Contributing to the fulfilment of the Right to Food and the Right to Water and Sanitation through the implementation of the SAHTOSO in 28 rural and indigenous communities in Guatemala.

Guatemala faces one of the highest rates of chronic child malnutrition worldwide, affecting about 50% of children under five years of age, with greater severity in rural and indigenous populations. This situation is aggravated by structural conditions of poverty, limited coverage of basic services and high levels of faecal contamination of the domestic and community environment.

In the municipalities prioritized by the project: Panzós, in the department of Alta Verapaz, and Santa Lucía La Reforma, in Totonicapán, practices of open defecation, use of unimproved sanitation and limited access to safe water persist. According to official information and community diagnostics, more than 50% of rural households in these areas use latrines without adequate hygiene conditions or without sanitation services, and a significant proportion of water systems lack effective disinfection processes, which is reflected in high levels of diarrheal and parasitic diseases.

Evidence shows that the lack of safe sanitation, adequate hygiene and quality water is directly associated with recurrent intestinal infections, environmental enteropathy that generates a lower biological use of food, factors that directly affect chronic child malnutrition. In this context, exclusively nutritional interventions are insufficient if faecal contamination routes are not simultaneously addressed at the community and family levels.

The project is implemented in alignment with the priorities of the Government of Guatemala, the "Mano a Mano" intersectoral initiative, the National Policy for Food and Nutrition Security, and the United Nations Children's Fund UNICEF, which promote a comprehensive approach between Nutrition and Water, Sanitation and Hygiene (WASH), with an emphasis on the first 1,000 days of life.

To respond to this problem, the project adopts the SAHTOSO (Sustainable Total Sanitation and Hygiene) methodology, officially institutionalized by the Ministry of Public Health and Social Assistance through Ministerial Agreement 105-2023, aimed at the sustainable elimination of open defecation and the reduction of fecal contamination through behavior change processes. community leadership and social appropriation. The SAHTOSO methodology is based on a participatory process that includes community diagnosis, activation sessions, accompaniment to households, strengthening local capacities and external verification for the certification of communities free of environmental fecal contamination (ECOFAM). The approach prioritizes low-cost local solutions, without direct subsidies to infrastructure, promoting collective responsibility, gender equity and the sustainability of the practices adopted.

Within the framework of this project, SAHTOSO will be implemented in an articulated manner with actions for the elimination of open defecation, promotion of hygiene and safe water management, with special emphasis on homes with children under five years of age and pregnant women. The intervention includes the certification of 24 rural communities during the year 2026, in coordination with municipal authorities, health personnel, COMUSAN and community leaders, contributing directly to the reduction of health risks and the fulfillment of the human right to water, sanitation and adequate food.

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IMPLEMENTATION STRATEGY AND TECHNICAL GUIDANCE

The intervention will be carried out during 2026 and will cover 24 rural and indigenous communities in the municipalities of Panzós, department of Alta Verapaz, and Santa Lucía La Reforma, department of Totonicapán (12 in each municipality). The communities will be organized into phased implementation groups to ensure adequate technical support, quality control and effective coordination with local authorities.

The technical approach follows the **"Step-by-Step Guide for the implementation of the SAHTOSO Methodology"** approved by the Ministry of Public Health and Social Assistance (MSPAS) and comprises the following stages that are then organized into 11 sequential steps:

- Municipal Immersion and Community Pre-activation:
The process begins with coordination at the municipal level with the MSPAS, the municipalities and the COMUSAN. Subsequently, participatory diagnoses are carried out in each community to analyze sanitation, hygiene, water management practices and fecal contamination levels, using SAHTOSO tools such as community mapping and observation tours.

- Community Activation: Activation sessions are developed in community assemblies aimed at generating collective awareness about fecal contamination routes and their impact on child health and nutrition. These sessions promote community decision-making and collective commitment to eliminate open defecation, without direct subsidies and applying the principles of SAHTOSO.

- Post-Activation Follow-up: After activation, systematic accompaniment is provided through home visits, community meetings and follow-up to SAHTOSO committees/local agents of change. Capacities of community leaders, health promoters, water and sanitation committees and midwives are strengthened, with an emphasis on key sanitation practices, handwashing, safe water management and the articulation between WASH and nutrition. At this stage, low-cost and culturally relevant local solutions are promoted, prioritizing community responsibility, gender equity, and sustainability. The project does not fund the individual construction of latrines, but supports demonstration materials and hygiene promotion tools in line with SAHTOSO's principles and step-by-step guidance.

- ECOFAM Verification and Certification: The progress of the communities is monitored using SAHTOSO indicators and checklists. Once the criteria established in the check list have been met, a community self-verification process is carried out, followed by an external verification through the formation of a municipal committee made up of MSPAS personnel, municipal authorities, SESAN and other local actors. Communities that meet all requirements are officially certified as communities free of environmental fecal contamination (ECOFAM).

Throughout the implementation, close coordination will be maintained with municipal governments, municipal health districts and community structures (COCODE, Water Committee, auxiliary, health committee), ensuring alignment with national policies, local ownership and sustainability of results. The approach integrates sanitation and hygiene actions with nutrition-sensitive interventions, prioritizing households with children under five years of age and pregnant women.

RESULT

By 2026, children and adolescents in Guatemala will have greater access to and use drinking water, sanitation and hygiene services, and will grow up in more resilient communities where the environment is safer and more sustainable.

FAST FACTS

Ubicación geográfica:
24 rural and indigenous communities in the municipalities of **Panzós, department of Alta Verapaz**; and **Santa Lucía La Reforma, department of Totonicapán** (14 in each municipality).

Phase and duration:	Single phase, 10 months
Start date:	February, 2026
End date:	November, 2026
Phase Budget:	Q 2,266,262.05

Entities involved:
The implementation of the project will be developed in close coordination with a network of institutional, community and private sector actors. At the national level, work will be done with the **Directorate of Drinking Water, Sanitation, Health and Environment (DAPPSA) of the Ministry of Public Health and Social Assistance (MSPAS)** as the governing body of the SAHTOSO approach and ECOFAM certification, as well as with the **Secretariat of Food and Nutritional Security (SESAN),** responsible for coordinating the **COMUSAN (Municipal Commission for Food and Nutritional Security)** and **CODESAN (Departmental Commission for Food and Nutritional Security)** in the ECOFAM verification and certification processes. At the territorial level, the Municipalities will be central actors through their **OMAS (Municipal Office of Water and Sanitation), Municipal Environmental Management Unit (UGAM), Municipal Directorate for Women (DMM)** and **Municipal Development Councils (COMUDE).**

The project will maintain collaborative relationships with community actors such as **COCODEs (Community Development Councils), SAHTOSO committees, Water Committees**, health promoters, midwives and community leaders to ensure the cultural relevance and sustainability of the actions.

A partner NGO will implement in a complementary way the specific actions of the Nutrition component, ensuring territorial articulation and technical coherence with the Water, Sanitation and Hygiene (WASH) interventions developed under the SAHTOSO methodology. This coordination will strengthen the project's comprehensive approach, particularly in households with children under five years of age and pregnant women.

Donors:

- UNICEF: United Nations Children's Fund,
- HELVETAS Swiss Intercooperation.
- Strategic partners and local partners.

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