



Community DEVELOPMENT PLAN

Abenezer CarePoint



Community Development Plan

Children’s HopeChest is committed to excellence in program design, implementation and evaluation. This document will provide our staff at the CarePoint, and the Country and U.S. offices, as well as, HopeChest Friends/Sponsors, and local partners with a narrative of what will be accomplished through our programs and projects at **Abenezer CarePoint in Ethiopia**. Together, with an ongoing monitoring and evaluation process, this Community Development Plan will help to guide decision-making, improve effectiveness, provide accountability to stakeholders, support organizational learning, and achieve the end-goal of the CarePoint.

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Dear Partners,

We are in the eve of celebrating Children's HopeChest Ethiopia office 10th Anniversary. Even though we pass through ups and downs, because of the mercy and grace of God and the courageous support of our partners so far, we impacted more than 5,000 children and their respective families and operated in more than 31 communities through our holistic transformation program for the last decade.

Children's HopeChest starts its program in Ethiopia visioning to bring hope and sustainable community development in the life of most disadvantaged children and their respective communities of Ethiopia. To make this happen we coined different models and approaches based on the context of each communities by involving all stakeholders. This Community Development plan is also part of the result of this cumulative effort.

Despite the fact that Ethiopia is one of the fastest growing country in Africa, the corrupt political system of the country creates unfair distribution of wealth and make the richer more richer and the poorer more poorer. Additionally, HIV/AIDS pandemic, poor health services, poor quality of education, wrong traditional beliefs and practices, lack of job opportunity, etc. also contributed to create more orphan and vulnerable children in the country. According to ESA more than 5 million orphan children are living in Ethiopia.

In order to meet our goal in each community, defining the strategy is a very crucial step. So, this 'Community Development Plan' is a road map to the success of our children and the graduation of our communities from our support to make sure that they will stand by their own self.

In the production of this document our community leaders, CarePoint staff, the program team of the country office, country management team, the program team of the US office, and leadership of Children's HopeChest involved.

While we are looking forward to celebrate our 10th anniversary, on behave of our children and their communities' I would like to thank our gracious God and our diligent partners for your love and continues support to make sure to meet the strategy we have planned in this document.

With Respect and Regards,

Milkias Taye Gutema
Country Director

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Acronyms

| | |
|------|--------------------------------------|
| CHC | Children's HopeChest |
| CP | CarePoint |
| SHG | Self Help Groups |
| IGA | Income Generating Activity |
| US | United States |
| PC | Program Coordinator |
| M&E | Monitoring and Evaluation |
| CDP | Community Development Plan |
| CSO | Civil Society Organization |
| CBO | Community Based Organizations |
| CCC | Community Care Coalition |
| PTSA | Parent-Teachers-Student- Association |
| WaSH | Water and Sanitation Health |
| ACH | Abenezer Children's Home |
| CSA | Central Statistics Agency |
| SWOT | Strength Weakness Opportunity Threat |

Community Development Plan

1.0 Introduction

Abenezer Children's Home (ACH) is committed to excellence in program design, implementation, and evaluation. This document will provide our CarePoint staff, sponsors, and local partners with a narrative of what will be accomplished through our program at Abenezer Children's Home CarePoint, in Gerbe Guracha Town. Together, with an ongoing monitoring and evaluation process, this Community Development Plan will help to guide decision-making, improve effectiveness, provide accountability to stakeholders, and Support organizational learning and end-goal of the CarePoint.

Abenezer Children home is a non-profit and non-governmental international organization established to operate exclusively for charitable purposes in Ethiopia. It is established by a group with various professional disciplines abroad who are committed to being involved and participating in the country's development endeavor and contributing to the process of eradicating poverty in Ethiopia.

The following CarePoint Development Plan (CDP) document is a comprehensive roadmap that originates from discussions that we as the in-CarePoint leadership team have had with community leaders in the area with whom we are seeking to partner. The CarePoint and partnering U.S. community come alongside Gerbe Guracha leaders in CarePoint communities, empowering them to achieve their vision for their community. This document provides a roadmap for the partnership to enable the fulfillment of those dreams and visions.

As a result of the unbalanced growth of population and economic development, poverty has become one of the major characteristics of a citizen in a developing country; Ethiopia is also facing this problematic outcome of the above phenomenon. Children are the first victims of this poverty and many areas of their life are negatively influenced. Often, the children of poor families are not able to get necessary health care at the appropriate time and they are not sent to school at their proper age. . These two areas of child health care and education are the major problems in developing countries such as Ethiopia and need the close attention of the appropriate development agencies. . The situation in Kuyu Woreda is not far from what has been described above and needs the intervention of institutions that have the vision to support children of the poor family. It is these two problems that we wish to establish as the main objectives to offer orphans and vulnerable children interventions to address their basic needs through sponsorship, to supplement the efforts made by the government to eradicate poverty.

We will also use various strategies to achieve the objectives of the project, including income-generating activities for guardians, promoting stakeholders' participation, counseling and monitoring of children, building the capacity of parents, stakeholders, and project staff, and forming networking with similar charity organizations. This document is intended to provide an overarching perspective for accomplishing holistic transformation through the partnership that Abenezzer Children's Home will provide in the countries where it works, bringing together partners from outside a given country together with local leaders in the country via a CarePoint.

Our programming begins with caring for orphans and vulnerable children, as mandated by God. Over time, relational, societal equity is built that allows for a broader impact in the community. The overarching goal of our Biblically based transformational approach is to lead Gerbe Guracha

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Communities toward sustainability and self-sufficiency through specifically designed programs, unique to each community's assets.

Sustainability is at the core of our model, which is why we encourage CDP's that combat the Gerbe Guracha poverty rate by equipping their citizens with vocational skills and resources to gain opportunities, lift themselves out of poverty, and change their future. Our reporting process is designed in such a way that we are beginning to measure the long-term impact of our collective effort at, and through, the CarePoint.

When communities work together, they can accomplish specific goals. With a Kingdom perspective, communities are also able to form lasting, meaningful relationships and support one another with encouragement and prayer. We are delighted you have answered God's call and we genuinely thank you for supporting the work that we are accomplishing together in the name of Christ.

1.1 Executive Summary

Because of unequal distribution of wealth and rapid population growth within the nation, Gerbe Guracha Town has one of the highest poverty rates in Oromia Regional State. Abenezer children's home has been working in the area for the last ten years. The project is implemented in the Oromia region, North Shewa, Kuyu Woreda which is going to benefit 84 children directly and 350 indirect beneficiaries.

The main objective of the project is to proffer orphans, vulnerable children with basic needs through sponsorship and Capital Projects whereby they contribute to the endeavor made by the government to eradicate poverty.

The organization within the project period is to provide sponsorship for children. Under the sponsorship program orphan and children from poor families are provided with food, clothing, school fee, shelter, and medical fee, and psycho-social counseling services.

The CarePoint is used as a drop-in center for children by letting them live with their parents, grandparents, and other supporting family members. Currently, institutional care is not advisable for it fails to meet children's developmental and emotional needs. Most of the orphan children are living with their grandparents, cousins, aunts, and other relatives who are sufficient to support themselves. In the long run of the project, Abenezer Children's Home will construct a building that will be housed on 7,000 m² of land. With the approach of holistic services for orphans, the organization will establish a supporting center that includes dining rooms, health care centers, playing fields, and counseling rooms to offer the orphan holistic support.

The document consists of goals and objectives, background of the local community partner, a brief explanation of community profile with a clear analysis of their current status, a SWOT Analysis (their Strengths, Weaknesses, Opportunities, and Threats) are included in the first section of this document. After providing some clear information about the CarePoint impact audit, CarePoint Asset Assessment, an overview of community and child demographics in this document, strategies that are to be followed in accomplishing the holistic transformation of the community are clearly outlined. In the following part, strategies are described properly.

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Currently, there are 84 children in the sponsorship program and more than 750 indirect beneficiaries. The total amount of project funding expected over eight years is USD **261,145** (Two hundred sixty-one thousand one hundred forty-five thousand dollars).

1.2 Regional and Community/Village Overview

Oromia Regional State is the largest and broadest state covering around 298,164 square kilometers in the nine regional states having a total population of 32,220,000 (34.5%). Gerbe Guracha Town where the program is intended to be implemented is located in Oromia Regional State, North Shewa Zone located 156 km away from Addis Ababa. Gerbe Guracha is the capital city of Kuyu Woreda. Concerning religion, though Orthodox followers are the majority, Protestants, and Islamic follow in rank, respectively.

The target area is known for its poverty and is destitute. Residents in the project's target area do not have permanent and reliable income sources. For instance, most of them are engaged in the small petty trading business. These problems caused many of the community members to be poor without sustainable income. Families in the area are unable to provide their children with all their necessities which sometimes hinders them from going to school. Most children drop out of school due to economic problems, lack of food, or diseases. With all these problems the project aims to contribute and help transform the situation of the poor children.

1.3 Local Community Partner Background

As a result of the unbalanced growth of population and economic development, poverty has become one of the major characteristics of a citizen in a developing country. The Gerbe Guracha Community is also facing this problem and the outcome of the above phenomenon. Children are the first victims of this poverty and many areas of their life are influenced negatively.

Children are not able to get necessary health care at the appropriate time and they are not sent to school at their proper age since their family is poor. These issues of child health care and education are the two major problems in the community that need closer attention of the development agencies that are interested in helping children of poor families. The situation in Kuyu Woreda is not far from what has been described above and needs the intervention of institutions that have the vision to support children of poor families. It is with these two problems that we will offer help to orphaned and vulnerable children to contribute to the endeavors made by the government to eradicate poverty.

2.0 Statements of the Local Community

2.1 Vision and Mission Statements

Vision: To awaken hope and bring holistic transformation

Mission:

2.2 Statement of Core Values

Abenezer Children's Home (ACH) has the following Core Values:

- Respect
- Accountability
- Commitment
- Innovation

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- Sense of Ownership
- Independence
- Governance
- Discipleship

2.3 Goals and Objectives

Goal:

Abenezer Children's Home works to meet the educational, physical, social, psychological, economic, and ethical development of orphan and vulnerable children through sponsorship in the targeted area of Gerbe Guracha Town.

| Strategic Goals | Objectives | |
|---|------------|---|
| Strategic Goal 1: Achieve a child and youth holistic development of the program through participatory and responsive child action | 1.1 | To improve the health status of 84 children targeting the end of 2028. |
| | 1.2 | To increase 84 children and youth in their school performance, life skill, leadership skill, and entrepreneurial ability through quality formal and non-formal education by the end of 2028 |
| | 1.3 | To enhance 25 youth with development for creative economic readiness and engagement through employability and job creation by the end of 2028 |
| | 1.4 | To help 84 children to reach their life purpose and develop moral ethics through discipleship program by the end of 2028 |
| Strategic Goal 2: Empower the livelihood of the household /family/guardian using a local resource-based approach | 2.1 | To empower the economic status of 84 families/guardians by 2028 |
| | 2.2 | To improve the health status of the 84 families/guardians until 2028 |
| | 2.3 | To assess and build the capacities of 84 families/guardian to effectively participate in identifying and responding to their problems by 2028 |
| | 2.4 | To ensure coordination between Enbridge's emergency responses of 84 family/guardian within 2028 |
| | 2.5 | To enable all CarePoint organized SHG's to become legally registered and exist as an associate at the end of 2028 |
| Strategic Goal 3: Developing and promoting social and economic approaches and systems, based on local experience which will enable communities to help themselves and sustain efforts in existing social structure and development projects | 3.1 | To facilitate the institution's development at the CarePoint community through 2030. |
| | 3.2 | To engage social groups, traditional leaders, and officials in participatory community leadership by 2028 |
| | 3.3 | To enhance community welfare through development projects by the end of 2028 |
| | 3.4 | To promote a green and healthy environment in the program area over the coming eight years |
| | 3.5 | To enhance staff learning and development through a capacity building scheme until 2028 |
| | 3.6 | To advocate child protection, participation, and gender, and disability through awareness creation through 2028 |

2.4 Stakeholder Analysis

Various Stakeholders play their roles in the success of this project. Government bodies, other non-governmental organizations, community-based organizations, and associations cooperate with the project at various levels to facilitate the activities of the project, creating and strengthening their network through various review meetings, dictation, and visits growing the working to help the children.

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After an extensive assessment undertaken by our organization, the management identified different problems and designed appropriate strategies to curb the problems sustainably and achieve the stated objectives. Broadly speaking, though there are many approaches, the proposed project will focus on three strategies which include sponsorship, psycho-social support, and networking strategy. Listed here are the identified stockholders and their responsibility in implementing this CDP.

| Sr. No | Stakeholder | Activities of the Stakeholders/Roles to be Played |
|--------|--|--|
| 1 | Children's HopeChest | <ul style="list-style-type: none"> - Provide a different source of funds, both sponsorship and other - Support technically and theoretically to ensure sustainable development ideas and thoughts - Monitor and evaluate the CarePoint in different seasons |
| 2 | Federal Civil Societies Agency | <ul style="list-style-type: none"> -Renew the license as per its regulation -Forward government policies and regulations at the city level |
| 3 | Gerbe Guracha City Government and Economy Development Bureau | <ul style="list-style-type: none"> -Appraisal of the project proposal and forward comments on it. -Signing the project agreement -Forward government policies and regulations at the city level -Mediate and provide the necessary support, if a conflict arises. -Coordinate the charity and the stakeholders -Conduct monitoring with mid-term and terminal evaluation of the project with appropriate bureaus and sub-cities and give necessary feedback. |
| 4 | Gerbe Guracha City Government -Women, Children & Youth Affairs Bureau | <ul style="list-style-type: none"> - Technically appraise project proposals and forward the comments - Signing the project agreement - Periodic Monitoring and evaluation - Assist the project technically - Create a healthy working atmosphere |
| 5 | Sub City Finance and Economic Development Office | <ul style="list-style-type: none"> - Coordinate the charities and the stakeholders at the Sub-City level, including establishing partnerships - Monitor and evaluate the project together with the relevant bodies |
| 6 | Sub City and Woreda level women's, children & youth affairs Office. | <ul style="list-style-type: none"> - Provide technical support - Participate in beneficiary selection and screening |
| 7 | Beneficiaries | <ul style="list-style-type: none"> - Actively participate in the project implementation process. - Adherence to the rules and regulations of the school. |
| 8 | CBOs, FBOs, Churches, Local government Administration | <ul style="list-style-type: none"> - Provide technical support and serve the CarePoint in different volunteer services |

3.0 Community Profile - Analysis, Risks, and Assets

Our intention, in this section, is to provide a brief analysis of our community, including assessments that will establish benchmarks, and an analysis of SWOT and risks, as well as a determination of existing demographics and assets.

3.1 Benchmark

The target area is known for its poverty. Residents in the project's target area do not have permanent and reliable income sources with most of them engaged in small petty trading business. Families in the area are often unable to provide their children with all their necessities, which sometimes hinders them from going to school. In the community in which Abenezer Children's Home is located, there is only one government elementary school (from grade 1 to

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8) known as Gerbe Guracha Number 2 and only one high school (Grade 9-12), which is named Alemayehu Atomsa High School. There is no Governmental preschool school in the community. There is only one private kindergarten school that is very far from the local community. Because of that, those in the community living around our CarePoint are not likely to send their children to school. It has been impossible for the poorer segment of the community to send their children to private school because of its monthly educational tuition, which costs more than \$10 per child per month and \$7 for transportation.

Additionally, since the private schools are limited in number and limited in the grade level (only up to grade 8), the communities in this area have no schools nearby with adequate educational provision for their children. The children need to travel long distances from their home each way, by foot, every day to the school. Because of the very limited number of the learning classes in the existing schools, most children are forced to stop school. So, it is difficult for most parents to send their children to school and they are also unable to provide school uniforms and educational materials.

In addition to this, lack of transportation service is one of the main problems of the town. Most of the communities in this area send their children more than two kms to school. Because the cost of transportation is very high, they are unable to send their children to school. Because of the above reasons, most children drop out of school.

The project has four staff members, who are responsible for the day-to-day activities of the project. Their staff was recruited, for positions, which required one Project Director, one Social Worker, and two guards. Moreover, the project workers will be with the project committee composed of 5-7 members assigned by Abenezer Children's Home who are responsible for planning the activities, and guiding and supervising the project staff in all the areas of the project implementation.

3.2 SWOT

| | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> ♣ skilled staff, ♣ volunteer participation, ♣ ample CarePoint space, ♣ government support, ♣ parent participation, ♣ committed teachers ♣ skilled team members, ♣ experienced project staff, ♣ committed volunteers | <ul style="list-style-type: none"> ♣ Dependency of beneficiaries ♣ weak internet facility ♣ time management ♣ communication, knowledge gap ♣ Limited funding ♣ Few children ♣ Poor academic performance | <ul style="list-style-type: none"> ♣ The community's interest to engage in business to change their life ♣ Staff and church leadership awareness for development ♣ Leadership awareness for the country's situation | <ul style="list-style-type: none"> ♣ Sponsor loss ♣ Performance ♣ Inflation ♣ Insecurity due to Covid-19 ♣ Political unrest |
|---|--|--|--|

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| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> ♣ Passionate volunteers and donors ♣ clear vision and are associated with the mission | | | |
|--|--|--|--|

3.3 Key Risk Indicators, Descriptors, and Analysis

The project assumes there will be active participation of collaborators and other partners to improve the project implementation. The community and the local government bodies support the project to enhance the children. The donor expected to donate and finance the project as per the document agreement made between us.

The anticipated risks which may be during the project implementation are the risks associated with obtaining the funds and their timely release; lack of awareness of the community in the intervention area and diminished participation of the collaborators may be a possible risk. Limited understanding of the project by the potential partner may also risk the sponsorship program. However, the organization will undertake various risk management strategies based on frequent dialogues with relevant partners and also creating alternative income-generating activities for the families and increased the participation of the community for proper implementation of the project.

3.4 Assets

3.4.1 CP Asset Assessment

| ASSET ASSESSMENT, YEAR COMPLETED: | | 2021 |
|---|--|--------------------|
| <p><i>Note: To describe how the local community can achieve a greater degree of self-sustainability, we ask you to list in the left column the kinds of assets that are available in the local community. In the right column, we ask you to provide a listing of those specific assets and a description of these assets and their benefit to the CarePoint and Community.</i></p> | | |
| Kind of Asset | Specific Assets that can be identified to help this CarePoint achieve a greater Measure of Self-Sustainability | |
| Human Resource | 1 | Professionals |
| | 2 | Church |
| | 3 | Volunteer |
| | 4 | Family member |
| Infrastructure | | Rooms |
| | | CarePoint premises |
| | | |
| Organizations | 1 | Schools |
| | 2 | NGOs, CBOs |
| | 3 | Government Offices |
| | 4 | Clinics, hospitals |
| | 5 | Family |
| | | |

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3.5 Community Demographics

The overall health status of the Ethiopian people is poor. Life expectancy at birth averages 54 years (55 years for males and 53 for women). The infant mortality rate is estimated to be about 77 per 1000 births, and for children under the age of five, mortality is about 123 per 1000 (CSA: Ethiopian demographic and health survey 2005). Poor nutritional status, infectious diseases, and high fertility rate, together with a low level of access to health facilities contribute to their poor health status. Other than these communicable diseases resulting from poor personal hygiene, improper garbage and waste disposal practices, and lack of adequate safe water supply are major killer diseases in the country. Besides these problems, the high prevalence rate of HIV/AIDS has contributed to different socio-economic problems in addition to the standard medical problems faced by patients.

Kuyu Woreda where the program is intended to be implemented is located in Oromia Regional State, North Shewa Zone located 156 km away from Addis Ababa. According to the Central Statistics Agency Housing Census, Oromia Regional State is the largest and widest state, covering around 298,164 square kilometers in the nine regional states having a total population of 32,220,000 (34.5%). The woreda is bordering with different another woreda in a different direction such as in the East Degam Woreda, in the North Hidabu Abote Woreda, in the West Ginde Beret Woreda and Mugger River, and the South Meta Robi Woreda. Kuyu Woreda in central Ethiopia, located in the North Shewa Zone of the Oromia Regional State has a latitude and longitude of 9°48'N 38° 24'E and an elevation b/n 2515 and 2541 m above sea level. The town of Kuyu Woreda is called Gerbe Guaracha.

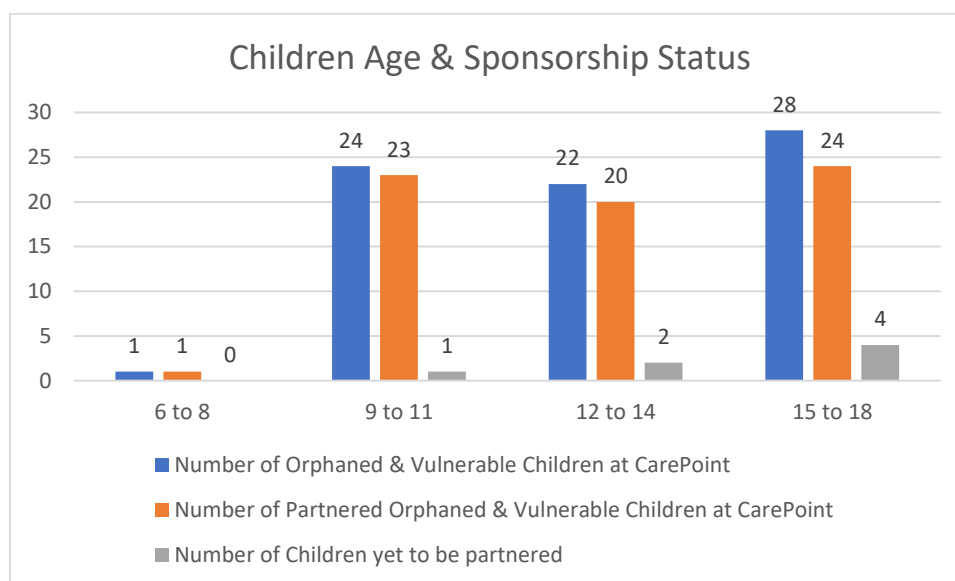
Based on figures published by the Central Statistical Agency in 2005, Woreda has an estimated population of around 17,788, of whom 10,488 males and 12,159 females are urban dwellers and 7,940 males and 78,251 females live in rural areas. Concerning religion, the people are Christian Orthodox, with Protestantism being the dominant religion, while Islam is third, respectively. The number of Muslims in the town is insignificant and Afan Oromo is the predominant language spoken by 96.41% with 3.41% speaking Amharic. The remaining 0.18%, speak other primary language. Reported: Source Central Statistic, 2005)

3.6 Overview of Child Demographics

3.6.1 Ages and Numbers of Children

To initiate the HopeChest Friendship Program (formerly known as, Sponsorship), as well as any programs and projects to support local efforts, we need to have a minimum number of local children participating at the CarePoint. To create a successful environment, a minimum of 9 children need to be available for partnership. Of that number, 10% should have a HopeChest Friend signed up or funded.

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3.7. Number of Families/Households

Regarding our CarePoint, we have 84 families or households directly benefiting from the program. From here, onward, we depict their journey of sustainability thus far and for the coming year. The CarePoint, encourages the families of the children to become engaged in various income generating activities (IGAs) according to their interest and skill. Thus far, we have engaged 79% of the guardians.

3.8 CP Impact Audit - as of 2019

| Category | B = Budgeted, not started P = In Progress C = Completed O = Ongoing Project T = Terminated Program/Project | Abenezer Children's Home CP |
|-----------|---|-----------------------------|
| Education | Uniforms | O |
| | Materials or Supplies | O |
| | Educational Registration Fees | O |
| | Skills Development | O |
| | Tutoring class | O |
| | Reference book purchase | B |
| | Youth in University | O |
| | Computer training center | O |
| | Startup Tools | O |
| Wash | Wells | - |
| | Filtration/Purification | O |
| | Committee - WaSH | - |
| | Water Extension | - |
| | Water Point Business | T |
| | Hygiene Training & Awareness | O |

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| | | |
|---------------------------------|--|---------------|
| | Soaps / Detergents | O |
| Agriculture | Animal Husbandry | O |
| | Poultry | - |
| | Goats | - |
| | Dairy Farming | - |
| | Crops - Farming Projects | - |
| | Small/kitchen Gardens | O |
| | Citrus/fruits/orchards | O |
| | Routine Check-ups and Immunizations | O |
| | Medical Treatment | O |
| | HIV care (screening, supplements, meds) | O |
| | Health checkup | O |
| | Deworming | O |
| | Hygiene materials supply | O |
| | Counseling/Emotional health | O |
| | Psychosocial support for guardians | O |
| | Reproductive Health | O |
| | Abstinence Based Ed | - |
| | Prevention, Education | O |
| | Dental Clinics (specific dental program) | O |
| | Finance | Savings Group |
| Business training | | P |
| Co-ops | | O |
| Ministry | Bibles | O |
| | Discipleship program | O |
| | Faith-Based Events | O |
| | Teen conferences | - |
| | Christian Media: Films and audio | - |
| | Pastor Training | - |
| | Church planting | - |
| | Kitchen | P |
| | Multi-purpose building | P |
| | Roof, window, or building improvement | P |
| | Maintenance / Painting | P |
| | Building schools, Structures | C |
| | Fences | |
| | Rec Fields or Playground | - |
| | Vehicle / Motorcycle (for CarePoint) | T |
| Electricity (extension project) | O | |

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| | | |
|-------------|--|---|
| Environment | Plant Trees | 0 |
| | Beautification | 0 |
| General | Construct huts | - |
| | Holiday parties (Christmas) | 0 |
| | Shoes (supplied to community or child) | 0 |
| | Arts: Music, Dance, Drama | 0 |
| | Sports and Game Activities | 0 |
| | Field Trips (e.g., World Child Day) | 0 |
| | Clubs | 0 |
| | Sporting Events | 0 |
| | Seminars/Workshops | 0 |
| | Awareness Events | 0 |

4. Strategies

Strategies are the broad action-oriented items that we implement to achieve our objectives. A strategy is also a plan for dealing with situations.

Therefore, as a CarePoint, we strategize to get our holistic development on Holistic Child and Youth Development, Family/Guardian Empowerment, and Community Development.

The need for strategies comes from the following factors: The planned project has been designed for a specific period. The community and the existing government body are the legitimate owners of the project and will continue on into the future, to enhance the capacity of partners and the community to manage and sustain the project, and to develop a sense of ownership among project participants for the sustainability of the project.

We strategize to get our holistic development goals for holistic child and youth development, family/guardian empowerment, and community development.



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4.1 Sustainability

William J. H. Boetcker once said: "You cannot help people permanently by doing for them, what they could and should do for themselves." CHC believes that long-term societal growth, maturity, and increased self-sustainability are achievable when communities have this as their basic premise. Therefore, a successful development program is one that eventually equips people so that outside help is no longer needed because the people are sufficiently able to provide for themselves.

4.1.1 Holistic Child and Youth Sustainability

Permanent changes that are self-sustaining can happen in a variety of program areas. The CarePoint has three main target groups which, include children, guardians, and community. The CarePoint is going to assure sustainability by using three program models, specifically: Survive, Thrive, and succeed. Education, medical support, life skill training, and Self-Help Groups are key components for making changes.

4.1.1.1 Holistic Child Development (6-12 years of age)

Holistic child development is accomplished by focusing on six main areas of development: the physical, emotional, social, intellectual, spiritual, and the environmental.

Holistic Child Development Outcomes:

- ❖ Demonstrates increased physical wellbeing
- ❖ Exhibits strong growth in spiritual, cognitive, and socio-emotional life
- ❖ Skilled, motivated, and economically self-supporting

4.1.1.2 Youth Development and Leadership Program (14-22 years of age)

The major six areas of youth development are Life Skill, Leadership, Entrepreneur and Employment, Vocational Training, Discipleship, and Moral Education; And Volunteer Service and Internship will give attention to bring sustainability.

Youth and Leadership Development Outcomes:

- ❖ Youth with self-confidence, and a strong personality
- ❖ Youth have an aptitude for leadership within the community in which they reside
- ❖ Entrepreneur, skilled, and equipped person to be economically self-supporting
- ❖ Physically healthy with healthy practices



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The children joined the CarePoint between the ages of three - nine and most of them were from grades one to three. Therefore, most of the children will complete their education within the coming 10 years. The CarePoint is going to financially support the children who join colleges and vocational training.

In addition to this, they will get educational support such as tutorials, educational materials, and training. So that children will develop learning and promote core competencies, such as analytical and systematic thinking, collaborative decision making, and taking responsibility for present and future generations. After completion of their education, children will have the means to become self-sustaining.

| S/ N | Educational status | Boys | Girls | Total | Field of Study (Training) | Year of completion |
|------|--|------|-------|-------|--|--------------------|
| 1 | Primary School (Grade 1-6) | 17 | 28 | 45 | | 2029-2030 |
| 2 | Secondary School (Grade 7-8) | 7 | 11 | 17 | | 2027-2028 |
| 3 | High School and Preparatory (Grade 9-12) | 5 | 9 | 14 | | 2027-2028 |
| 4 | Vocational | 1 | 4 | 3 | Information Technology, Metal Work, Garment, Teacher | 2023-2024 |
| 5 | College/University | 0 | 2 | 2 | Agro economics, Sport Science, | 2024-2025 |
| | | 30 | 54 | 84 | | |

4.1.2 Family/Guardian Sustainability

Family sustainability will try to ensure through intensive participation in SHG/IGA activities and the CarePoint will create opportunities in various ways such as offering business training, seed money, etc. Family/guardian sustainability comprises Family Empowerment, one of the 12 Areas of Community Transformation, and Capital and Development Projects.



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Table: AbenezerCarePoint Self-helping group and income-generating activities Data

| S/N | Number of Parents Guardians at CarePoint | Number of Parents Guardians active in different IGA/started to get income | % | Number of Parents Guardians who are organized in SHG but not started IGA | % | Number of Parents Guardians who are not Organized in SHG | % | The monthly average income of Parents Guardians per month | When do the rest of the Parents Guardians start SHG/IGA | # of graduated partners per year |
|-----|---|--|-----|---|-----|---|-----|--|--|---|
| 1 | 84 | 13 | 15% | 66 | 79% | 18 | 21% | 300 | Starting from July 1, 2021, 30 families every 6 months will be organized continuously until the end of 2022. | Y1=0 Y2=0 Y3=14 Y4=14 Y5=14 Y6=14 Y7=14 Y8=14 Note: - Y1 starts from FY'2023 |

The CP uses arithmetic progression to graduate partners from the CarePoint yearly base (per year).

4.1.3 Institutional/Community Sustainability

The CarePoint will aspire to address the continued generation of businesses and equipping of the staff, the church leadership, other organizations like CBOs or FBOs, and the local community to stand and to support their community. It ensures the system, and procedures at the local level are functional.

Community/Institutional Development Outcomes:

- ❖ Completed entry-level job training
- ❖ Takes ownership of the program/projects
- ❖ Empowered with skills and knowledge
- ❖ Exhibits self-sufficiency
- ❖ Develops/establishes one's own enterprise or finds employment

4.2 Areas of Transformation

To understand and address the underlying problems that cause poverty and the local assets available to bring and sustain a positive impact, we must look at communities and analyze them by sectors or areas, which we have identified as the "Twelve Community Areas of Transformation." By linking two or more of these helps to create additional synergy for transformation.

Accordingly, among the 12 areas of community transformation, Abenezer Children's Home CarePoint focuses on education, medical support, economic development, family development, and infrastructure as a priority.

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4.2.1 Education

Even though government-funded primary school in Ethiopia is free, families must still pay the registration fees, and purchase uniforms and other costly school materials. The fees present a significant barrier to most families living below the national poverty line. So, it is difficult for most parents to send their children to school as they are also unable to provide school uniforms and educational materials. These families have a difficult time justifying sending children to school, which both costs money and takes away the option of children earning money to support the family. Girls are at higher risk for dropout, as they often need to watch younger children or do domestic chores.

So, by focusing on education as one of the transformation areas, children will have their school fees paid directly to the school each year or term for the participating children so that the children will be educated to be productive citizens in their community and nation.

4.2.2 Medical Support/ Health and Hygiene

Abenezer Children's Home is located in Gebre Guracha town. It's semi-urban where the life of the inhabitants is engulfed by an unsanitary environment and is characterized by subsistence living due to poverty and poor infrastructure. The town is far from the capital and the nearby big towns, where one can have access to better health facilities.

The CarePoint is focusing on a community that is under the national poverty level who are not able to get medical treatment for themselves or their children. Thus, the lack of medication is escalating the level of poverty in our community. So, in our effort to reduce the level of poverty by achieving the objectives of healthcare for our clients/children and guardians, it is important to apply wise techniques that help the children and their parents get medical service quickly.

Having this in mind, our CarePoint works together with Kuyu Hospital and other health offices that confirm providing medical attention for our CarePoint children at a reasonable cost. By doing that, the CarePoint uses the funds that the partner provides, in the most cost-efficient way, to cover the medical bills of the CarePoint clients.

4.2.3 Economic Development

Communities in the project's target area are highly affected by poverty. They do not have a permanent and reliable income source for their daily requirements. Most of them are engaged in micro-trading businesses, including selling vegetables (onions, tomatoes, etc) on the roadside, selling local drinks such as "tela" and "Areke", selling wood charcoal for fuel, and buying and selling various items. Most of them are poor farmers and the sale of their produce offers only hand-to-mouth sustenance. These problems cause many of the community members to subsist without sustainable income.

Families in the area are unable to provide their children with basic necessities, which often hinders them from going to school. Most children drop out of school due to economic problems, lack of nutritious food, and a high prevalence of diseases, leading to a very difficult life. Children suffer from various health issues; there is poor personal hygiene protection; and it is difficult for the family to feed their children. Based on this, Abenezer Children's Home

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CarePoint has prepared this plan to release the guardians of the children from these harsh living conditions and empower them to generate their own income.

We strongly believe if we work on livelihood programs, we can see tangible changes in their lives. SHGs are one of the most powerful systems to enhance the guardian's capacity economically, socially & morally. From our organizational experience, we developed the understanding that SHGs are ideal to bring economic sustainability as well as positive social changes to the community. It reduces dependency on project support and guardians can generate an income. As a result, they can fulfill their own needs. The CarePoint provides training on how to generate income sustainably. Such training may include training in, basic business skills, Income Generating Activities (IGAs), Self-Help Groups (SHGs), financial management, and entrepreneurship.

4.2.4 Family Development

To improve the economic status and income position of the economically poor and socially neglected segment of the community, we launch projects self-initiated by the target community. We increase thematic diversity and integration of community empowerment projects by adopting good practices, generating, and replicating projects by communicating about them to the wider communities.

4.2.5 Infrastructure

4.2.5.1 WaSH

The use of appropriate technologies to improve the community WaSH system will be our CarePoint's focus. We use the core strategies of health and hygiene education through social mobilization and improving access to and use of sanitation and hygiene facilities at community levels. Ultimately, we want to create access that is reasonably near to sufficient, safe, acceptable, physically accessible, and affordable water for personal and domestic uses and accessible sanitation facilities.

4.2.5.2 School/Vocational Training Center

Most of the Abenezer community is living in extreme poverty, lacking basic education. They even use fingerprints rather than signatures when they sign documents or papers. Living below the poverty line, they are more likely to keep their children out of school, which means that their children will also have a greater likelihood of living in poverty.

Education is often referred to as the great equalizer. It can open the door to jobs, resources, and skills that a family needs to survive and thrive. Access to high-quality primary education and supporting child well-being is a globally recognized solution to the cycle of poverty. This is, in part, because it also addresses many of the other issues that can keep communities vulnerable. The education system supports a child's developing social, emotional, cognitive, and communication skills. Education programs also support the development of knowledge and abilities (i.e., human assets). Children who receive quality primary education are more likely to develop these assets at higher levels of education. They can then use these abilities and skills to earn higher incomes or further develop other basic assets.

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There is only one government elementary school and the kindergarten school at the Abenezer compound. It has been impossible for the poor community to send their children to this private school because of its monthly educational tuition which costs more than \$10 for each child, monthly.

The private schools are limited in number and only offer education up to grade 8. It is apparent that the communities in this area lack nearby schools to provide education for their children. The children need to travel long distances on foot every day from their home to the school and back. This is especially true for high schools. Because of the severe limitation of the learning classes in the existing schools, most children have no chance to be registered near their homes. They are mostly forced to go to another province and even another village to attend school.

This is also creating an economic and psycho-emotional burden on the community. So, it is difficult for most parents to send their children to school and they are also unable to provide school uniforms and educational materials. To address this problem, we use the school's building as one of the transformation areas in the community in which the children and families can obtain a free education.

4.3 Phases

It is true that the sustainability of a given project is greatly needed from the onset of the project. We desire to see the possibility of the continuation of the project after the phase-out has been discussed. We want to emphasize an increasing level of awareness and empowerment of the local community. To guarantee the project's sustainability, it is essential to create a sense of ownership by the community at its grassroots level. With the training we offer, it is essential that we empower and involve the community in the planning, monitoring, evaluation, and capacitation to ensure that the community is able to carry out the sustainability of the project.

Over this approximately 8-year period of time, we will implement transformation in two phases. The phases are not necessarily similar, nor must they be of equal lengths of time. Phase I comprises six years, and Phase III will cover two years of time. However, budgets may be established in blocks of time that can vary from annual to longer-term - three to five years. To align all that we are doing throughout these phases, we must put them into perspective with the end goal in mind.

Programs are recurring activities that may be repeated over relevant periods, (years, seasons, or other). Programs are intended to help a community grow and be strengthened in one or more of the twelve particular areas of Community Transformation.

Projects are activities that are normally not repeated. They generally are "one and done" kinds of activities. Projects can be envisioned as stepping-stones to help a community 'cross a river and get to its goal. They are intended to support other activities or programs by providing infrastructure that will help a community grow and be strengthened in one or more of the twelve areas of Community Transformation. (See: Section 4.1, above).

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4.3.1 Phase I (Approx. 0 years)

Most of the activities of Phase I have been completed, previously. We laid a strong foundation for the long-term effort, with the end goal in mind. We will focus on transitioning from Phase I to Phase II.

Education is free in the Government schools, but families must still pay registration fees, purchase uniforms and costly school materials. The fees present a significant barrier to the families living below the national poverty line. These families have a difficult time justifying sending children to school, which both costs money and takes them away from earning money to support the family.

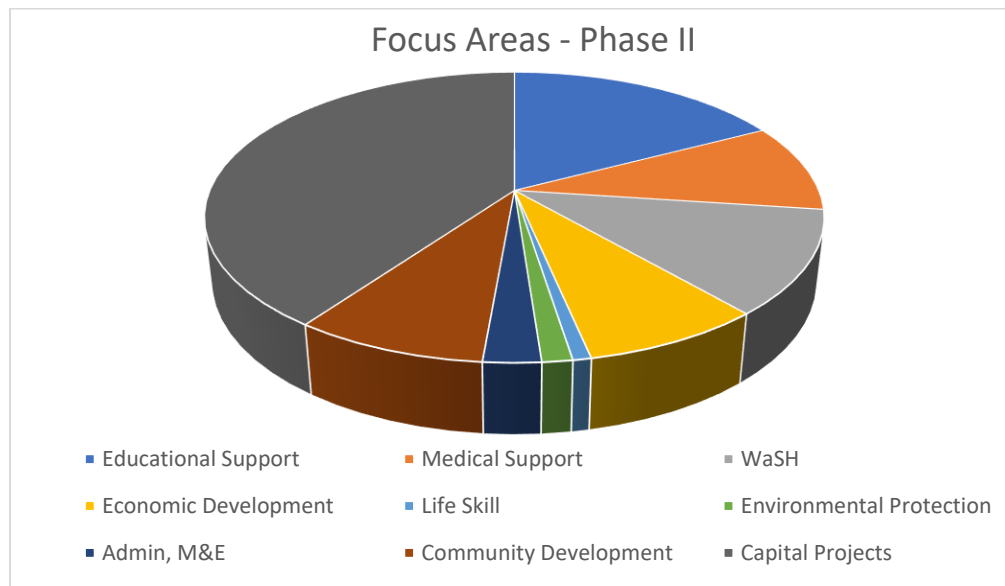
Children will have their school fees paid directly to the school each year or term for the participating children. This goes through Pre-primary school, especially KG students in the private school. At the end of primary school, children must pass the exit exams to attend primary and secondary school.

Children who live in the area of Abenezer Children's Home have no access to school. The organization will be constructing a school that has a standardized latrine. It will also have a separate store office for the school at Kuyu woreda, Gerbe Guracha Town. The organization has designed a project called ACH Kindergarten, which facilitates the fulfillment of sustainable management support project to assess the quality of education to children in the area. This project will be achieved by working with the government, community, and other partners who are working to ensure quality education for children. The children should have medical care, education, and personal hygiene materials to keep them healthy. A health care budget will be allocated to covering health care costs for every child in the CarePoint.

4.3.2 Phase II (Approx. 6 years)

This phase will continue to build upon areas from the first phase while implementing and strengthening the longer-term impact goals. This phase may be the lengthiest phase of the three, due to the intensive input and directional adjustments that may need to be implemented to reach our final goal.

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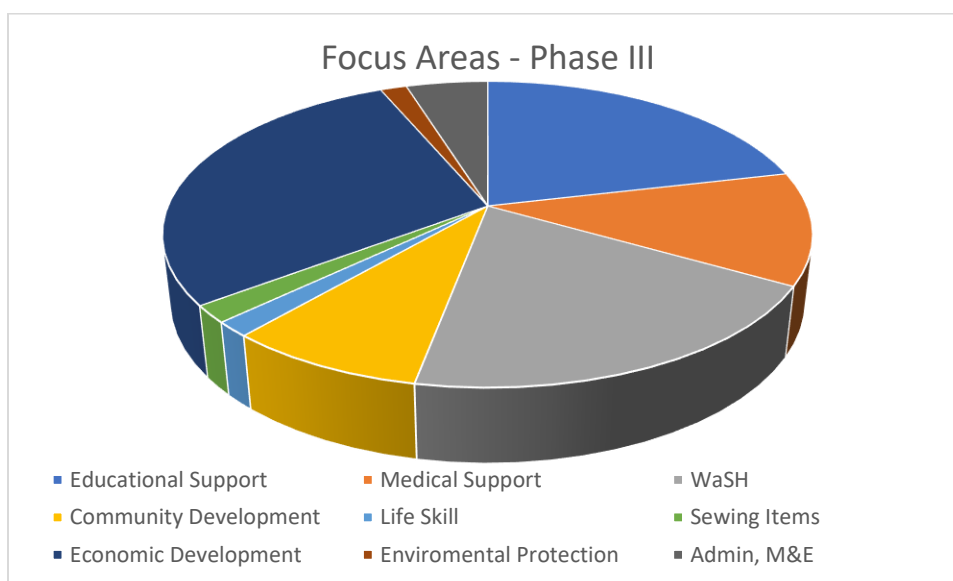


| Designated Gifts - Phase II | |
|---|------------|
| Projects/Programs | USD |
| Educational Support | 2,500 |
| Vocational training and college student | 1,925 |
| School facility | 5,875 |
| Life Skill | 550 |
| Medical Support | 11,825 |
| Water kiosk | 15,000 |
| School Block Building | 80,000 |
| Furniture | 7,000 |
| Economic Development | 10,800 |
| Environmental Protection | 1,750 |
| Admin, M&E | 4,500 |

4.3.3 Phase III (Approx. 2 years)

The third phase of the development process consolidates previous efforts to build vocational and educational capabilities that empower local children, families, and villages to begin to sustain themselves and move toward goals to culminate with a timely “Graduation”

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| Designated Gifts - Phase III | |
|--|------------|
| Projects/Programs | USD |
| Vocational training and college student | 550 |
| Vocational training center (Embroidery school Enhancement) | 1,950 |
| Life Skill | 250 |
| Medical Support | 4,580 |
| Sewing Items | 1,100 |
| Community Development | 5,100 |
| Economic Development | 11,000 |
| Environmental Protection | 500 |
| Admin, M&E | 2,450 |

5.0 Graduation

Designing Graduation is very important to ensure the sustainability of the project after handing over the project or CarePoint to the intended body. This strategy is not for the sake of closing the project, rather to ensure the sustainability of the project by transferring the project or CarePoint to the community to own and manage in the future. The focus is to improve the capacity of the community such that it can manage and administrate the project on their own and utilize existing resources in an inappropriate way, enhancing the skills and using local knowledge.

5.1 Graduations Strategy

As the time draws nearer for this CarePoint and its surrounding community to move to "Graduate" from receiving additional outside resources, we will consider whether the necessary steps have transpired to get the community to this place of self-sustainability. This is the phase where we determine when and how this transition will take place.

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The term “graduation” refers to the exit of a program from specific communities or a project site once they have achieved the intended results. Thus, a ‘graduation strategy’ is the specific plan describing how the beneficiary will be disengaged from further assistance while assuring that achievement of the program's objectives (concerning that particular beneficiary) are not jeopardized, and that further progress toward that objective will be made.

The goal of the graduation strategy is to ensure the sustainability of impacts after the beneficiary has been discharged from a program or a specific intervention. The fundamental objective of a graduation strategy is the assumption that the beneficiary has adequate capacity to undertake the next phase of the project by themselves.

After an extensive assessment undertaken by our organization and according to the data of the CarePoint, 84 are included in the CP. Among those, 29 children will complete their education before the CarePoint exit strategy happens. Among the three-youth attending TVET College school, one university, two Teachers College, and 23 are in high school. The rest of the 55 children will graduate just after the exit is completed. It shows that most children can become self-sustaining but, for a few of them, either the family or CBOs like edir, ekub, or other social organizations will be responsible for their completion. Therefore, finally, with these all efforts, the children are going to become agents of change in their community and for the country.

The Abenezer Children’s Home CarePoint has 84 family/guardians and out of them, 71 guardians are involved in SHG. Thirteen members of the Self-Help Group (SHG) are involved in Income generating activities (IGA). Within the coming three years, all of the guardians will become involved in Income Generating Activities (IGA). At least the guardian will stay for three years with the CarePoint as the members of IGA (SHG) and within this time, they will be able to sustain themselves soon. Starting from FY 2022, on average, 40 guardians will receive the seed money, and start their business. By 2028, all guardians will be expected to graduate from the CarePoint.

By the end of 2028, the CarePoint will have graduated from the support of Children’s HopeChest. Among the different institutional graduation options, two school block buildings and their facilities are selected. Thus, Abenezer will generate income and serve the community, as well, having completed things such as building a Recreational Community Center, Market Center, Organize Woodwork and MetalWork Shop, Poultry Farm, construction of Day Care and Kindergarten School, and Local Mile House. From the alternatives, the CarePoint can select which is possible when the time has arrived. However, the area is appropriate to construct a school for daycare and Kindergarten purposes.

5.1.1 Description of the End Goal

On ensuring self-sustainability, it is intended that the sustainability of the given project is greatly needed to optimize the possibility of the continuation of the project after its phase-out has been determined. It is important to emphasize the need for an increasing level of awareness and empowerment of the local community in planning, monitoring, evaluation, and increasing capacity with the training to ensure the community is able to carry out the sustainability of the project. In this end phase, the CarePoint and Community will have progressed sufficiently along a continuum from “Dependence to Dignity”.

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5.1.2 Descriptions of End Goal

The transition plan will be comprised of children, community representatives, faith leaders, and local government partners all of which will have roles and responsibilities and will discuss thoroughly how the CarePoint should smoothly transfer total responsibility to the community and local government during the last two transition years.

This exit strategy is a specific plan describing how the program intends to withdraw from a region while assuring that the achievement of development goals is not jeopardized and that further progress toward these goals is made.

- The goal of an exit/end goal strategy is to assure sustainability of impacts and activities after the program has departed.
- "**Exit**" refers to the withdrawal of externally provided program resources (material goods, human resources, technical assistance) from the entire program area.
- "**Graduation**" refers to the withdrawal of resources from particular communities, program sites, or program activities.

Identify that three types of programs exit:¹

1. Phase down

2. Phase over

3. Phase-out

- **Phase down** simply refers to the gradual reduction in program inputs before the phase over or phase-out.
- **Phase over** refers to the transfer of responsibility for program-related activities to organizations or, sometimes, to individuals that will remain in the project area.
- **Phase-out** refers to the withdrawal of program resources, transferring responsibilities to other institutions or groups.

5.1.3 Purpose of End Goal

The goal of the transition is to ensure the sustainability of impacts after a program ends. It could also be defined in a broader sense as a program's sustainability strategy, which could be accomplished through staggered graduation from specific project areas, simultaneous withdrawal from the entire program area, or transitioning to associated programming in selected areas.

5.1.4 Importance of an End Goal

When planned with communities in advance of the close-out, this has proven to contribute to better program outcomes and encourage the commitment of beneficiaries to commit to program sustainability.

- a) Help resolve the tension that may arise between the gradual reduction of assistance and the commitment to achieve program outcomes.
- b) Help clarify and define a sponsor's role hosting communities and partners as being time-limited, reducing the potential for misunderstandings and trending toward dependency.

¹ *In their review of exit strategies, Levinger and McLeod (2002)*

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5.1.5 Closure Rationale

AbenezerCarePoint has passed through phases designed to contribute to the wellbeing of most vulnerable boys, girls, and their families as a program goal. Various monitoring and evaluation sessions have taken place in each of the program phases to ensure that the established goals and objectives have been met.

Three major rationales have led to the decision to prepare a sustainability and transition plan and finally close the CarePoint. First, as stated, the evaluation report will show the achievements and the outcomes in the sponsorship project and community development projects. This necessitated the need to work on sustainability of the achieved outcomes to strengthen the grass root level community resources including the human, financial and structural base. Secondly, strong community groups and CBOs, such as the Community Care Coalition (CCC), Parent Teachers Students Association (PTSA), Keble Level Health, and child parliaments, will emerge that can sustain the program results. Thirdly, active community engagement during the preparation of this transition and sustainability plan preparation will indicate the capacity of the community members and local government partners to assume and take care of the achievements of the program.

The workgroups of the transition plan composed of children, community representatives, faith leaders, and local government partners have already-established roles and responsibilities of each actor and discussed thoroughly how the CP should smoothly transfer complete responsibility to the community, FBOs, and local government for the last two transition years. Additionally, such an agreement will define the local government phase-out from the area by the end of the current design phase after achieving the set program goals and objectives. Therefore, based on this, the decision to phase out is made in consultation with all internally and externally responsible and pertinent partners.

The above core rationale will show the need to close the CarePoint after implementing the transition and sustainability strategies as developed by the community itself. Based on the above facts, the CarePoint, together with other program partners, will decide when to close the program and start the transition work for the remaining one or two consecutive years in the last phase.

5.2 Transition Process

To guarantee the project's sustainability, it is essential to create a sense of ownership within the community at a grassroots level to accommodate the interest and benefit of the community. We will want to empower them to participate in the community in the areas of planning, monitoring, evaluation, and capacity development through training to ensure the community is able to carry out the sustainability of the project. The government sector and stakeholders have full responsibility for the continuation of the project.

5.2.1 Self-Sustaining Changes in the Community

Permanent changes that are self-sustaining can happen in a variety of program areas. The CarePoint has three main targets, including children, guardians, and the community. The

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CarePoint is going to assure sustainability by using three program models, which we define as Survive, Thrive, and Succeed. Education, medical support, life skills training, and Self-Help Groups are all key components for accomplishing these changes.

Self Help Groups (SHGs) are small voluntary associations of poor people especially women from backward classes that come together to solve their common problems through both self-help and mutual help. Microcredit focuses on capability building among poor women through the group approach commonly known as self-help group (SHG). At present, SHGs are growing at a rapid pace, helping the women change their position within the family as well as in society. The parents of the CarePoint children's parents will also be part of these Self-Help Groups (SHGs). They will be empowered to overcome many of their shortcomings.

5.2.2 Community Takes Over Activities Directed Toward Development Goals

The transitioning of a program to a community can mean the handing over of responsibility for program activities to community-based organizations (CBOs), informal groups or networks (such as self-help groups, community associations, and other cooperatives), or key individuals. In such a transition, a community's likelihood of maintaining the desired outcomes without continued support from an outside entity depends upon several factors, which include:

- Proven value and quality of the activities, as recognized by community members
- Ownership by, and empowerment of, individuals, communities, and service providers, which require quality services that result in the outcomes desired
- Transfer of skills and knowledge to community members, community groups, and service providers to help make the desired outcomes happen

Management capacity, mastery of the necessary technical skills, and ability to obtain finances and other resources necessary to maintain their activities will play a key role in a successful transition of the CarePoint. All three of these criteria - technical skill, management capacity, and resources - must be acquired for a community organization to be fully functional and capable of sustaining development activities. In many such cases, organizations need legal empowerment as well.

Community organizations may be formed, or there may be such groups already functioning in the community. Choosing to work with an existing community organization or to form a new one depends on the local situation. Where community organizations exist and are functioning well, there may be distinct advantages to working with them.

First, programs that work with community organizations should involve them from the very beginning of the program cycle. Transfer of responsibilities to the community organization should take place gradually, with the role reduction dropping to an advisory role and, finally, to no role at all.

The sustainability and effectiveness of Community-Based Organizations may be enhanced by the establishment of horizontal and vertical linkages to other organizations. Horizontal linkages are networks of similar groups in neighboring communities. Regular contact among similar groups in various communities may be a source of mutual support and assistance; there may be possibilities for economies of scale in some activities (e.g., purchasing of goods and services); regular contact may also keep morale and motivation high.

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Vertical linkages are those in which local community organizations participate and receive assistance from governmental or other organizations at higher levels. Explicit formal arrangements for support, supervision, provision of resources, training (e.g., from area health agencies or area agricultural extension agents) can be critical for the continuation of activities aimed at achieving program goals. Identifying key individuals as point persons within communities is also useful. Developing the skills and commitment of individuals and assuring their effectiveness in their communities, increases the likelihood of long-term functioning, through a formal linkage.

5.2.3 Establishing Formal Linkages to Government or other Permanent Organizations

The third approach to exit is to seek to have the program taken over by a permanent institution. Most often, this "transition" approach looks for integration into existing government programs. In many ways, getting government commitment to maintain a program seems ideal, especially in the case where continued resource, staff, or infrastructure inputs are needed. Such integration may be particularly important where user fees are not possible for legal, cultural, or economic reasons so that resources need to be provided by other means. This approach implicitly assumes that the government will be able to support activities aimed at accomplishing and expanding program goals, but many developing country governments have found it difficult to provide the necessary resources.

5.3 Communication and Sponsorship Transition Strategy:

The review has identified the importance of maintaining communication with all stakeholders: donors, government bodies, counterparts, collaboration institutions, and individuals and beneficiaries. These groups should be included in graduation planning and the dissemination of information from the Monitoring & Evaluation (M&E) system so that they are aware of progress toward reaching the benchmarks for graduation and thus are not surprised when the site has been graduated and responsibility for the program is transferred. The CP will communicate all the processes and status of the transition to all partners at different levels using the transition communication plan as shown in the table below. Methods and timing of the communication are also planned, and that plan will be used as a guide.

5.4 Developing and implementing an exit strategy involve the following steps:

Identify exit criteria. These may include a fixed end date, achievement of impact targets, or progress toward a sustainable transition to the community, the government, or other entities. Impact indicators can suggest which program elements are effective and sustainable, but for most programs, readiness for transition, not an achievement of specific impact targets, is the most relevant criterion.

Develop benchmarks. These are the operationalized, measurable indicators of achieving progress towards the exit. Measurement of benchmarks should be included in program M&E systems.

Identification of the groups/organizations, key individuals, or entities that will be responsible for program activities.

Establish a clear time frame. The time frame for exit should be established in the earliest stages of the program, though flexibility is needed.

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Plans exit from the beginning. Stakeholders should know from the beginning of the program that an exit is planned; specific criteria, benchmarks, and time frames should be developed as specific program activities are implemented.

Implement exit in a gradual, phased manner. This allows groups or individuals to take increasing responsibility and have experience of operating independently before exit.

Gradual phasing of exit also allows adjustments and improvements to be made as the exit progresses.

Maintain clear communication with all stakeholders to ensure they are not surprised by the program exit and are active participants in planning for it.

If possible, **conduct post-program evaluations** to assess the chosen exit approach in terms of the extent to which key program impacts have been sustained, following the program exit

5.5 Transition phase structure and Human Resource Management:

CHC has used a four-tier structure: Country Office, Field Officer, CarePoint (CPs), and the Community. Each of them supports and reinforces the others. The major tasks of the national level office are ensuring the availability of resources, setting strategic directions, growth planning, programming, and implementation capacities, providing a proper monitoring framework for the day-to-day activities and evaluation of the same at desired time intervals, and ensuring stewardship in resource utilization at program levels. Moreover, it ensures that management functions, decision-making, and budgetary responsibility are clearly defined, properly balanced and maintained between teams at different levels. It follows developments in the policy environments and seeks for program alignments of CHC operations as desired and demonstrates desired changes where necessary.

The Field Officer (Program Coordinator) gives technical back up for the CPs who are front-liners in program implementation at a grass-root community level and facilitate government relations at regional, zonal, and woreda (city) level. The CP works closely with the community, local government offices, and Woreda-concerned departments in the operational area. Local-level programming staff will be responsible for engaging and working with local partners to introduce and adapt the community-level features of the programs in a way that works in alignment with the conclusions and decisions of the community engagement process.

5.6 Estimated Timeline for Accomplishments

The CarePoint has an eight-year life span. That is the maximum number of years the CarePoint can stay with a CHC partner. Abenezer CarePoint has already worked in partnership for eight consecutive years. The first six years were involved with phase two program activities and the remaining two years will be for phase three activities. Before the transition of the CarePoint, children should graduate from college or they will create incomes because of the vocational training they received. The members of the Self-Help Groups also become economically empowered and self-sufficient. Children also will have improved character and be mentally strong. Hence, by 2028 the CarePoint will have a graduation program. In addition to this, it will exist as a CarePoint from Children's HopeChest partnership.

The graduation will be held at the CarePoint location at the end of 2030. The CarePoint staff, together with the community, will run the program. Children will write a farewell letter for their sponsors, and CHC ET-staff will facilitate and organize a presentation of case studies,

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best practices, and lessons learned from the CarePoint to be presented by the CarePoint coordinator. Partners from US and US staff will attend the program online. A stakeholder from the government officials will attend the ceremony and also there will be a brief description of the major achievement of the CarePoint within the community.

The program has allocated a total of USD 261,145 over an eight-year transition period (FY 2021 to FY 2028). This budget will be utilized for the implementation of the planned transition activities under different major activities. The table below shows a summary of the budget allocation for each of the outcomes in each fiscal year. CarePoint needs eight years to prepare for graduation with accomplishments in each of the three phases. The event should be celebrated within the community and mark the official resumption of local leadership's direction of all activities.

The things which are necessary during the time are a description of the event: why and how the project should reach these steps, the local community leadership, Kebele leadership, local elders like Abba Gada, the urban municipality leader, the local community, the finance and Economic Development leaders from the woreda and the zone, the children's and youth affairs leader from woreda and zone, Woreda leader, Education Office from the zone and woreda level, CarePoint Partner(s) from the US and Country, partner staff member(s) from the US and Country, and a video camera to capture the participants during ceremony. The celebration should also have presentations, case studies, success stories, impact assessments, and finally, a signed agreement with the stakeholder who has the responsibility to continue the project in the communities.

| | | |
|---|--|-----------|
| 1 | <p>Phase II activities</p> <ul style="list-style-type: none"> ❖ Creating learning opportunities and life skills for vulnerable children and communities ❖ Provide WaSH, healthcare, educational and nutritional support, as well as Christian counseling/mentoring ❖ Vocational training for older children ❖ Beginning Life Skills Training for older children ❖ Implementation of grief, trauma, and counseling programs ❖ Establishment of leadership programs in the community, ❖ Enhanced/expanded perception of CHC's or CarePoint's value-add amongst local stakeholders ❖ Strengthen and expand savings groups and initiate IGA endeavors ❖ Develop networks of co-ops ❖ Establish a CarePoint Alumni Association and other networking groups ❖ Continue with surveys for measuring progress against benchmarks to measure and evaluate our impact or how we need to adjust and shift, as needed on certain programs or projects | 2021—2026 |
| 2 | <p>Phase III Activities</p> <ul style="list-style-type: none"> ❖ Establish/clarify the Vision and Mission of the graduated entity ❖ Among those being trained from the beginning, identify, vet, and train long-term, committed community leaders to lead and operate the graduated CarePoint ❖ Determine whether an official Community-Based Organization legal entity is appropriate. ❖ Establish a transition budget with at least six (6) months of basic operating reserves and six (6) months of gradually declining programming budgets | 2027—2028 |

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5.7 Asset Disposal

The CP has fixed assets and equipment to be transferred to respective local government partners as per the regulation and guidelines of the Ethiopian government. According to the new proclamation of Civils Society Organizations (CSO), Children's Hopechest can use its fixed assets for its program execution in other areas as long as it is operating in the country. The CP has been taking an annual inventory of these assets that were being reported to all pertinent internal and external bodies. Therefore, formal communication will be made with all responsible parties on how to transfer or utilize these assets before the transition out of the program from the area. The table below shows the list of the current major fixed assets under the custody of the CP, which will be transferred as per the country's regulation.

5.8 Fixed Asset Detail Information

At the end of inventory, all the necessary office materials and equipment will be transferred to the community or the appropriate partner during the program transition phase.

5.8 List of Transition Partners

| Positions |
|---|
| Woreda Administrator |
| Woreda Finance & Economic Cooperation Head |
| Water Resource Development Office head |
| Education Office Head |
| Woreda Admin Office Head |
| Woreda Health Office head |
| Woreda Cooperative Promotion Office expert |
| Livestock Development Office Head |
| Women, Children & Youth Affairs Office Head |
| TVET planning expert |
| Child Parliament representative |

5.10 Monitoring and Evaluation Plan

As stated in the above sections, this transition plan has been prepared with the active involvement of all responsible partners. Accordingly, each actor will participate in monitoring and evaluation of transition activities and final handing over of all responsibilities at the end. More importantly, a review meeting will be conducted quarterly to evaluate the overall progress and performance of the program, the participation of partners, to strengthen the working integration, and to draw any lessons for further action. Monitoring, evaluating, and reporting physical and financial accomplishments of the program will be undertaken as per the set standards.

The program has already established a transition and sustainability committee comprising seven members who are responsible for organizing and coordinating monitoring events throughout the execution of this plan. Community volunteers are supposed to visit each registered child under their supervision quarterly and the CP staff will visit some children under their responsibility every quarter. Each program staff and CP staff will produce a weekly plan and report concerning the annual plan. Staff members have been at the forefront in the

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monitoring and follow-up of the activities of the program regularly. The project uses both qualitative/participatory and quantitative/conventional monitoring and evaluation systems. The program allocated an ample budget in the transition plan for regular monitoring activities by all partners. The budget will be utilized for strengthening the capacity of the community and other partners in areas of M & E standards both during, and after, the transition.

The culmination and conclusion of the investment into the local community/village includes the following activities:

- ❖ Celebration within the community and marking the official resumption of local leadership.
- ❖ Documentation will be captured on video and/or live-stream linked to CHC Partners
- ❖ This should be synced with celebrations at all US-based communities that were involved for any period during this time, prepared jointly by in-country & US staff members
- ❖ Case studies and success stories will be included in the graduation ceremony.
- ❖ Setting a framework of a minimum of two years for continued monitoring of key improvement in the community
- ❖ Initiation of a plan for an effective transition of the support from any existing
- ❖ US-community partner(s) to a new community and with new program/project opportunities

6. Conclusion

6.1 A View toward Multiplication

After an extensive assessment undertaken by Community leaders, CarePoint leaders, Project committees, CarePoint staff and CHC staffs they identified various assets they have in the community. Based on the assets, they designed appropriate strategies to reduce the challenges that the community is facing. Sustainability and transformation are the end goal of the community in order to achieve the stated objectives. The proposed goals will be a focus on the strategies which include sponsorship, psycho-social support, networking and community-based projects and programs.

All the activities of this project need the involvement and cooperation of the local government for the successful implementation of the project locally and in nearby communities.