



A program participant demonstrates the faucet that now makes safe, clean drinking water available in her home.

WORK IN GUATEMALA CONTINUES WITH COVID-19

BY SHEA BRONSON-DOHERTY,
ALDEA OPERATIONS MANAGER

As we enter the third year of the COVID-19 pandemic, ALDEA and our partners at ABPD in Guatemala are better prepared than ever to navigate the ever-changing context in which we work to support rural Guatemalan communities in improving their health and well-being. Over the past two years we have faced several new challenges, and as a result of continuous monitoring, evaluation, and feedback we have learned a lot and adapted our programs accordingly.

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SUMMER 2022

Following a suspension of ABPD's in-person programming as the delta variant took hold in Guatemala, since November 2021 we have been able to resume our regular programming with some safety modifications in place. These protocols include the use of masks and physical distancing, limiting the sizes of group training sessions according to local regulations, and constantly monitoring case levels in each community as well as checking participants for any symptoms. All ABPD staff have been vaccinated, including booster doses, and undergo weekly COVID testing. ABPD also requires masons working on sanitation projects be vaccinated and not interact with families when working in their homes. ABPD has also begun engaging a heavy machinery operator to do the excavation needed for our potable water systems. In the past, communities have done this physical labor as part of their contribution to the project – in some cases, we would have more than 100 men working over periods of weeks and months to dig trenches for pipes and prepare water tank sites. To avoid the potential health risk of this many people working closely together, we have been able to invest in having a professional operator do the work quickly and safely. Instead of providing the labor, the communities have been contributing their own funds to help cover this extra cost.



Since resuming in-person work, ABPD staff and our community partners have been very busy. Four potable water systems have been completed since November, and in May ABPD broke ground on two new water projects that will be constructed over the next several months. From January-March alone they installed 56 gray water filters, 106 sanitary latrines, and 154 vented, efficient stoves. Beyond these vital infrastructure projects, ABPD staff have been leading training sessions covering a diverse array of topics including proper grain storage, family garden upkeep, appropriate care for dairy goats, prenatal care, upkeep of potable water systems, preparation of nutritious foods, the importance of inclusivity in family and community decision-making, and much more. These capacity-building workshops

are integral parts of ABPD's programming that serve to enrich communities' collective knowledge of best practices needed to reduce rates of chronic childhood malnutrition, increase food security, and provide a solid base from which communities can grow.

Thanks to the hard work of our staff and program participants, this spring we had five communities that started working with us in July 2019 finish our "two-year" program of integrated projects including water and sanitation, sustainable agriculture, nutrition, family planning, and empowerment.

In this case, the process took nearly three years due to the delays we experienced throughout the pandemic. We will still work closely with these communities for another year, providing support to the promotores who are now leading programs and home visits to any families who are struggling with their children's nutrition. In May, ABPD welcomed a new cohort of families who are just beginning the process of working with us.

The results of ABPD's efforts can be seen in the results of our most recent six-month evaluation, which indicates: 84% of mothers with children younger than six months are exclusively breastfeeding; 100% of mothers take their children to monthly medical evaluations; 81% of children under two have not had diarrhea in the past month or have received adequate treatment; hygiene levels are at or above acceptable levels in 77% of homes; 17% of women who participate in ABPD programs are members of at least one community committee and 97% of women are willing to ask for help and report domestic violence if it occurs. Responsive, evidence-based programming is at the heart of both ALDEA and ABPD's core values and we are continually evaluating our programs, comparing our data with regional trends, communicating with partner communities and listening to their perspective, reviewing relevant literature to stay up-to-date with best practices in the development sector, and adapting our methods accordingly. We are grateful for the support of our generous donors who make this vital work possible.

ABOVE: *To ensure COVID safety, heavy machinery is used to replace manual labor in building a potable water system in the community of Chijacinto.*

ABPD PARTNERS WITH HEALTH CENTERS TO MEET COMMUNITY NEEDS

BY SHEA BRONSON-DOHERTY, ALDEA OPERATIONS MANAGER

The COVID-19 pandemic hit Guatemala hard and changed the country's public health landscape, exacerbating existing challenges while simultaneously producing new ones. The Guatemalan healthcare system struggled to adapt as the situation developed rapidly, policies changed to address new contexts, and uncertainty inhibited the ability to plan for the long term.

Last fall, in light of limited vaccine access and significant vaccine hesitancy due to misinformation circulating through the country, ALDEA's sister organization in Guatemala, ABPD, asked partner communities about their perspectives on the subject and whether/how they could help. Communities responded that they lacked reliable evidence about vaccines, citing Facebook and YouTube as their primary sources of news, and that they would prefer to receive information from the government via their local health centers. They added that the remote locations of many villages made it difficult to access vaccines, as they had to make long trips using the few public transportation options available to reach larger towns where vaccination was taking place. With these perspectives in hand, ABPD set out to address communities' concerns while respecting their wishes for how these issues should be tackled.


ABPD was able to find a solution through their existing relationship with the two health centers in Tecpán. They were already working together to share data collected via program monitoring, distribute anti-parasite medications, and educate partner communities about chronic childhood malnutrition. ABPD learned that the health centers did not have access to transportation and other support needed to reach many of the communities they were intended to serve, and they realized they could help.

Now, to better support the health of the local communities, this partnership has been expanded to include vaccine education and administration. ABPD provides transportation, translation, and other logistical support to health center staff so that they can reach the remote rural communities that we partner with, as well as many communities that do not currently participate in our programs. Health center staff provide factual information about vaccines to community members, answering questions and resolving concerns, and they make COVID-19 vaccines available locally to those who want them.

The outcomes of this collaboration have been exceedingly positive. ABPD's Executive Director, Paco Enríquez, shared in February that "the results of the last survey we conducted were very surprising—many more people than we would have thought have now been vaccinated," referring to a survey ABPD conducted among its program participants. In our pandemic response, as in all of our work, ALDEA and ABPD are committed to supporting communities in building healthier futures on their terms. We are proud to be able to form, maintain, and draw upon connections with both public and private institutions to support our partner communities in accessing the services they need. We look forward to what further initiatives like this one may bring.



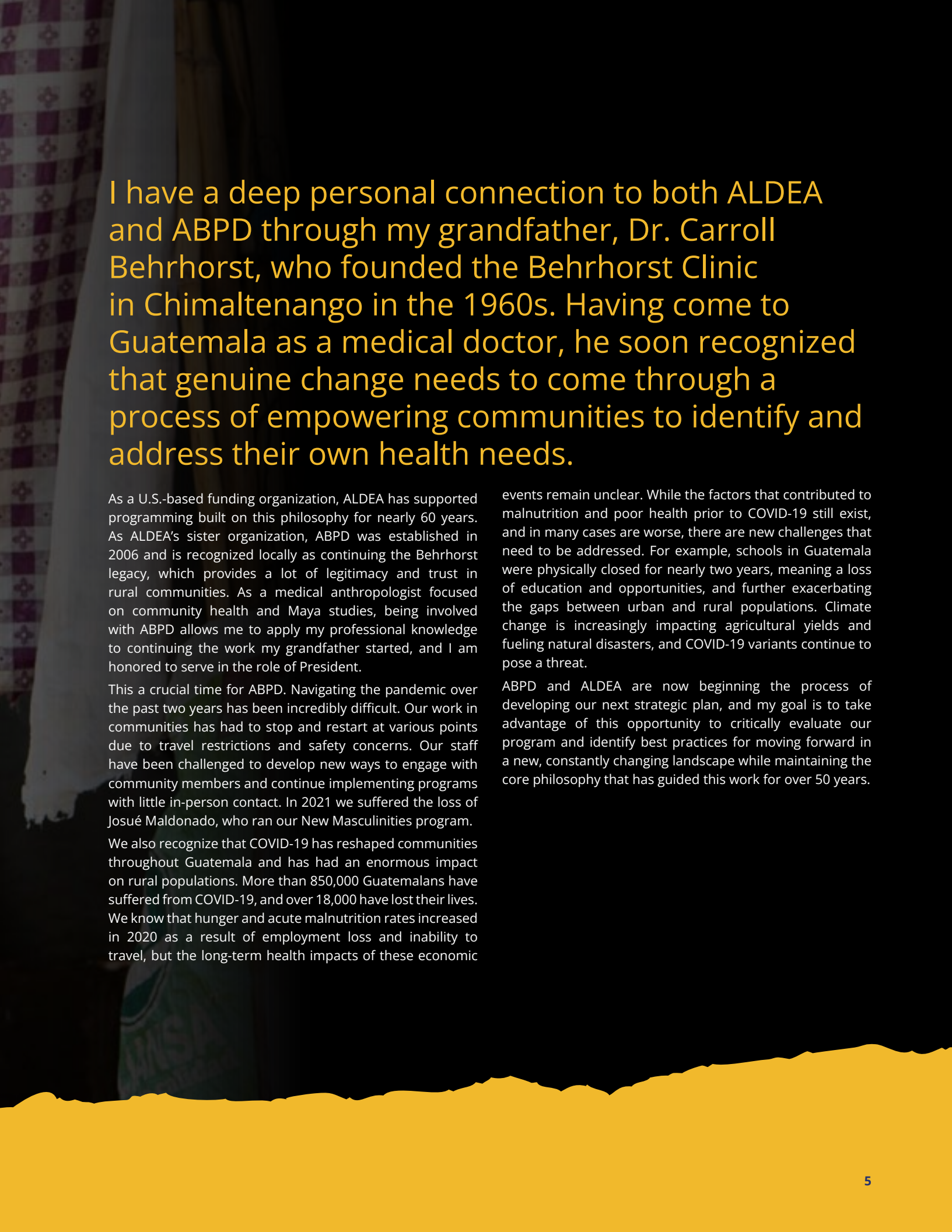
To meet new environmental and sanitation requirements, latrine designs have been updated to include wooden seats.



INTRODUCING JONATHAN MAUPIN AS ABPD BOARD PRESIDENT

In January 2022, the Board of ALDEA's sister organization in Guatemala, ABPD, elected Jonathan Maupin as President. Jonathan previously served as ALDEA Vice President and is an Associate Professor of Anthropology in the School of Human Evolution and Social Change at Arizona State University. His election follows the term end of Patricia O'Connor, who was the ABPD President for three years.

A youth program participant shows off the eggs produced by her group's laying hen business.



I have a deep personal connection to both ALDEA and ABPD through my grandfather, Dr. Carroll Behrhorst, who founded the Behrhorst Clinic in Chimaltenango in the 1960s. Having come to Guatemala as a medical doctor, he soon recognized that genuine change needs to come through a process of empowering communities to identify and address their own health needs.

As a U.S.-based funding organization, ALDEA has supported programming built on this philosophy for nearly 60 years. As ALDEA's sister organization, ABPD was established in 2006 and is recognized locally as continuing the Behrhorst legacy, which provides a lot of legitimacy and trust in rural communities. As a medical anthropologist focused on community health and Maya studies, being involved with ABPD allows me to apply my professional knowledge to continuing the work my grandfather started, and I am honored to serve in the role of President.

This is a crucial time for ABPD. Navigating the pandemic over the past two years has been incredibly difficult. Our work in communities has had to stop and restart at various points due to travel restrictions and safety concerns. Our staff have been challenged to develop new ways to engage with community members and continue implementing programs with little in-person contact. In 2021 we suffered the loss of Josué Maldonado, who ran our New Masculinities program.

We also recognize that COVID-19 has reshaped communities throughout Guatemala and has had an enormous impact on rural populations. More than 850,000 Guatemalans have suffered from COVID-19, and over 18,000 have lost their lives. We know that hunger and acute malnutrition rates increased in 2020 as a result of employment loss and inability to travel, but the long-term health impacts of these economic

events remain unclear. While the factors that contributed to malnutrition and poor health prior to COVID-19 still exist, and in many cases are worse, there are new challenges that need to be addressed. For example, schools in Guatemala were physically closed for nearly two years, meaning a loss of education and opportunities, and further exacerbating the gaps between urban and rural populations. Climate change is increasingly impacting agricultural yields and fueling natural disasters, and COVID-19 variants continue to pose a threat.

ABPD and ALDEA are now beginning the process of developing our next strategic plan, and my goal is to take advantage of this opportunity to critically evaluate our program and identify best practices for moving forward in a new, constantly changing landscape while maintaining the core philosophy that has guided this work for over 50 years.



“LOTS TO DO”: REFLECTIONS ON ORGANIZING 50+ YEARS OF HISTORY

BY PATRICIA KRAUSE, ALDEA ADVISOR

Patricia Krause was first introduced to ALDEA's work in Chimaltenango in 1970 when she and her husband Paul chaperoned Lutheran teenagers for a summer of volunteer work at the Behrhorst "hospitalito." She served as U.S. Coordinator for ALDEA (then known as Behrhorst Partners for Development or BPD) from 1984-2000, then became chair of the BPD board until her 2006 retirement. In 2020 she became a founding member of the ALDEA Advisors and led the process of organizing the ALDEA archives, including the interactive history timeline at ALDEAGuatemala.org/our-history.

Have you ever impulsively volunteered to do something and then wondered why you said, “Yes”? Did your head spin as you realized that you had possibly bitten off more than you could chew?

That was my reaction to the enormity of the assignment to assess and organize our Behrhorst archives, the scope of Behrhorst beginnings and careful documentation of our stages and phases from the 1960s until today.

“Pat, you’ll know what to do.” Where had I heard that before? Of course, it was Dr. Behrhorst’s repeated affirmation of his confidence in me, especially the early years of my coordinating U.S. support for the work in Chimaltenango. Now, I was hearing his voice once again!

The first thing I did was ask for help. Current ALDEA board members, especially Gordon Starkebaum, joined me in the process. We dug into past files and resources books, brochures, videos, photos, and newsletters. We created the

website timeline as our bare bones, a story brief enough for an elevator speech, but also able to be built on, expanded through linked-in resources.

“Lots to Do” became the narrative of the archived materials. Again, back to Dr. Behrhorst. His mantra was, “There’s lots to do.” Often that would be followed by the invitation, “We need your help.”

I must say that the weeks and months of engagement in the archiving project made it so clear to me once more that Doc was a visionary whose compassion, creativity, and determination opened the doors for many of us, Guatemalans and gringos alike, to participate in the empowerment process.

Archiving the efforts through the decades revealed to me again that I wasn’t the only one who Doc believed in when he said, “Pat, you’ll know what to do.” Doc had a way of trusting people to say “yes” to life’s opportunities. A lot has been accomplished as a result.

Doc set in motion a phenomenon that would undoubtedly astound him. He himself was able to experience the work in its glory, but also in its darkest, bleakest times. Especially after his death in 1990, there was a big question mark: “So now is that it? Is Behrhorst’s work finished?”

Indeed, it continued, through the Chimaltenango Hospitalito and Clinic owned and operated by Guatemalans; through a revitalized village health promoter program after its near decimation during the Violence; through many partner programs which Doc and others helped create; through the ripple effect of many U.S. medical students and volunteers impacted through firsthand Behrhorst-Guatemala experiences; and, thankfully, through ALDEA.

ALDEA today is a blossoming of the seeds planted by Doc and others dedicated to the health, well-being and empowerment of the indigenous of Guatemala. We have been entrusted with a legacy. And, yes, there is still “Lots to Do.”



While serving as a board member of ALDEA and/or its Guatemalan partner, ABPD, for over 20 years, I have witnessed these organizations grow in competence, resilience, and financial sustainability.

Together they make a phenomenal impact on the daily lives of the poorest, mostly indigenous Maya Guatemalans. I have included ALDEA in my will because I anticipate that the basic infrastructure and trainings ALDEA provides will be needed indefinitely and will not be provided by the Guatemalan government, and I want to be sure my support for this important work continues."

SUE PATTERSON, ABPD BOARD MEMBER



Dr. Carroll Behrhorst
LEGACY SOCIETY

Make a difference for generations to come by including ALDEA in your will or estate plan.

To learn more, visit ALDEAGuatemala.org and click "Get Involved," or contact Arianne at (929) 274-3098 or ALDEA@ALDEAGuatemala.org



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There are many ways to make a difference in rural Guatemala through ALDEA's grassroots development programs. Use the enclosed envelope to mail your gift, or visit us at ALDEAGuatemala.org/donate to use a credit card or donate via PayPal. Below are some examples* of the impact your gift can have:

- ▶ **\$1,600** can support a family through our full, three-year integrated development program.
- ▶ **\$850** can provide clean drinking water, a gray water filter, a sanitary latrine, and a vented, efficient cookstove to help a household ward off illness and disease.
- ▶ **\$300** can buy a dairy goat (along with the vitamins, basic medicines, and shelter it needs) so young children can benefit from its nutritious milk.
- ▶ **\$100** can support nutrition training sessions addressing topics like breastfeeding, appropriate weaning foods, food safety, and recipes made with fresh garden produce.
- ▶ **\$50** can provide empowerment training for women and youth to become change agents and emerging leaders in their communities.

* Gifts made to ALDEA contribute to our entire mission, and we apply your donations where they are needed most to support our long-term goals. These estimates are approximate as prices and exchange rates are constantly changing.

Please address all mail, including donations, to:

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