Visionaries Image

ALDEA–ABPD Strategic Plan

FY 2019 – FY 2025

ALDEA
STRENGTHENING MAYAN COMMUNITIES SINCE 1967

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Contents

1. Overview

The ALDEA–ABPD Strategic Plan for July 1, 2018–June 30, 2025 is designed to improve the health and well-being of Mayan families in rural Guatemala through lasting, community-driven solutions. By mobilizing Mayan communities in the Department of Chimaltenango to address the high rate of chronic childhood malnutrition, they will acquire the skills necessary to move forward with their own development processes in the future to address other self-identified needs.

Originally adopted for the period of July 1, 2018-June 30, 2023, this plan was extended for two additional years by a May 2023 vote of the ALDEA Board and the ABPD Board/General Assembly.

2. Introduction

2.1 Our Organizational History

In 1962, Dr. Carroll Behrhorst founded a vitally needed health program in Chimaltenango, Guatemala. From the start, he trained community promoters to play key roles in advancing durable solutions to the root causes of poverty. Within a few years, the program grew into a creative engine for community health and development activities, pioneering an array of village-based approaches. ALDEA was established in the United States in 1967 to support this innovative program, and we continue to work within his philosophy of community development more than 50 years later. In 2006, ALDEA helped to create Asociación BPD in Guatemala (ABPD), an independent organization that ALDEA funds to carry out our work.

As sister organizations, ALDEA and ABPD are working together to address the principal needs of rural, predominantly Mayan communities in the Department of Chimaltenango in Guatemala. ALDEA is a 501(c)(3) organization based in the U.S. and focuses on advocacy, education, and fund development to support ABPD's work in the field. On the ground in Guatemala, ABPD, a largely-indigenous organization, empowers rural villages to address the devastating effects of poverty and disadvantage. Through a grassroots development approach, ALDEA and ABPD help communities understand and tackle the root causes of the multifaceted problem of chronic malnutrition in infants and young children. The process is designed to achieve both short-term and longer-term results. In the short term, our programs lead to measurable improvements in chronic childhood malnutrition by supporting families to improve water and sanitation, infant and young children feeding, family planning, and other key drivers of malnutrition. Equally important, the positive experience of mobilizing to reduce chronic malnutrition gives community members the improved organizational and problem-solving skills they will need to find locally-driven solutions to additional priorities going forward.

2.2 Strategic Planning

The Process

ALDEA and ABPD operated under a strategic plan that targeted chronic childhood malnutrition through an integrated approach in rural Chimaltenango from July 1, 2012, through June 30, 2015. In July 2015, we renewed this plan for another three years, through June 30, 2018.

In preparation for the end of this most recent three-year period on June 30, 2018, the ALDEA Governance Committee worked with the Directors of ALDEA and ABPD to define a strategic planning process. We completed some initial field work in December 2017 in the communities of Chiquex and Chipatá, Santa Apolonia, where we interviewed the women promoters, youth, a family, and the members of the COCODE (the typically all-male community development committee) to better understand their experiences and ideas for program improvement. The ALDEA and ABPD boards and the ABPD General Assembly (GA) met in January 2018 and held a strategic planning workshop looking at the data we gathered and developing the mission together. A Strategic Planning Committee was created, made up of members of both boards and the executive directors of both ALDEA and ABPD, and engaged in an iterative process with both boards and the GA in the development of the plan.

We undertook another participatory review of our work using the Appreciative Inquiry process with the ABPD staff, and then with the communities of Pachaj and Panatzán, Santa Apolonia. Together, we verified the strengths of our program and uncovered the areas in which we could improve. The findings were shared with the Strategic Planning Committee, a new plan was drafted for July 2018 to June 2023 and presented to the full boards and the GA for their inputs, and the plan was presented at the June 2018 ALDEA–ABPD joint board meeting where it was approved.

Our strategic planning process is a reflection of who we are: a learning organization that stays true to our roots. In our 50-year history, we have always sought to develop, adapt, and transform ourselves in response to the needs and aspirations of our staff and our partner communities. In order to successfully work in partnership with rural Kaqchikel communities, we need to be true to the bedrock of our work, which is the understanding that development projects succeed when they are community-driven and set the stage for communities to remain active and empowered after the program ends.

Results of the Process

The overwhelming message from our boards and GA, staff, and our partner communities during this process is that our programs are working well. We do not need to change the core of our earlier plan, but we should intensify our approach in four areas to deepen community engagement and mobilization around the problem of chronic childhood malnutrition, thus strengthening the communities' lasting abilities to self-identify priorities, resources, and solutions to additional development challenges in the future. These four areas include:

- Better integrate our work to reinforce the process of mobilization necessary to implement community-driven solutions to development problems.
- Create a more structured process for youth leadership development.
- Deepen our understanding of how to ensure women's empowerment.
- Improve men's engagement in community development.

Our five-year Strategic Plan (July 2018 through June 2023) will reinforce our work in these areas, ensuring that communities can continue working to transform their own lives after our support is finished.

3. Development Challenges

According to projections recently published by the National Statistics Institute of Guatemala, the total population of the Chimaltenango Department in 2018 is approximately 743,000 people. About 79 percent of this population is Kaqchikel Maya. Because of the longstanding marginalization of the indigenous people in Guatemala, this segment of the population has the worst development indicators across all

municipalities of Chimaltenango Department, including the municipalities where ALDEA–ABPD will be focusing their efforts for the next five years.

When measured at the national level, some key development indicators have improved including infant–child–maternal mortality and access to water and sanitation; however, when data are disaggregated, it is clear that there has been much less progress in rural areas and/or among indigenous peoples. Additionally, natural disasters are disproportionately increasing the vulnerability of the poorest of the poor.

Chimaltenango has become a significant contributor to the national GDP when compared to other departments because of the success of its export agriculture. Yet, inequality is firmly rooted in Chimaltenango as demonstrated by poor human development indicators and the fact that 66 percent of the population lives in poverty (Ministerio de Salud Pública, 2017).

The Ministry of Health and Social Assistance (MOH) and the Guatemalan Social Security Institute (IGSS), along with private entities (local and international/for-profit and non-profit), are present in the Chimaltenango Department. However, most of these health service providers have little or no presence in remote rural areas, which are primarily inhabited by indigenous people. The disestablishment in December 2014 of Guatemala's 15-year-old rural health program implemented by NGOs, the Coverage Extension Program (PEC), reduced preventative health care services in rural areas and referrals to sources of curative care. Since the end of the PEC program, the Guatemalan Government has been largely incapable of providing health services in rural areas. Issues of ethnic discrimination, language barriers, and direct or indirect costs reduce the use of hospitals and clinics located mostly in the departmental capitals or municipal seats.

At 47 percent, Guatemala has the fourth worst rate of chronic childhood malnutrition in the world (as measured in children under five), and the worst level in the western hemisphere (World Food Programme, 2018). It is a major health and development related problem—as stunted children today lead to stunted economies tomorrow. Stunting can reduce a country's GDP by as much as 12 percent (1,000 Days, 2018). In the Chimaltenango Department, rates of chronic childhood malnutrition are much higher than the national average (and across the entire country). As with other social and economic challenges, malnutrition is far worse among the indigenous population than among the non-indigenous, and worse in rural communities as compared with urban areas. Of Guatemala's 22 departments, Chimaltenango is the fifth worst for chronic malnutrition, with an overall departmental rate of 56 percent (Ministerio de Salud Pública, 2017), 10 percentage points higher than the national average of 46.5 percent.

The seeds of malnutrition are often sown during the key period of pregnancy. Because of their impoverished situation, many pregnant women do not ingest sufficient nutrients and calories to give their newborns a strong beginning. Following birth, infants and young children face numerous challenges to their development. For example, not all mothers practice exclusive breastfeeding for six months, thereby introducing other liquids or complementary foods too soon, decreasing the intake of healthy breast milk, and increasing exposure to non-nutritious calories and contaminants during food preparation. As children grow up, availability in the home of food in general, and especially of nutritious food, is a perpetual problem. Limited access to income-generating employment and restricted access to arable land is part of the problem. When combined with limited access to safe drinking water and exposure to other diseases, many children become chronically malnourished (stunted) as measured by height for age and suffer other irreversible development challenges. Chronic malnutrition is often a cumulative process that reflects growth faltering related to low birth weight and/or several previous episodes of acute illness (especially diarrhea and pneumonia), a compromised immune system, and sustained inadequate food intake. By the time a child turns two years of age, stunted growth and cognitive development are usually irreversible.

High rates of gastrointestinal illness—especially diarrhea—stemming from poor access to basic services including potable water, adequate environmental sanitation, and health education contribute to the elevated risk of infant/child mortality. At the same time, traditional cooking indoors over an open fire produces indoor air pollution (carbon monoxide) that reduces nutrient absorption during pregnancy and contributes to high rates of respiratory illness in children.

Nationally, the infant mortality rate is still high: 28 deaths of children under one year per 1,000 live births (Ministerio de Salud Pública, 2017). At 38, Chimaltenango's infant mortality rate is one third higher than the national average and is the fourth highest of any department in Guatemala (Ministerio de Salud Pública, 2017).

Births to teenage mothers and closely-spaced births over a lifetime are correlated with chronic malnutrition. In Guatemala, at the national level, 61 percent of women aged 15–49 years who are married or in union practice family planning, compared to 57 percent in the Department of Chimaltenango. Nationally, 50 percent of indigenous women are using modern or traditional family planning methods, compared to 68 percent of non-indigenous women. New research suggests that this disparity is more due to the fact that Mayan women started using family planning later than Ladina women and are now catching up (Grace & Sweeney, 2016). Forty percent of rural women of reproductive age have an unmet need for contraception (women who are married or in union report that they want to space or limit births and are not using a contraceptive method) as compared to 27 percent of urban women (Ministerio de Salud Pública, 2017).

4. The Evidence Base for Reducing Chronic Childhood Malnutrition and Empowering Communities

In the last decade, global understanding has increased regarding what works to reduce chronic malnutrition. Before developing the present strategic plan, ALDEA–APBD reviewed the national and international literature on the subject in order to ensure that our program will implement effective practices. In summary, the international documentation emphasizes the following:

1. In 2013, the journal *Lancet* released the Maternal and Child Nutrition Series, introducing a comprehensive Framework for Action with three core components: (1) Nutrition-specific interventions that directly address the immediate causes of child undernutrition—that is, inadequate dietary intake and poor health status; (2) Nutrition-sensitive interventions that address the underlying causes, which are: household food insecurity, poor quality of caring practices for mothers and children, and unhealthy living environments, including water and sanitation; and (3) Building an enabling environment that addresses the broad economic, political, gender equity, environmental, social, and cultural context shaping children's nutrition (Black et al., 2013).

2. Based on data from 1970 to 2012 for 116 countries, research shows that safe water access, sanitation, women's education, gender equality, and the quantity and quality of food available in countries have been key drivers of past reductions in stunting. Income growth and governance played essential facilitating roles (Smith & Haddad, 2015).

3. Program interventions should concentrate on the "first 1,000 days," focusing on the importance of the right nutrition for mothers and children (beginning with conception through the child's second birthday). In these crucial days, the body is quickly laying down its fundamental building blocks for brain development and future growth. Any disturbance leaves a long-lasting mark: damage from undernutrition in early life is largely irreversible (Horton, 2008; Black et al., 2013).

4. Breastfeeding offers mothers and children unrivaled benefits, averting both child and maternal deaths and improving health through fewer infections, increased intelligence, probable protection against overweight and diabetes, and cancer prevention for mothers. In addition, breastfeeding creates important household economic savings by avoiding the purchase of milk (Victora et al., 2016).

5. Women's empowerment is crucial to reducing childhood malnutrition. Women's active participation in household, economic, reproductive, healthcare and time allocation decision-making; non-domestic labor; and social groups can all help to reduce malnutrition and improve fertility outcomes (Bhagowalia et al., 2012; Cunningham et al., 2015; Poelker & Gibbons, 2018; Pratley, 2016; Upadyay et al., 2014).

6. Men's engagement in efforts to reduce chronic malnutrition can be critical for program success and sustainability, particularly if this engagement does not diminish women's autonomy but rather complements women's empowerment initiatives (Jennings et al., 2014; Mullany et al., 2005).

7. Access to water and environmental sanitation help to reduce water-borne diseases and acute respiratory diseases that contribute to malnutrition, and education regarding sanitation and hygiene has been found to reduce diarrheal disease and improve health (Fink et al., 2011; Wolf et al., 2014).

8. Indoor air pollution (smoke from cook stoves) is strongly related to increased rates of acute respiratory infections, as well as associated with greater risk of cardiovascular diseases, low birth weight, and higher mortality rates particularly among women and children under five years of age (Dherani et al., 2008; Pope et al., 2010).

THE FIRST 1000 DAYS

Good nutrition during the first 1,000 days—from the beginning of a woman's pregnancy through her baby's second birthday—sets the foundation for all the days to come. The right nutrition during this 1,000-day window has a profound impact on a child's ability to grow, learn, and thrive—and a lasting effect on a country's health and prosperity. Nutrition during pregnancy and in the first years of a child's life provides the essential building blocks for brain development, healthy growth, and a strong immune system. In fact, a growing body of scientific evidence shows that the foundations of a person's lifelong health—including their predisposition to obesity and certain chronic diseases—are largely set during this 1,000-day window. Malnutrition early in life can cause irreversible damage to children's brain development and their physical growth, leading to a diminished capacity to learn, poorer performance in school, greater susceptibility to infection and disease, and a lifetime of lost earning potential. It can even put them at increased risk of developing illnesses like heart disease, diabetes, and certain types of cancers later in life.

http://thousanddays.org/the-issue/why-1000-days/

9. Evidence shows that the ability to choose the number and spacing of children increases women's empowerment and autonomy through pathways such as labor force participation, formal education, and participation in household and healthcare decisions. Further, when women's status improves, so does their own nutritional status and the nutritional well-being of their young children. Global research shows that births to teenage girls or to mothers who are age 34 and older are directly associated with poor nutrition outcomes. By helping women and couples have the number of children they want at the healthiest times in life, family planning can directly affect nutrition in myriad ways. Well-spaced births can improve nutrition for both mothers and their infants and also have far-reaching effects on key measures of childhood nutrition. Family planning can also help women avoid high-risk pregnancies—having babies when they are too young or too old, or having too many children—which can compromise their own health and lead to poor nutrition outcomes for their children (Rutstein & Winter, 2014; Casanueva et al., 2006; Rah et al., 2008; Kozuki et al., 2013).

10. Guatemala is among the 10 countries most vulnerable to climate change worldwide and is the fourth most exposed to natural disasters in the region. Climate shocks critically impact food security (World Food Programme, 2018).

This international evidence base, as well as results from ABPD evaluations and inputs from our staff, members of local community development councils (known by the Spanish acronym COCODEs), promoters and youth, and from other key informants, forms the knowledge base for the development of this plan.

5. Our Mission and Vision

ALDEA's and ABPD's **Mission** is to promote integrated development services that improve the wellbeing of families with limited resources, especially in rural Mayan areas.

Our **Vision** is that communities are empowered and capable of achieving sustainable, culturally pertinent, and equitable development that guarantees their right to health and wellbeing.

6. Our Principles and Basic Values

ALDEA and ABPD share key principles and basic values related to community development:

Partnership with communities

Working in partnership with Mayan communities in the Guatemalan highlands toward their own goals is an important pillar of ALDEA–ABPD's work.

Community empowerment and mobilization

The mobilization and empowerment of the entire community is an important aspect of all ALDEA–APBD's programs and approaches.

Strategic alliances

An essential part of the approach is for ALDEA–ABPD and the communities and their local development committees (known by their Spanish acronym COCODES) to form strategic alliances with a range of actors including municipalities, national governmental entities, and other NGOs working in the area that can complement our work.

Evidence-based interventions
ALDEA–ABPD's work is evidence-based, drawing on documented national and international research about what works best. This also means that we will periodically document and evaluate our work.

Sustainable development
ALDEA–ABPD strives to ensure that development activities are sustainable and cost-effective.

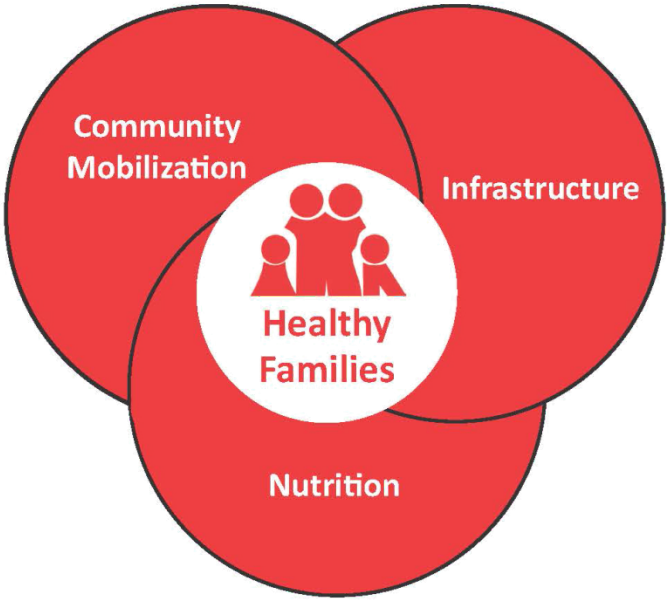
Learning and knowledge
ALDEA and ABPD are learning organizations. We will develop and test innovative approaches with our partner communities and continually engage in evaluation processes to determine what works. We will phase in new ideas, taking into consideration the conditions in each community, and basing our support on what is happening on the ground.

7. Our Strategic Objective and Program Strategies

The overarching strategic objective for the five-year period from 2018 to 2023 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.

Community mobilization facilitates the process through which communities gain the experience to identify their own needs and lead their own development initiatives that ultimately lead to a reduction in the rates of chronic malnutrition.

Our approach consists of three strategies that mutually reinforce each other to contribute to achieving the strategic objective, as summarized in this chart:



7.1 Basic Strategies

Strategy 1: Mobilize and empower communities to achieve local development.

Addressing the issue of chronic childhood malnutrition through a process of mobilization is key to empowering a community to generate their own locally-driven solutions in the future. In order to be successful, we have to work with the entire community to educate them on what chronic childhood malnutrition is, how to address it, and how to track changing trends in their communities by sharing relevant tools and ongoing measures and indicators.

Empowerment takes place in the personal, social, political, and economic spheres. For our purposes, we may define empowerment as "[T]he process by which those who have been denied the ability to make strategic life choices acquire such an ability" (Kabeer, 1999). When we talk about the empowerment of women and youth, it can be first understood in the context of their homes where the power generally resides with the husband/father. Empowering women in this context can include the dimensions of resources (pre-conditions), agency (process), and achievements (outcomes). These dimensions address the questions of: (pre-conditions) equal power and access to or control over material, economic, and social resources within the home which may take the form of mobility and shared decision-making for major issues such as the care of children; (agency) decision-making powers over household expenditures and reproduction, as well as addressing gender rights and domestic violence; and (outcomes) the ability of women to make choices, whether that be in the form of determining how to use their free time, advocating for their needs to be met at the community level, and/or participation in local committees. Women's empowerment will be integrated into activities related to improving the nutritional situation of the family and will include topics such as gender equity and self-esteem. The goal is for women to realize their agency so that they can be primary actors of change in their own communities through attaining and exercising shared power within the public and private spheres. This may include equal decision-making power in the home regarding children's health and nutrition, the joint management of income, increased income generating opportunities for women, and decision-making at the community level.

Strengthening youth leadership focuses on a process to help children (aged 10 to 14 years) and youth (aged 15 to 18 years) to become responsible actors in their own development and emerging leaders in their communities. Our work with youth will include discussing topics such as education on gender equity, sexuality, family planning, craft making, and other topics with an emphasis on generating their own approaches to community change and the creation and implementation of special projects based on their interests.

Crucial to the empowerment of women and youth is the full incorporation of men into our work. We will continue to pursue strategies to engage men more fully in understanding the role of the community and family as a whole in reducing chronic childhood malnutrition. We will increase our interactions with men by dedicating staff to work directly with them on issues including gender equity and family planning, among others.

Empowering a community (men and women alike) is generally considered to be in reference to larger systems (political, social, and economic). Empowering a community in this context can include helping all community participants to work together in defining and resolving community issues such as addressing malnutrition in their children, searching for a water source, or improving their working relationships with local and municipal governments.

Strategy 2: Support communities to improve their basic infrastructure.

a) Increase access to water and environmental sanitation.

All of our infrastructure projects begin with a community request for support. After receiving a request for support, ABPD visits the community to verify its water and sanitation needs and to assess the community's capacity to manage the project, including an inventory of formally organized committees or groups that are active.

If APBD approves the community's request for support, ABPD, the COCODE, and the municipal government sign a tripartite agreement clearly stating that the local committee will lead the process for the construction of a water system. This agreement includes a general description of each partner's responsibilities as well as the specific project design including infrastructure, education, and other support activities. Before the project begins, each beneficiary family provides a signed commitment to pay a monthly assessment for water (that goes to a pooled fund for maintenance and repairs of the water system) as well as to share in the communal activities to monitor and maintain the system.

ABPD then signs an additional agreement with the participating community regarding environmental sanitation, including the installation of gray water filters and latrines, building improved cook stoves (that ventilate smoke outside the house and use less firewood), and introducing the health education plan to ensure that families adopt appropriate hygienic practices such as hand washing.

When the water and environmental sanitation project begins, the municipality provides the necessary professional and technical consultants, and the monitoring support and advice for the water system. Community members provide basic coordination and oversight, manual labor, locally available building materials, and the full cost of hiring masons for the construction of stoves, latrines, and gray water filters. ABPD supervises the projects, provides most of the materials that are not locally available, and supports and mentors the local committee to coordinate the whole process. Building the infrastructure can take from four months to one year depending on the availability of funds.

b) Assist communities to respond to natural disasters and reduce their vulnerability to future disasters.

As climate change begins to manifest itself—in the form of increased frequency and intensity of hazards such as floods, storms, heat waves, and drought—the need for communities to access humanitarian support and rebuild damaged infrastructure is increasing. ABPD will work with communities in the target municipalities that suffer from flooding and other natural disasters to distribute food and relief supplies, and to rebuild damaged water systems, latrines, schools, and other small infrastructure. In order to strengthen community resiliency to recurring disasters, ABPD will also engage in disaster risk reduction (DRR) activities. ABPD will draw on and adapt existing tools and methodologies that have been developed to put this approach into practice. DRR activities are usually focused on specific locations, addressing the particular vulnerabilities and capacities of the community, its culture, and its processes. Activities will include collecting/managing the information and data that has been gathered, educating people about their risks, and building people's capacity to devise and implement risk reduction measures. As part of this process, ABPD will foster opportunities to engage youth who are interested in the topic/field in activities such as listing vulnerabilities, collecting data, reporting to the COCODE to help with determining solutions, and educating villagers on their risks.

Strategy 3: Support families to improve household nutrition.

a) Improve food security by introducing ecologically sustainable agriculture techniques adapted to the effects of global climate change (food production, storage of basic grains, and development of family gardens).

Guatemala is highly vulnerable to global climate change; this makes work on adaptation indispensable. A key focus of the adaptation process is food security. This means improving the production of foods in the basic diet (such as grains, including corn and beans) through the use of more sustainable fertilizing techniques, improving soil quality and preservation, reducing harvest-related risks, and using seeds that are less susceptible to the effects of climate. Selected farm animals will be introduced to increase the availability and consumption of animal proteins. At the same time, it is important to improve storage of grains and the post-harvest management of crops to reduce losses.

Family gardens will help ensure a low-cost and easily available source of vitamins through fruits and vegetables. These gardens will adopt sustainable farming techniques, use local resources, and allow families to sell excess production and then purchase other basic goods. ABPD will make only an initial donation of seeds to help families start their gardens and families will gradually contribute more of their own funds to purchase future seeds. ABPD will train families to produce sufficient amounts of food in order to be able to sell extra produce to generate the income necessary to re-invest in seeds, fertilizers, and insecticides. When possible, ABPD will teach proper seed savings techniques.

b) Teach families to achieve healthy nutrition during the first 1,000 days (pregnancy and the first two years of a child's life).

ABPD will implement participatory community education and capacity-building methods that will focus on nutrition including: nutrition during pregnancy; exclusive breastfeeding for the first six months and continued breastfeeding for 24 months; gradual introduction of complementary foods after six months of age; and demonstrations on how to use locally available food to prepare nutritious meals. Women will be taught adequate and hygienic food handling as part of this process.

Nutritious snacks will be prepared in the form of *atoles* (a thick sweetened drink usually made from corn or oats with vitamin supplements) and other nutritious foods such as amaranth biscuits. These snacks will be provided at all community activities. Concurrent with the nutrition education sessions, ABPD will support early childhood stimulation activities. This will enable mothers to attend trainings knowing that their young ones are well cared for. ABPD will train local youth to take care of children using early childhood stimulation techniques while the mothers are being trained on nutrition.

c) Increase access to family planning information and methods.

The right to determine the number and spacing of one's children is a fundamental aspect of women's and youth empowerment and enshrined in Guatemalan law. The possibility of having a smaller family with well-spaced births has both direct and indirect effects on nutrition and the social development of children less than five years of age. We will provide trainings to women, youth, and men on family planning, including the benefits of such and the various methods and how to obtain them.

7.2 Sustainability

Sustainability is key to everything that we do so that when ABPD leaves the communities, the results that have been achieved are maintained and even improved upon by the community itself. As part of community empowerment, we encourage and train local promoters, chosen by the community, to play a future role in their villages and to provide advice and guidance to other women, youth, and men who require assistance.

ABPD enters into a formal partnership agreement with a community for a limited time frame. Intensive work occurs in the first year when all of our field staff are present at one time or another in the community, focusing on our integrated approach. We begin to scale back our presence in the second year as the community develops the capacity to take on a larger role in this project and have one staff person who continues to provide support to these new leaders via continuous training and motivational sessions. During this second year, local leaders will conduct the workshops and training, and offer advice to the rest of the community, until they are comfortable enough to work on their own, without the presence of ABPD staff. For the third year, ABPD will encourage community promoters and men to continue meeting to further develop new projects, provide guidance to youth who will be implementing projects of their own creation, and continue to do home visits with individual families to encourage their continued focus on the first 1,000 days.

The empowerment of the community through a process of mobilization focusing on reducing the high rate of chronic malnutrition prepares the community to work together on other development issues in the future. Women, men, and youth educated on gender equity and the necessity of responding to the needs of the entire community, who have developed a working relationship with their local municipality, are well-situated to address future problems in an equitable manner.

7.3 Geographic Coverage of the Program

In order to optimize available resources and achieve adequate impact, we only work in a small number of municipalities in the Department of Chimaltenango. Selection of municipalities is based on interest from local communities, poverty levels, nutrition indicators, access to basic services, the lack of other organizations doing similar community work, and the openness of local governments to collaborate with the communities and ABPD. Based on these criteria, as this new strategic plan is launched, ABPD will continue working in Tecpán and Santa Apolonia (where we have worked under the earlier strategic plan), and consider incorporating new municipalities according to available resources and local opportunities and conditions.

8. Monitoring, Evaluation, and Learning

8.1 Results Framework

As stated above, our Strategic Objective is to improve the health and well-being of Mayan families in rural Guatemala through lasting, community-driven solutions. Our overarching measure of success will be the number of communities that achieve at least a 20 percent reduction in the prevalence of chronic malnutrition over the two- to three-year period that ALDEA–ABPD provides support. The Results Framework presented below shows the hierarchy of results that ALDEA–ABPD will pursue in order to have an impact on chronic malnutrition. The key indicators that we will use to measure our progress toward each result are included.

Mission: To promote integrated development services that improve the wellbeing of families with limited resources, especially in rural, Mayan areas

Vision: Communities are empowered and capable of achieving sustainable, culturally pertinent, and equitable development that guarantees their right to health and wellbeing

Strategic Objective:
To improve the health and wellbeing of Mayan families in rural Guatemala through lasting, community-driven solutions

Overarching Measure of Success:
# of communities that show at least a 20% decline in the prevalence of chronic malnutrition in children < 5 years of age

Result 1: Communities mobilized and empowered to achieve local development

Result 1.1 Women's political and/or economic partici-pation enhanced

Indicators
- # of women who participate in a community group
- # of women who know where to seek help for domestic violence
- Evidence of a women's group helping a group member in need
- # of women who can give an example of an autonomous decision they made within last 2 weeks

Result 1.2 Youth leadership skills enhanced

Indicators
- # of community action plans developed by youth groups
- # of community action plans presented for funding
- # of youth projects funded
- # of youth projects completed

Result 1.3 Prospects for sustainable local develop-ment enhanced

Indicators
- % of community members aged 15 to 49 who know % of stunted children in their community
- # of communities with an established system to fund water system maintenance
- # of men who can state benefits of youth and women's participation
- # of communities that have prioritized a need they will address after ABPD project

Result 2: Family health improved through infrastructure and sanitation projects and disaster preparedness

Result 2.1 Access to water, sanitation, and clean stoves improved

Indicators
- # of families with access to water
- # of families with access to latrines
- # of families with access to grey water filters
- # of families with access to clean, efficient stoves

Result 2.2 Community capacity to respond to and prepare for natural disasters increased

Indicators
- # of communities receiving ABPD support to rebuild small infrastructure after natural disasters occur
- # of communities with established disaster risk reduction plans

Result 3: Infant and young child nutritional status improved through better feeding practices, a healthier family diet, and improved family planning

Result 3.1 Nutritional practices during the first 1,000 days improved

Indicators
- % of infants exclusively breastfed for 6 months
- # and % of children < 2 years of age with height for age at or above minimum standards
- # and % of children < 5 years of age with height for age at or above minimum standards

Result 3.2 Family access to nutritious food increased

Indicators
- # of family gardens planted
- # of families with continuous access to animal protein
- # and % of families who meet established standards for grain production & storage

Result 3.3 Use of family planning methods increased

Indicators
- # and % of women and men of reproductive age (15–49 years) using a family planning method

8.2 Monitoring, Evaluation, and Learning

ALDEA and ABPD place strong emphasis on monitoring, evaluation, and learning. Over the next five years, using our Results Framework as a guide, we will collect and analyze both quantitative and qualitative data to assess the effectiveness of our program—to identify successes and lessons learned. We are committed to continuous sharing of our results with the communities as well as our donors, staff, and the boards of both organizations.

Quantitative data are collected on a regular basis to guide our work over the two- to three-year period we accompany a given community. The process begins with a community baseline performed by our staff. The results are shared with the community, as a whole or in small groups (such as women promoters), creating an opportunity for the community to see itself through a new lens and identify opportunities to improve infrastructure, nutrition, agriculture, or other issues. After the baseline, our community promoters are trained to collect data every two months. ABPD staff analyze and use this data to monitor program effectiveness and make adjustments as needed. At least every six months, ABPD staff share and discuss the monitoring data with the promoters, which helps them keep their communities informed. This regular monitoring of our progress creates an opportunity for co-learning by ABPD staff on the ground and community members. Together, they can identify what is working well to achieve results and any areas for improvement. At the end of the two- to three-year program, our staff conduct a follow-up assessment to more fully document the results as compared to the baseline.

Going forward, ALDEA and ABPD are committed to collecting qualitative data to enrich our understanding of the empowerment process in our partner communities. We will stay abreast of and utilize current research and tools to best measure changes in empowerment. For example, ABPD staff may return to a subset of communities periodically to conduct Appreciative Inquiry or use a technique called Photovoice to elicit stories about empowerment and change from the community members themselves. These stories will bring our quantitative data to life and help explain how the empowerment process unfolds.

ABPD formed a Community Advisory Council, which is comprised of two representatives per community—a member of the COCODE and a promoter. The Council meets every six months and gives us feedback and advice about how to improve program effectiveness. Council meetings are a key platform for co-learning through the sharing of data and stories.

8.3 Follow-up with Our Graduated Communities

Our partner communities "graduate" from our program after two to three years. However, we do not say good-bye. Although our staff no longer make frequent/regular visits, we do stay connected to the communities through the monitoring system. The community promoters continue to collect data every two months and share it with ABPD. These data are the basis for a six-month report about each community, prepared by ABPD and shared with each community through their promoters. ABPD staff also make occasional visits to graduated communities to verify that their water system is functioning well.

Over time, the number of graduated communities will grow. Over the next year, ABPD will need to design and propose a feasible system/mechanism for continued follow-up in graduated communities. The focus of the follow-up will be to check in on the status of infrastructure, (especially water systems), monitor key data such as prevalence of chronic malnutrition, and

continue to capture stories about empowerment. Such a systematic follow-up mechanism could include a combination of quantitative and qualitative methods, and it may include a periodic visit—perhaps every year or two—focused on infrastructure maintenance by the community (water systems and latrines). Once ABPD has developed a proposal for how best to conduct longer-term follow-up in the graduated communities, it will be shared with both boards for discussion and approval.

9. Organizational Support to the Strategic Plan

9.1 ABPD's Organizational Support for the Strategic Plan

Building APBD's capacity to implement this strategic plan is essential to the successful accomplishment of results**.** The institutional capacity building envisioned herein consists of creating conditions so that ABPD can carry out its activities efficiently and effectively. It also focuses on activities designed to ensure the continued sustainability of the development activities undertaken in the communities. Specifically, ABPD will strengthen its internal and external communication, develop procedures, make changes to its organizational structure, and adopt techniques and methods for specific functions/responsibilities. Together, these changes will improve the quality and sustainability of the services that APBD offers.

Key Areas	Priority Activities
Human Resources	• Create an ongoing/continuous monitoring of performance and training program for ABPD staff, including reinforcing staff skills in the new areas that have been identified (work with adolescents on specific activities, adaptation and use of additional participatory tools for community development, techniques to involve men, etc.) • Support women (and possibly youth and men) who have been associated with the program implementation as community promoters to continue monitoring, training, and providing services to the communities in which ABPD has worked in the past, thus ensuring continuity and sustainability of previous efforts.
Fund Development	• Cultivate opportunities with local donors (individual and institutional). • Maintain continued engagement with the Guatemalan Rotary Clubs that support the program. • Host donors in Guatemala, accompanying them to village visits and providing updates/reports as appropriate.
Monitoring & Evaluation	• Implement participatory evaluation techniques that incorporate community members into the evaluation process (i.e. Most Significant Change technique) and the conformation of community committees in charge of monitoring and evaluation (M&E). • Evaluate new approaches and interventions as they are initially implemented to ensure that they are effective and acceptable to the communities. • Use the data obtained from M&E as a learning strategy to improve intervention models by reviewing all the information on an ongoing basis.
ABPD General Assembly	• Strengthen the General Assembly by identifying people who reside in Guatemala and are knowledgeable about rural/community development.

9.2 ALDEA's Organizational Support for the Strategic Plan

ALDEA and ABPD are sister organizations working together to address the principal needs of rural Mayan communities in the Department of Chimaltenango, Guatemala. Based in the U.S., ALDEA has two staff and a very active volunteer Board of Directors and focuses primarily on advocacy, education, and fund development to support ABPD's work in the field. In addition to a common strategic plan, ALDEA and ABPD share the same mission, vision, and values.

ALDEA's role in our shared vision is to be increasingly effective in communicating about and mobilizing resources to reduce the prevalence of malnutrition among young children in rural Mayan villages and change the morbidity, mortality, and long-term developmental consequences associated with chronic malnutrition.

ALDEA supports ABPD by working in the following areas:

Key Areas	Priority Activities
Fund Development	• Set fundraising and donor engagement goals and monitor progress. • Develop and implement fund development plan. • Build and strengthen relationships with key donors by creating a major gifts program. • Build and strengthen relationships with institutional funders. • Host annual tours to Guatemala to educate and engage new donors and to reaffirm historical donors' commitments to our work.
Communication	• Maintain high quality website and social media accounts. • Develop coordinated and appropriate messages for website, newsletters, annual report, emails, and other communications. • Work with ABPD to share regular program updates with supporters.
Financial Stewardship	• Review and strengthen financial policies. • Review, document, and enhance administrative and financial procedures. • Strengthen financial controls and oversight. • Strengthen risk management procedures • Include standard financial data in annual report. • Review and revise if necessary the template for reports to large donors.
Knowledge Sharing	• Develop brief technical updates. • Support connections among ALDEA, ABPD, other NGOs, universities, and other entities in Guatemala and the U.S.
Program Accountability	• Monitor progress on ALDEA and ABPD strategic plan.
Organizational Capacity	• Board - Enhance functioning of the board, including clarifying roles and responsibilities, developing approach to board member recruitment and orientation, assuring continuity and succession planning, and providing ongoing training and engagement opportunities for board members. • Committees – Ensure committee effectiveness and coordination with staff. Assure committee activities contribute to strategic plan and provide regular reports on progress on work plan. • Staff - Update position descriptions and workplans as needed, clarify roles and responsibilities to ensure effective coordination with board members and committees. Provide staff with support and resources to facilitate their work.

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