



ALDEA-ABPD STRATEGIC PLAN

FY 2026 - FY 2030

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1. Overview

This joint strategic plan reflects a shared vision and aligned priorities between ALDEA and Asociación BPD (ABPD), two independent organizations working in long-term partnership to improve the health and well-being of rural and indigenous communities in Guatemala.

For nearly 60 years, ALDEA has supported community-based work in Guatemala, and for over 20 years this effort has been carried out in close partnership with ABPD, a Guatemalan organization rooted in the communities it serves. Together, the two organizations bring long-term commitment, local leadership, and a shared belief that lasting change is driven by communities themselves.

This strategic plan builds on that foundation. It draws on decades of experience and reflects important evolution based on learning from past implementation, evaluations, global evidence, and the changing context in rural Guatemala. It strengthens an integrated approach that combines water, sanitation, and hygiene (WASH), healthy household practices, and community leadership, with a sharper focus on sustained behavior change, stronger local systems, and long-term family well-being.

A key evolution in this plan is a broader and more holistic focus on family well-being. Building on earlier work, this reflects the understanding that lasting change requires coordinated progress across interconnected areas of daily life. In many communities, change begins at the household level through safer practices, healthier home environments, and stronger participation in local decision-making. Over time, these changes reinforce one another, improving living conditions while strengthening the systems and leadership communities need to sustain progress independently. The strategy also introduces a more structured 4-5 year engagement model, acknowledging that sustainable change requires time, consistent accompaniment, and strong local ownership.

Through this approach, ALDEA and ABPD work alongside communities to improve access to safe water and sanitation, support healthy household practices, and strengthen inclusive leadership and local systems.

At its core, this strategy is about supporting communities to build the systems, practices, and leadership needed to sustain their own development.

2. Introduction

2.1 Our Organizational History

ALDEA and ABPD are part of a long-standing effort spanning more than 60 years to support Indigenous and rural communities in Guatemala.

This work began in 1962, when Dr. Carroll Behrhorst founded a community-based health program in Chimaltenango. His approach was grounded in the belief that sustainable development must be led by communities themselves. From the outset, community promoters played a central role in addressing the root causes of poverty and advancing locally driven solutions. Within a few years, the program grew into an innovative model for community health and development, pioneering village-based approaches to local problem-solving. Over time, this work evolved into a broader model that integrates health, infrastructure, and community development, while remaining rooted in Dr. Behrhorst's philosophy of community-led change.

ALDEA was established in the United States in 1967 to support this work through fundraising and strategic partnerships. As the work in Guatemala grew, ABPD was established in 2006 as an independent Guatemalan organization to lead program implementation and strengthen locally rooted leadership.

Today, ABPD leads community engagement and program delivery, working directly with communities to design and implement integrated programs based on local priorities. ALDEA supports this work by mobilizing resources, strengthening external partnerships, and contributing to strategic direction. The two organizations operate as independent entities with distinct governance and fiduciary responsibilities, while maintaining a closely aligned partnership grounded in shared values, goals, and vision, complementary roles, and long-term collaboration.

Sixty years after ALDEA began its work, the belief that communities themselves drive lasting progress continues to shape both organizations, their partnership, and this strategy.

2.2 Strategic Planning

This plan provides a shared framework for collaboration, guiding how both organizations align their efforts and resources toward common outcomes. It has been developed jointly and is informed by the experiences of communities, staff, and governing bodies, with approval from each organization's governing body.

While strategic priorities are shared, both organizations maintain independent governance and fiduciary responsibility. This structure ensures accountability while enabling each organization to operate effectively within its role.

The strategy was developed through a collaborative and iterative process involving leadership, Boards, the ABPD General Assembly, and program staff. This process included reviewing past performance, examining emerging evidence, and identifying key decisions related to program design, scale, and sustainability.

It is further informed by a recent external evaluation of program sustainability and participatory learning with communities and partners. These inputs affirmed the strength of the integrated model while highlighting opportunities to strengthen community engagement, measurement systems, and sustainability.

Together, this process confirmed a strong foundation and clarified priorities for the next phase of work, including strengthening program integration, extending the duration of community engagement, improving implementation consistency, and enhancing systems to measure and validate long-term impact.

These priorities reflect a commitment to continuous learning and strengthening long-term effectiveness, grounded in community experience and informed by evidence.

3. Development Context

Rural Indigenous communities in Guatemala continue to experience disproportionately high levels of poverty and limited access to essential services. Approximately 56% of Guatemala's population lives in poverty ¹, with rates exceeding 75% in rural and Indigenous areas ². Indigenous populations continue to face systemic inequalities across health, education, and economic opportunity.

Guatemala also continues to have some of the most severe nutrition-related challenges globally, and the highest rate of chronic childhood malnutrition in Latin America (fourth highest in the world). While this strategic plan does not directly target malnutrition, these rates remain a critical indicator of broader structural inequities. Nationally, approximately 45% of children under five are stunted,³ with Indigenous communities disproportionately affected due to higher poverty rates and barriers to healthcare and other essential services.

Significant disparities in access to health care persist across Guatemala. Although the public health system has expanded in recent years, rural communities continue to face barriers to care, including long distances to facilities, limited staffing, inconsistent supply chains,

insufficient attention to health education and preventive services, and language differences. These barriers create gaps in access to essential reproductive, maternal, newborn, and child health services. Even where services exist, utilization is often limited due to barriers related to trust and awareness, highlighting the need for stronger connections between communities and local health systems.

Access to water services in Guatemala remains unequal, particularly for rural and Indigenous populations. While approximately 90 percent of the population has access to at least basic drinking water services, this measure includes sources located outside the home that may require up to a 30-minute round trip and does not reflect reliability or water quality. Access to running water within the home is significantly lower, especially in rural communities where many households continue to rely on shared or external water sources. Approximately 40 percent of the population lacks household water connections, and Indigenous communities are disproportionately affected, with over half of households lacking running water in the home.⁴ Many families must travel distances to collect water, with women and children bearing the primary responsibility. Even where water systems exist, service is frequently intermittent, and only a minority of households receive water on a daily basis. This daily burden affects time available for education, caregiving, income generation, and rest, while also increasing household vulnerability during periods of drought and water scarcity.

Water quality also remains a major concern. Only about half of the population has access to safely managed drinking water, defined as water that is available on premises, reliable, and free from contamination. As a result, many rural households continue to rely on wells, springs, or rainwater, which may be unsafe or unreliable. These conditions underscore the importance of solutions that bring water directly to households and ensure reliable, community-managed systems.⁵ Many existing systems face challenges related to maintenance, financial sustainability, and local management capacity, limiting their long-term functionality.

Food insecurity and economic vulnerability remain critical concerns, particularly in the Western Highlands. According to recent data, approximately 40 to 50 percent of the population in Guatemala experiences moderate to severe food insecurity, with higher rates in rural areas⁶, driven by high food prices, limited income opportunities, and climate-related shocks. Many families rely on subsistence agriculture, which is increasingly affected by irregular rainfall, drought, soil degradation, and the escalating costs of basic inputs (seeds and fertilizers).

Guatemala is consistently ranked among the countries most vulnerable to climate change. Chimaltenango is in the Dry Corridor and as a result faces increasing frequency of droughts, floods, and extreme weather events, which directly impact agricultural production, water

availability, and household food security.⁷ These environmental pressures disproportionately affect rural Indigenous communities, further compounding existing vulnerabilities.

Gender inequality continues to shape health and development outcomes. Indigenous women in rural areas often face limited access to education, healthcare, and economic opportunities, and may have reduced decision-making power within households and communities. Engaging men and youth is increasingly recognized as essential to improving family well-being and supporting more equitable household and community dynamics.

Access to reproductive health education, maternal health services, and family planning information also remains an important factor influencing family well-being in rural communities.

Across these sectors, gaps in household-level practices in hygiene, safe water handling, and preventive health behaviors continue to contribute to preventable illness and limit the impact of available services and infrastructure. Children are particularly vulnerable to the effects of contaminated water, poor sanitation, household smoke exposure, and unsafe living conditions.

These interconnected challenges underscore the need for integrated, community-based approaches that combine improved access to infrastructure with sustained behavior change and strong local leadership. In many rural communities, water committees and local leadership structures face limitations in technical, financial, and organizational capacity, particularly given the regular rotation of community authorities. Strengthening these systems is essential to ensure long-term functionality, accountability, and continuity.

In this context, development efforts must move beyond one-time service delivery toward approaches that support ongoing community engagement, reinforce healthy household and agricultural practices, and strengthen linkages to local systems. This strategic plan is grounded in these principles, emphasizing sustained behavior change, reliable infrastructure, and inclusive community leadership as mutually reinforcing drivers of improved health and well-being.

The external environment for rural development in Guatemala is becoming increasingly complex and uncertain. Climate change, irregular rainfall, drought, rising agricultural input costs, economic instability, and migration pressures continue to affect household resilience, food security, water availability, and local livelihoods. Many rural families remain highly vulnerable to external economic shocks, including fluctuations in remittances and global supply chain instability that influence the cost of fuel, transportation, seeds, fertilizers, and other essential goods.

These conditions reinforce the importance of adaptive, community-based approaches that strengthen resilience alongside improvements in infrastructure, healthy household practices, and local systems. They also underscore the need for continuous learning, innovation, and long-term accompaniment as communities respond to evolving environmental, economic, and social challenges.

4. The Evidence Base for Improving Family Health and Well-Being

Over the past decade, global evidence has reinforced the importance of integrated approaches to improving health and well-being in low-resource settings. Lasting improvements are not achieved through isolated interventions, but through coordinated efforts that address multiple, interconnected drivers over time.

Access to safe water, sanitation, and improved household environments reduces exposure to disease and supports overall health. However, infrastructure alone is not enough. Lasting improvements happen when families are able to consistently apply healthy practices in their daily lives and communities have the leadership and systems needed to sustain those changes over time. Consistent household practices such as handwashing, safe water handling, maintaining clean home environments, and supporting sustainable land and soil conservation practices are critical to improving outcomes. Sustained behavior change, supported through ongoing engagement and practical, hands-on learning, is essential for translating access into long-term improvements in well-being.

Evidence also demonstrates that access to comprehensive reproductive health information, education, and voluntary family planning services supports healthier families, improved maternal and child health outcomes, greater women's empowerment, and long-term well-being. Healthy timing and spacing of pregnancies can also contribute to improved household stability and child development outcomes.

Community-level systems play an equally important role. Local leadership structures, such as community development councils and water committees, help organize collective action, manage services, and maintain progress over time. When these systems are inclusive, trusted, and clearly organized, communities are better able to sustain and build on improvements long after initial investments are made.

Environmental conditions and climate-related pressures increasingly shape daily life in rural communities, affecting water availability, agricultural productivity and food security, and household environments. These realities reinforce the need for approaches that strengthen

resilience alongside improvements in infrastructure, household practices, and community systems.

Together, this evidence supports an integrated, community-based model that combines WASH systems, healthy household practices, and community leadership. An approach which strengthens daily household practices, community organization, and local systems enables communities to manage and sustain their own development, leading to lasting improvements in family well-being.

5. Our Mission and Vision

ALDEA and ABPD's mission is to collaborate with Indigenous and rural communities in Guatemala to improve the health and well-being of families through integrated initiatives.

Our vision is for communities to fully exercise their universal rights to health and well-being through sustainable, inclusive, and culturally rooted approaches that elevate local leadership and participation.

6. Our Principles and Values

Our work is guided by a set of core principles that reflect our long-standing approach to community development. For this 5-year strategic plan, we seek to reinforce these key priorities with a renewed focus on sustainability, learning, and long-term community ownership:

- **Partnership with communities:** We work alongside communities to support their priorities and strengthen their capacity to lead their own development.
- **Participation and inclusion:** Lasting change depends on active participation and shared decision-making. We engage women, men, and youth in collective action, with particular emphasis on strengthening the leadership, agency, and participation of women and youth in shaping household and community outcomes.
- **Evidence-informed practice:** We draw on and contribute to both global research and local experience to guide our approach, ensuring that programs are grounded in what works while remaining responsive to context.
- **Sustainability:** We design programs with long-term continuity in mind, so that improvements can be maintained, adapted, and strengthened by communities over time.

- **Collaboration with local systems:** We work in alignment with municipal authorities, local health systems, and partner organizations to reinforce existing structures and support sustainable outcomes.
- **Continuous learning:** We are committed to ongoing learning, testing, and adaptation, using evidence and community insight to refine and strengthen our approach over time.

7. Strategic Objective and Program Model

7.1 Strategic Objective (2026–2030)

The overarching objective for 2026–2030 is to improve the health and well-being of families in Indigenous and rural communities in Guatemala through an integrated, community-based approach that combines WASH, Healthy Households, and Community Leadership and Empowerment. This approach strengthens household practices, community systems, and local leadership so that communities can sustain progress beyond the period of direct support.

7.2 Our Program Model

Through a portfolio of integrated programs, communities are engaged through sustained, multi-year partnerships, typically lasting four to five years. The model combines WASH systems, healthy household practices, and community leadership to improve living conditions while strengthening long-term community systems.



Community promoters are women elected by their communities who serve as trusted advocates and a vital link between ABPD staff and participating households. Promoters receive specialized training to support the adoption of healthy behaviors and reinforce key concepts from ABPD programs through ongoing engagement, practical application, household visits, and ongoing conversations with families. They also help organize participants for trainings, activities, and community events to ensure strong community participation and communication. Community promoters help families adopt and sustain healthier practices over time, contributing to the long-term use and maintenance of community infrastructure and services. The community promoters model also creates a pathway for women's leadership and expanded opportunities within their communities. Promoters are compensated for their time and contributions, recognizing the value of their leadership and expertise.

The model intentionally links infrastructure, behavior change, and community systems to strengthen both household conditions and long-term sustainability. It is complemented by coordination with municipal governments, health systems, and other partners to reinforce existing systems and support continuity beyond the period of direct engagement. Where feasible, the model also promotes shared responsibility with municipal governments and local

institutions through coordination, co-investment, technical collaboration, and reinforcement of long-term sustainability.

Programs are implemented in close partnership with communities, with an emphasis on participation, local leadership, and ownership. Clear criteria guide community and household selection, prioritizing families facing the greatest barriers to health and well-being while ensuring inclusive engagement.

While the model is designed as an integrated approach, implementation may be adapted based on community context, readiness, local priorities, and available resources, while maintaining the core principle that household well-being is strengthened through coordinated and mutually reinforcing interventions.

7.2.1 Phased Community Engagement Model

The program is implemented through a structured, multi-phase engagement model designed to support sustained change over time:

Phase 1: Community Baseline and Planning

A participatory process identifies community conditions, priorities, and baseline indicators.

Phase 2: Implementation and Capacity Building

Communities implement priority activities, including infrastructure improvements, household-level behavior change, and participatory workshops and trainings, supported through regular accompaniment and practical learning.

Phase 3: Systems Strengthening and Consolidation

Focus shifts to strengthening community systems, including leadership structures, water committees, and local management mechanisms, to enable long-term management and ownership.

Phase 4: Transition and Sustainability

Communities prepare for transition out of direct support through strengthened systems, demonstrated outcomes, and clear mechanisms for maintenance, financing, and leadership continuity.

7.3 Key Components of the Model

Strategy 1: Water, Sanitation, and Hygiene (WASH) Infrastructure and Systems

This component expands and sustains access to safe water, sanitation, and healthy home infrastructure at both household and community levels. Investments include community water systems as well as household infrastructure such as improved latrines, greywater management systems, safe water storage, and clean, fuel-efficient cookstoves that support healthier home environments, reduce smoke exposure, and contribute to environmental sustainability through reduced wood consumption.

A central focus is long-term functionality and consistent use. Households are supported to adopt and maintain infrastructure, while communities strengthen governance and management systems. Water committees are trained to manage systems effectively, with clear roles, maintenance planning, and accountability.

Community promoters reinforce safe water handling, sanitation, hygiene, and healthy household practices through ongoing engagement and practical learning. Together, these efforts help reduce environmental health risks and improve household conditions. Reliable access to safe water and healthier home environments can also reduce daily stress and improve dignity and safety for families.

Financial and technical sustainability are emphasized, with communities supported in establishing and managing approaches such as user fees, maintenance funds, routine monitoring, and knowledge transfer to ensure long-term continuity and functionality of systems.

Success is measured by sustained access, consistent use, and system functionality over time, rather than one-time delivery.

Strategy 2: Healthy Households and Family Well-being

This component strengthens consistent household practices that improve health and daily living. Through ongoing accompaniment, practical learning, and household-level engagement, community promoters support families in adopting healthy hygiene and sanitation practices, maintaining safe and clean home environments, and reinforcing behaviors that strengthen the impact of WASH investments.

The approach includes education and support related to hygiene, healthy eating, age-appropriate infant and young child feeding practices, safe food preparation, and preventive health behaviors. These practices help families create healthier home environments and support the growth and well-being of young children during critical stages of development. Depending on household needs and vulnerability, families may also receive targeted support, including vitamins and nutritional supplements for mothers and young children, as well as

nutrition-sensitive activities such as small animal husbandry and climate-adapted agricultural innovations that strengthen access to nutritious foods and household resilience.

Community promoters also reinforce proper use and maintenance of improved cookstoves, including ventilation and smoke reduction practices that help reduce household smoke exposure and support healthier home environments.

The component strengthens connections between households and local health systems by encouraging use of local health services for routine growth monitoring and immunization for children, women's health and family planning, and treatment of common diseases such as diarrhea and respiratory infections. In partnership with specialized organizations, women and youth also participate in trainings related to sexual and reproductive health, family planning, life planning, and healthy relationships.

Household follow-up visits and community sessions reinforce sustained behavior change over time, with particular emphasis on hygiene and sanitation practices, safe water handling and storage, child health monitoring, and maintaining safe conditions for young children.

Success is reflected in the consistent application of key household practices, strengthened use of local health services, and sustained improvements in healthy home environments over time.

Strategy 3: Community Leadership and Empowerment

This component strengthens inclusive leadership and community ownership of development priorities. It follows a phased approach that builds participation, leadership, and local capacity over time.

Early efforts focus on building foundational capacities through participatory processes that promote engagement, leadership, and inclusion, with particular emphasis on strengthening the confidence, participation, and leadership of women and youth in household and community decision-making. As capacity grows, community promoters are trained and supported to serve as local facilitators, reinforcing participation and sustaining community-led change. Over time, experienced community promoters may also support peer learning, refresher trainings, leadership transitions, and accompaniment in neighboring communities, helping strengthen local capacity and continuity.

As part of this process, communities engage in a structured learning curriculum that includes leadership, participation, gender equity, family planning, sexual and reproductive health, and life planning, helping individuals and families make informed decisions about their health, relationships, and futures.

Communities are then supported to define shared priorities and track progress through a community-led scorecard process. These scorecards guide decision-making, support accountability, and help communities monitor progress on locally defined priorities. Community promoters play an important role in the community scorecard process by gathering feedback, encouraging participation, and helping communities assess progress and identify priorities.

The process emphasizes regular reflection and adaptation, with communities reviewing progress, updating priorities, and strengthening ownership over time. Engagement with local authorities and service providers helps advance these priorities and reinforce connections to local systems.

To support sustainability, the model includes intentional approaches to leadership continuity, recognizing the regular rotation of community authorities. This includes strengthening the role of community promoters, documenting key processes, and supporting knowledge transfer between outgoing and incoming leaders.

Success is reflected in active and inclusive participation, informed decision-making at the household and community level, and the continued use of community-led systems over time.

7.4 What Success Looks Like by 2030

Overall success will be defined by the extent to which communities sustain improvements beyond the period of direct support.

By 2030, success will be reflected in:

- Communities maintaining functional community-managed WASH systems over time
- Households consistently using and maintaining key infrastructure and healthy practices
- Women, men, and youth actively participating in community leadership and decision-making
- Communities demonstrate increased awareness and understanding of the need to define and pursue their own development priorities.

These outcomes reflect sustained improvements in family well-being supported by strong systems, consistent practices, and community leadership.

8. Strategic Priorities for 2026-2030

These strategic priorities guide implementation across all program components and phases of engagement. Progress will be monitored through the organization's integrated monitoring, evaluation, and learning systems to strengthen accountability, continuous learning, and long-term sustainability.

During this strategic period, work will focus on the following priorities:

1. Strengthen and consistently implement our integrated community-based model

Improve the quality and consistency of the integrated approach combining WASH, healthy households, and community leadership and empowerment. This includes strengthening coordination across components, refining curriculum, reinforcing the role of community promoters, and ensuring that program elements work together to support sustained outcomes.

2. Refine community selection and ensure equitable reach within communities

Refine community selection using clear criteria such as level of need, readiness, and potential for sustained impact. Within communities, maintain inclusive engagement while prioritizing households facing the greatest barriers, guided by participatory assessments that reflect local needs and priorities.

3. Deepen sustainability within program design and implementation

Deepen ALDEA and ABPD's multi-year engagement with communities that emphasizes practical application, ongoing accompaniment, and gradual behavior change to strengthen household practices, community systems, and local ownership. Implement strategies that help families and communities sustain and build on the progress they have achieved, particularly in nutrition and water, sanitation, and hygiene (WASH). This includes continuing to explore focused pilot initiatives related to agriculture productivity, livelihoods, and climate resilience that may strengthen long-term community resilience and family well-being. Continuously assess and strengthen approaches that support lasting improvements in family and community well-being.

4. Enhance measurement, learning, and accountability

Enhance monitoring and learning systems by establishing a baseline assessment, tracking a focused set of indicators, and using data to inform decisions and improve implementation. Expand participatory tools such as community scorecards to strengthen transparency, ownership, and accountability.

9. Advance Learning and Innovation

As environmental, economic, and social conditions in rural Guatemala continue to evolve, ALDEA and ABPD recognize the importance of remaining adaptive, evidence-informed, and responsive to emerging community needs. We will strengthen our role as a learning organization by testing and refining a focused set of evidence-informed innovations that enhance our core programs and support long-term community well-being. These efforts will be carefully scoped, time-bound, and grounded in research, community insight, and implementation learning, ensuring they reinforce rather than divert from our work in WASH, Healthy Households, and Community Leadership.

This may include targeted pilot initiatives related to regenerative agriculture approaches, climate resilience, water sustainability, household food security, and economic development strategies designed to strengthen long-term sustainability and community resilience. Pilot efforts will be implemented gradually and evaluated carefully before consideration for broader integration or scale.

Each initiative will include clear design parameters, defined success metrics, and a structured learning approach. A phased process, including baseline, midpoint, and endline assessments, will guide decision-making. Only approaches that demonstrate meaningful results and alignment with our strategy will be considered for continuation or scaling up.

This strategic plan is designed to be adaptive and responsive to the evolving community priorities, environmental realities, and implementation contexts. Strategic priorities and approaches may be refined over time based on evidence, evaluation findings, community feedback, implementation learning, and changing conditions on the ground. The plan will also be reviewed annually to assess progress, reflect on learning, and identify any needed adjustments.

10. Sustainability

Sustainability is central to ALDEA–ABPD’s approach. The goal is not only to achieve improvements, but to ensure communities have the capacity, resources, systems, and leadership needed to maintain and build on that progress over time.

Sustainability is embedded across all phases of the program, including community management structures, capacity building, and systems for maintenance, financing, and decision-making.

This is achieved by strengthening local systems, building leadership capacity, and supporting communities to take increasing responsibility for their own development. Community

promoters play a key role, providing continuity and support beyond the program period. Community promoters participate in annual congresses to create opportunities to share best practices, strengthen learning across communities, and provide feedback to ABPD staff. This two-way learning approach helps strengthen program quality and fosters the exchange of local knowledge and best practices.

This strategic period also reflects learning from prior implementation experience, including the importance of strengthening long-term water system functionality, maintenance systems, financing mechanisms, leadership continuity, and community management capacity to support sustainability over time. It also recognizes the evolving environmental and economic conditions affecting rural communities in Guatemala, including climate change, water insecurity, and economic challenges. In response, the strategy places increased emphasis on long-term sustainability, systems strengthening, continuous learning, and approaches that support community resilience and long-term functionality over time.

The structured 4–5 year engagement model allows time to build trust, reinforce behavior change, and ensure systems are functioning before transition. Communities exit direct support based on demonstrated readiness, including functional systems and demonstrated local ownership.

11. Geographic Coverage of the Program

To ensure quality and impact, ALDEA and ABPD will focus on a limited number of communities in Chimaltenango. This geographic focus supports stronger relationships, consistent implementation, and efficient use of resources.

Communities will be selected based on need, access to services, readiness, leadership potential, and opportunities for collaboration, alongside practical considerations such as accessibility and staff safety.

This strategic plan prioritizes depth over expansion, working intensively with a limited number of communities at a time. Future expansion will depend on demonstrated sustainability and available resources.

Insights from ongoing engagement with communities continue to inform this approach, reinforcing the importance of ownership, sustained engagement, and context-specific solutions.

12. Monitoring, Evaluation, and Learning

12.1 Integrated Program Approach and Outcomes Pathway

The integrated program model combines WASH systems, healthy household practices, and community leadership as interconnected components that reinforce one another through sustained, multi-year engagement.

Through this approach, households gain access to infrastructure, strengthen healthy practices, and increase engagement with local systems, while communities strengthen leadership, participation, community ownership, and local management capacity. Over time, these mutually reinforcing changes contribute to more consistent household practices, stronger community systems, increased local ownership, and sustained improvements in family well-being.

A central feature of the model is its emphasis on sustainability. Monitoring efforts therefore focus not only on implementation and short-term outcomes, but also on whether systems, practices, and community structures continue functioning beyond the period of direct support. Key sustainability outcomes will typically be assessed approximately 12 months after implementation completion through household follow-up visits, technical monitoring, and community-level assessment process.

12.2 Results Framework

The Results Framework measures indicators across three domains:

- WASH systems and infrastructure
- Healthy household practices
- Community leadership and empowerment

It focuses on a streamlined set of indicators that track both implementation progress and sustained outcomes.

Outputs

- Households gaining access to infrastructure
- Households reached with behavior change support
- Community promoters trained and active
- Water committees and leadership structures functioning
- Communities engaged in planning and scorecards

12-month Outcomes: Measured approximately 12 months after implementation completion to assess the continued use, functionality, participation, and local ownership of systems and practices introduced through the program.

Household Level

- Continued use and maintenance of household WASH infrastructure
- Consistent application of key hygiene and sanitation practices
- Safe water handling and healthy home practices maintained over time
- Increased connection to and use of local health services

Community Level

- Functional and community-managed water systems
- Active and inclusive leadership and water committee structures
- Continued participation of women, men, and youth in community decision-making

Communities actively using scorecards to track priorities and support accountability

Long-Term Impact

Sustained improvements in family health, well-being, and resilience driven by healthy household practices, functional community systems, and inclusive local leadership.

12.3 Monitoring, Evaluation, and Learning

Monitoring, evaluation, and learning ensure effectiveness, accountability, and continuous improvement. Progress will be tracked through a focused set of indicators aligned with program components.

Data will be collected through field monitoring, household visits, and community processes such as scorecards. Baseline and ongoing data will inform implementation, while follow-up assessments will measure sustained outcomes after program completion.

Findings will inform decision-making, including program adjustments, progression through phases, and readiness for transition.

A key feature is the measurement of sustainability, typically assessed 12 months after implementation. Because communities are engaged at different stages, follow-up measurement will be staggered across program years.

Periodic external evaluations will complement internal monitoring, helping validate impact and inform ongoing program refinement.

13. Organizational Support to the Strategic Plan

Successful implementation of this strategic plan depends on strong coordination, operational capacity, and long-term partnership between ALDEA and ABPD. Each organization plays a distinct but complementary role in supporting integrated, community-based programs and ensuring sustainable impact over time.

ABPD leads program implementation and community engagement, working directly with communities to deliver and sustain integrated programs. Community promoters and field staff remain central to implementation, relationship-building, and sustained community engagement, helping families adopt and maintain healthier practices over time. ABPD will continue to strengthen its organizational capacity through investments in staffing, technical training, operational systems, financial management, and coordination across program areas to support consistent program quality and long-term sustainability.

ALDEA supports the strategic plan through resource mobilization, communications, donor engagement, and strategic partnerships, helping secure the resources and partnerships needed to support the work long term. ALDEA will continue aligning fundraising and external engagement efforts with the priorities of this strategic plan to support implementation, learning, evaluation, and long-term sustainability. Funding will be structured through formal agreements that support implementation with appropriate reporting, accountability, and oversight mechanisms.

Both organizations will work closely to maintain alignment between program implementation, impact measurement, organizational learning, and strategic priorities while operating with clear and complementary roles. Continuous monitoring, evaluation, and learning will support adaptation over time, helping strengthen implementation quality, sustainability, and long-term outcomes.

Key risks include variability in community readiness, transition in community leadership structures, climate-related impacts on water systems and household conditions, and funding constraints. In most communities, leadership structures such as COCODES rotate regularly, while community engagement and systems strengthening require sustained multi-year accompaniment. These risks will be addressed through phased community engagement, strengthened local systems, leadership continuity strategies and training, diversified resource mobilization, continuous learning, and adaptive program management.

This partnership is grounded in mutual accountability, transparency, and respect for local leadership. Together, ALDEA and ABPD aim to support communities in building healthier, more

resilient futures shaped by strong local systems, inclusive leadership, and lasting opportunities for families.

14. References

1. World Bank. “Guatemala.” *Poverty and Inequality Platform*. Accessed May 2026. <https://pip.worldbank.org/country-profiles/GTM>
2. International Work Group for Indigenous Affairs (IWGIA). “The Indigenous World 2020: Guatemala.” Accessed May 2026. <https://iwgia.org/en/guatemala/3622-iw-2020-guatemala.html>

International Fund for Agricultural Development (IFAD). “Guatemala Country Overview.” Accessed May 2026. <https://www.ifad.org/en/w/countries/guatemala>

3. World Bank Bank Group Data. 2021 data. Accessed May 2026. <https://data.worldbank.org/indicator/SH.STA.STNT.FE.ZS?locations=GT>
4. Human Rights Watch. “Without Water, We Are Nothing: The Urgent Need for a Water Law in Guatemala.” Published July 2, 2025. Accessed May 2026. <https://www.hrw.org/report/2025/07/02/without-water-we-are-nothing/the-urgent-need-for-a-water-law-in-guatemala>
5. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), 2023–2024. Accessed May 2026.

World Bank. 2018. Guatemala’s Water Supply, Sanitation, and Hygiene Poverty Diagnostic: Challenges and Opportunities. WASH Poverty Diagnostic. <https://openknowledge.worldbank.org/entities/publication/1a188fb3-bc7a-5ed9-a13c-b5831c213fcb>

Human Rights Watch. “Without Water, We Are Nothing: The Urgent Need for a Water Law in Guatemala.” Published 2025. Accessed May 2026. <https://www.hrw.org/report/2025/07/02/without-water-we-are-nothing/the-urgent-need-for-a-water-law-in-guatemala>

6. World Food Programme Executive Board (WFP). Accessed May 2026. https://executiveboard.wfp.org/document_download/WFP-0000171105
7. UN Sustainable Development Group. *Guatemala: When Forecasts Become a Lifeline*. Accessed May 2026. <https://unsdg.un.org/latest/stories/guatemala-when-forecasts-become-lifeline>

15. Annex:



Asociación BPD



ALDEA-ABPD STRATEGIC FRAMEWORK 2026-2030

OBJECTIVE

Improve the health and well-being of families in rural and Indigenous communities in Guatemala through integrated, community-based approaches that strengthen healthy household practices, community systems, and local leadership.

APPROACH

Multi-year community engagement (4–5 years) grounded in partnership, participation, behavior change, and local ownership. Communities are supported through ongoing accompaniment, practical learning, and inclusive leadership development.

CORE COMPONENTS

Water, Sanitation, and Hygiene (WASH)

Safe water systems, sanitation, healthy home infrastructure, efficient cookstoves, water committees, and system management

Healthy Households

Healthy household practices, hygiene, safe water handling, nutrition, reproductive health and family planning awareness, smoke reduction, and connections to local health services

Community Leadership & Empowerment

Participation, women and youth leadership, community promoters, scorecards, and local ownership

KEY RESULTS

- Households gain access to WASH infrastructure and healthy home systems
- Households receive ongoing accompaniment and behavior change support
- Community promoters trained to reinforce healthy practices and participation
- Water committees and community leadership structures strengthened
- Communities engage in planning, leadership development, and scorecards
- Households strengthen safe water, hygiene, sanitation, and healthy home practices
- Communities strengthen coordination with local authorities and health systems

HOUSEHOLD LEVEL

- Continued use and maintenance of WASH and healthy home infrastructure
- Consistent application of key hygiene and sanitation practices
- Safe water handling and healthy home practices maintained over time
- Increased connection to and use of local health services

COMMUNITY LEVEL

- Functional and community-managed water systems
- Active and inclusive leadership and water committee structures
- Continued participation of women, men, and youth in community decision-making
- Communities actively using scorecards to track priorities and support accountability

LONG-TERM IMPACT

Improved family health, well-being, and resilience supported by healthy household practices, functional community systems, and inclusive local leadership.