, WHERE SHE COMPLETED HER UNDERGRADUATE STUDIES AT UNIVERSITY OF CALIFORNIA SANTA CRUZ. SHE HAS WORKED IN GUATEMALA SINCE EARLY 2014 AND JOINED OUR TEAM IN APRIL 2015 AS OUR COMPLEX CARE COORDINATOR.

Katia coordinates vital administrative aspects of our complex care and referral program. She also plays an instrumental role in our fundraising efforts - including revamping the process for funding patient care through our partner Watsi - and social media. She is willing to take on any task including filming and editing several promotional videos for MHA, and spending long hours preparing grant applications.



**"I HAD NO IDEA WHAT TO EXPECT WHEN I JOINED THE TEAM. . . .
I QUICKLY REALIZED THAT MHA IS SPECIAL BEYOND WORDS. THEY ARE DOING
POWERFUL WORK THAT SHOULD BE THE NORM IN GUATEMALA.
IT'S DIFFICULT BUT POSSIBLE."**

Her favorite part of working with MHA is seeing the dedication of the staff and the diversity in how we approach cases based on patient needs to ensure quality, culturally and linguistically appropriate care.

Katia will start medical school at Burrell College of Osteopathic Medicine in Las Cruces, New Mexico in summer 2016. She hopes to work with underserved communities in the future as a physician. We wish her all the best with medical school and are so grateful for her excellent contributions, her creativity, and her dedication to Maya Health Alliance!

REBECCA WORKS AS A NURSE FOR OUR NEW WOMEN'S HEALTH COLLABORATION WITH PUENTE DE AMISTAD, IN TZUTUIJIL-SPEAKING COMMUNITIES AROUND LAKE ATITLÁN.



"OUR PATIENTS KNOW THAT THEY ARE GOING TO RECEIVE WHATEVER HELP THEY NEED WITH US, THAT WE WILL TELL THEM THEIR RESULTS AND MAKE SURE THE APPROPRIATE TREATMENT IS GIVEN. THIS IS A COMPLETE AND COMPREHENSIVE SERVICE FOR WOMEN."

Day-to-day work is strenuous: traveling to rural villages on pickups and public buses, carrying heavy equipment in a backpack, then walking to reach the most distant patients. She visits groups of women and perform health screening consults, including Pap smears. She then shares lab results with patients, dispenses family planning methods, and performs follow-up visits. She loves helping indigenous, rural women who often are monolingual in one of the Mayan languages. Many of these women have little to no interaction with biomedical healthcare systems, and we bring new knowledge about health and illness.

What Rebecca appreciates most about her work is that the women receive follow-up care. Too often in Guatemala, clinics only offer an initial consult and patients are subsequently forgotten.

We are lucky to have Rebeca and her dedication on our team!

GLENDIA IS ONE OF OUR AMAZING NURSES, WHO PROVIDES SERVICES IN WOMEN'S HEALTH, MATERNAL-CHILD HEALTH, AND NUTRITION IN BOTH K'ICHE' AND SPANISH.

Glenda comes from a family of 12 with humble means, the first in her family to study for a professional career. Glenda washed and ironed laundry, harvested coffee on plantations, and sold her drawings, crochet work, and handmade traditional bags- all to support her own education and provide for her siblings.

When she started working with Maya Health Alliance | Wuqu' Kawoq seven years ago, she managed and directed the clean water initiative in our coastal community, then began to work in childhood nutrition. After five years, she returned to school to follow her dream of becoming a nurse. Glenda now skillfully coordinates all projects in the Bocacosta. She performs pap smears, is adept at placing implants, and works with malnourished children, among many other responsibilities.

Although she works long hours, Glenda says, "I see it [my job] as a work of charity, as a joy. Everything that I do, I do with good will."



"I WANT TO SHOW THAT A WOMAN HAS VALUE, THAT A WOMAN CAN DO IT. I SHOW PEOPLE THAT EDUCATING WOMEN IS WORTH IT."

Glenda has emerged as a true leader and health advocate in her community and our organization, and has become an example of what indigenous women can achieve.

matyöx. gracias.

thank you to our partners & sponsors.



Universidad de Guatemala



Tencent 腾讯



FriendshipBridge
Empowered Women Eliminating Poverty

ROMP
Rural Outreach Mission Project



HARVARD
MEDICAL SCHOOL

EDUCATE - FLED
MAYAN FAMILIES
SHELTER - HEAL



National Institutes of Health
Turning Discovery Into Health



EMORY
UNIVERSITY



VANDERBILT
UNIVERSITY



BRIGHAM AND
WOMEN'S HOSPITAL

Helps
INTERNATIONAL

GlobalHealthHub.org



GlobeMed



Liga Nacional
contra el Cáncer



Stanford
University

CAWST

GlobalGiving



wakami

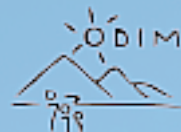


Carle

miracles
in action

UNIVERSITY OF
Cincinnati

ONE
DAY'S
WAGES



Grand Challenges Canada
Grands Défis Canada
GOOD IDEAS FOR HUMANITY

Edesía
GLOBAL NUTRITION SOLUTIONS



MIL MILAGROS
A Thousand Miracles



SINAPI
FOUNDATION
partnering for sustainable communities

Planned
Parenthood



UNIVERSITY OF
MARYLAND



Ministerio de Salud Pública
y Resistencia Social



POPULATION
COUNCIL
Ideas. Evidence. Impact.



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EIN # 20-8741625