



ALDEA™

STRENGTHENING MAYAN COMMUNITIES SINCE 1967



ANNUAL REPORT 2018

Dear Friends,

We are completing a year of growth. We wrapped up our 50th Anniversary celebrations at the end of 2017 and designed and launched our next five-year program plan. **Your support has given us a strong foundation, and we are tremendously grateful to have you with us as we continue this journey into the future.**

Last fall, ALDEA and our sister organization in Guatemala, ABPD, began updating our joint strategic plan, which will guide our work for the next five years. We researched current best practices and engaged our staff and members of the communities where we have been working, listening to their experiences and ideas. In our spring newsletter we shared a progress report, describing their feedback about what is working well and how to improve our effectiveness. By incorporating their ideas, we are confident that our new strategic plan underpins our proven grassroots development approach **and** allows us to challenge ourselves going forward to deepen our commitment to community mobilization. We want to ensure that men and women, boys and girls, adults and adolescents, all have a voice and a role in securing a better future. Such broad participation will strengthen the long-term impact of our work as everyone in the community is invested in the positive changes underway.

The overarching objective of our new strategic plan is *to improve the health and well-being of Mayan families in rural Guatemala through lasting, community-driven solutions. To accomplish this objective, we use a process of community mobilization that targets a major health-related problem in Guatemala: chronic childhood malnutrition.*

Chronic childhood malnutrition remains a critical issue for Guatemala as a country, and especially for indigenous families in rural Chimaltenango where we work. At 47 percent nationally, Guatemala has the fourth worst rate of chronic malnutrition among children under five in the world and the worst level in the western



hemisphere (World Food Programme, 2018). Of Guatemala's 22 departments, Chimaltenango is the fifth worst for chronic malnutrition, with an overall departmental rate that is ten percentage points higher than the national average. **In the remote communities where we work, these rates average nearly 70 percent and are sometimes higher than 90 percent.**

Our approach—to engage communities fully in securing potable water, sanitation, and improved food security and nutrition—ensures a reduction in chronic childhood malnutrition. As important as that impact is, I want to emphasize that the participatory process yields much broader results. As communities are mobilized and empowered during the course of our program, they deepen their knowledge and develop skills needed to continue addressing future development challenges.

I'm proud of our communities, our staff, our impact and the seeds we're sowing for a promising future for rural Mayan families. **Please continue to accompany us on this amazing journey. Your support is critical. Thank you.**

Warm regards,

A handwritten signature in dark ink, appearing to read 'Patricia O'Connor', written over a light blue background.

Patricia O'Connor
ALDEA Board President

Dear Friends of ALDEA and ABPD,

We achieved many successes with our 16 partner villages this year, building on your generous support to create stronger, healthier communities. We took on the challenge of working with a new municipality, Tecpán, while continuing our activities in Patzún and Santa Apolonia. Little by little, we've deepened our understanding of the local context and the best way to build relationships and implement our approach in this new area of Chimaltenango. **Altogether, nearly 1,600 families took the lead in advancing their own development through our programs.**

In the six communities that recently graduated from our program, **we saw rates of chronic malnutrition in children under two fall from 70 percent when we began working together two years ago to 44 percent now.** And in our past partner communities like Xesajcap II, which finished our program in June 2017, we find that chronic childhood malnutrition has continued to decrease significantly without external support, as the promoters and other community members sustain the efforts we began together.

We constructed six water systems this past year, providing potable water to 395 families. We



installed more than 350 gray water filters and latrines along with almost 600 efficient, vented stoves. Together with education on health and hygiene, these infrastructure improvements have helped reduce the problem of diarrhea in almost 90 percent of children, meaning they can make the most of the nutrients they consume. And those children who did suffer from diarrhea were treated in a timely manner.

Thanks to our family planning efforts, which include home visits so families can access information in a private setting, 27 women and seven men decided to choose a permanent or long-term birth control method.



The impact of our community empowerment work is perhaps the most difficult to measure—the results are often unexpected but powerful indicators of change. In the community of Cojulyá this last year, two women were elected by their peers to be promoters, and as the community saw their incredible leadership in our program they elected them to the COCODE, the most important committee in the village. Now they are the CO-CODE leaders. One of these women actually works as the plumber in the community, ensuring the

Continued on page 4

water system functions properly and carrying out all of the infrastructure maintenance, a role previously held only by men. Breaking the existing gender stereotypes shows the rest of the women in this community—including the young women—that they can achieve any type of job, not just the domestic or craft work women typically do. The men in the community have also shown they are willing to recognize women's abilities, as they were involved in selecting them for these positions.



Another very important indicator that our empowerment programs are succeeding happened this year in the community of Pachaj. The families there identified an opportunity to acquire a piece of land next to the water source for the water system that ALDEA and ABPD helped to build. They saved money and organized an enormous econom-

ic effort to buy the land and reforest it to ensure they don't run out of water in the future. This is a clear sign that they will continue to take independent responsibility for their own development.

I believe that as ALDEA and ABPD continue to work closely with our partners, supporters, and local communities, we'll see more and more of these longer-term successes and eventually, a much brighter future in the Department of Chimaltenango.

Thank you for your support and confidence in the work that we do.

Sincerely,

Paco Enríquez
ABPD Executive Director





The Dr. Carroll Behrhorst Legacy Society honors those who partner in our work with indigenous communities in rural Guatemala through a gift in their wills or estate plans.

Make a difference for generations to come.

Become a Legacy Society member today! There are several options for setting up a planned gift to ALDEA, and not all of them require a will or trust.

Let us know your intent by submitting our Declaration of Intent Form (available at ALDEAGuatemala.org/dr-carroll-behrhorst-legacy-society/) or checking the box on one of our donation envelopes; or contact Jessica at (313) 205-4249 or aldea@aldeaguatemala.org. **And if you have further questions, please don't hesitate to ask!**

Legacy Society members include ALDEA's full board and staff. To date, Legacy gifts have totaled more than \$295,000—all invested in the long-term future of our work.



"Having the chance to contribute financially to the work of ALDEA gives us deep satisfaction. I first connected with the organization, then known as Behrhorst Partners for Development, when I volunteered for three weeks in the fall of 2010. Guatemala's high rate of childhood malnutrition and stunting called me back multiple times to take action with Mayan partner families in countering chronic malnutrition's causes and effects.

"ALDEA impressed me then, and has continued to impress me since, with its effective, efficient and proactive approach responding to villages' naming of their needs and solutions. Of particular import to me as a feminist from the 1960s is the importance ALDEA gives to women's participation at all levels of decision making.

"Thus, Rick and I are delighted to be able to participate in the Legacy Society, feeling confident that the kind of work ALDEA does is worth supporting now and as part of our estate plan."

Susan Davies and Rick Talkov
Legacy Society Members

Every dollar goes a long way toward strengthening rural Guatemalan communities,
and ALDEA is grateful for all donations.

Special thanks to our Leadership Giving Circle*

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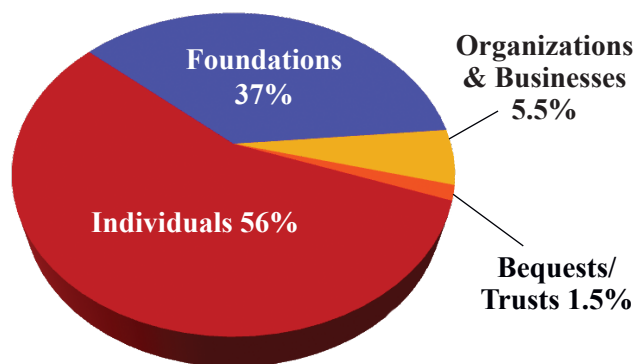
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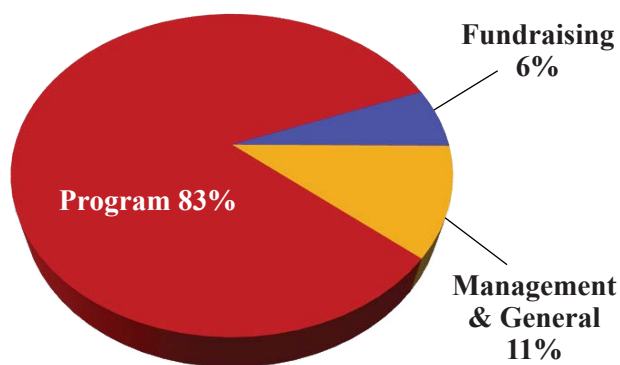
U.S. Income: \$767,616

Expenses: \$721,228

2018 Revenue by Source



2018 Expenditures



*Apart from the U.S. income reported here, ALDEA assisted in securing an additional \$161,214 in cash and in-kind contributions that went directly to ABPD and are reported in their financial statements.

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& Communications Director
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The Annual Report is a publication of ALDEA, 1732 1st Avenue #26867, New York, NY 10128. ALDEA, together with our collaborators at the Asociación BPD (ABPD) in Guatemala, works in partnership with communities to improve their health and well-being. Our approach to partnership and community development is based on the principles espoused by Dr. Carroll Behrhorst in his work with the Mayan communities of Chimaltenango. ALDEA is a non-profit, 501(c)(3) organization, and contributions may be tax-deductible. Restricted contributions to ALDEA are forwarded directly to projects; unrestricted contributions are forwarded directly to projects except for the amount required to maintain the U.S. office. ALDEA is non-sectarian and non-political. Front cover and interior photos by Javier Borrayo.

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The staff of Asociación BPD (our sister organization in Guatemala) works on the ground in villages in the Department of Chimaltenango, implementing our vital programs in their capacities as Executive Director, Administrator, Accountant, Field Supervisors (Program Support and Monitoring and Evaluation Specialists), Nutrition Educator, Family Planning and Home Visit Specialist, Social Worker, Water Specialist, Sanitation Technician, Agronomist, and Housekeeper.