What do we do?

Our overarching strategic objective is to improve the health and well-being of Mayan families in rural Guatemala through lasting, community-driven solutions. Our joint program engages community members in tackling root causes of chronic childhood malnutrition while building the capacity of communities to address future challenges on their own. Our integrated program improves access to essential water and sanitation infrastructure, nutrition and sustainable agriculture initiatives, and ensures everyone in the community—including men, women, and youth—has a voice in the decision-making process. You can find more about our joint program [HERE](#).

Who are the partners?

Asociación Bienestar Progreso Desarrollo (ABPD) is a Guatemalan-registered non-governmental organization, established in 2006. It currently consists of a 14-member general assembly, a 7-member board, an executive director, and 11 program staff fluent in Kaqchikel and Spanish who are experts in their respective fields of nutrition, agronomy, social work, community empowerment, new masculinities, family planning, water and sanitation engineering, and monitoring and evaluation. The ABPD team also includes two office staff, for accounting and maintenance. You can find the Facebook page [HERE](#).

ALDEA (Advancing Local Development through Empowerment & Action), formerly Behrhorst Partners for Development (BPD), is a US-registered non-profit incorporated in 1967. It currently consists of a 15-member board, a 4-member executive committee, an executive director, and a part-time operations manager. You can visit their website [HERE](#).

Legally ABPD and ALDEA are separate organizations, with neither having any legal control over the other, and we have successfully partnered together since 2006. While either organization could also partner with other organizations on different programs, we currently only partner with each other on our joint program.

While this FAQ describes how ABPD and ALDEA collaborate as partners, our most important partners are the communities who ask us to work with them and their local municipal governments.
Both organizations emerged from Dr. Carroll Behrhorst’s philosophy of health and development:

“Genuine development requires creative, participatory processes that encourage self-reliance and a balanced sharing of available resources…the fundamental goal is empowering the poor.”

To learn more about our history visit our timeline HERE.

**How do we determine our mission and define and strengthen our program?**

Our current Strategic Plan defines our joint mission, vision, program, and how we measure program success. You can read our current Strategic Plan HERE.

Our current Strategic Plan was approved by the ABPD board and general assembly, and the ALDEA board.

Our two executive directors were leading the two boards and general assembly in creating our next strategic plan, with significant input from staff and community members, before the APBD executive director resigned. We paused the strategic planning process to enable the next ABPD executive director to participate.

During meetings of our governing bodies and through written reports, members also fulfill their role in monitoring and strengthening our program through dialogue with the executive directors.

**How do our governing bodies collaborate?**

Twice a year there is a joint meeting of the two boards and the general assembly, with reports from both executive directors and both board presidents and a joint discussion of critical issues.

Twice a year there is an opportunity for members of the two boards and the general assembly to visit a community with whom we partner to gain first-hand insights into our program.

The ABPD and ALDEA executive directors both participate in the monthly governance meetings of both organizations to report the results of program indicators used to assess success, to provide narratives from the communities, and to provide guidance on program development that the boards should be considering.

**How do we implement our program?**

The ABPD executive director and the ALDEA executive director work closely together to discuss questions of how best to implement our program components to fit within the strategic plan and how to address the two boards concerning program issues.
Roughly 90% of our program implementation is led by ABPD staff and 10% by the ALDEA staff to raise awareness in the US about health needs in rural Guatemala and the importance of supporting communities to address them.

**How do we raise funds for our program?**

The ABPD and ALDEA executive directors work closely together on fundraising and visits of donors to the communities.

Our partnership provides flexibility in receiving donations and grants as some funders prefer to donate to a US-registered non-profit and others prefer to donate to a Guatemalan non-governmental organization. For example, funders identified and nurtured by the ABPD executive director may donate through ALDEA, and funders identified and nurtured by ALDEA board members may donate through ABPD. In 2021/22 approximately 80% of the funding for ABPD was through donations and grants that came to ALDEA with the remainder going directly to Guatemala (primarily through Rotary Foundation grants administered by local Rotary Clubs). You can view the ALDEA Annual Report and financial reports [HERE](#).

**How do we make decisions about our budgets?**

Although our organizations have separate budgets, each budget is intrinsically linked to the other to best respond to needs and opportunities.

The ABPD and ALDEA executive directors collaborate with the two treasurers to develop the budgets of the two organizations, which are then approved separately by the ALDEA board and the ABPD general assembly. The organizations sign an annual fund agreement based on the approved budgets.

The ABPD and ALDEA executive directors, along with both treasurers, continue to monitor the finances together through monthly and quarterly reports and request budget revisions from the governance bodies, as needed.