



PROGRAM MODEL  
LOVING & TAKING CARE OF MYSELF

**Work to build a better world**  
More protection, less violence



**LOVING & TAKING  
CARE OF MYSELF**

# Work to build a better world

More protection, less violence



*A world where children exercise their rights and reach their full potential*

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# 1. WHO IS CHILDFUND?

## 1.1 ChildFund International and the ChildFund Alliance

ChildFund Alliance is a global network of child-centered development organizations, working in the poorest countries of the world, to create opportunities for disadvantaged children. The mission of each member of the ChildFund Alliance is to create long-term solutions that are sustainable and based on community development to face problems affecting children and their families. With the combined strength of 12 organizations that make up the alliance, ChildFund encompasses and expands the scope and reach of its members, to change the underlying conditions that prevent girls, children, adolescents and youth reach their full potential.

ChildFund International, a member of the ChildFund Alliance is an organization of independent development, with over 75 years of presence in the world, implementing sustainable development programs focused on children. ChildFund International has global presence in 25 countries around the world, implements its programs through 326 partner organizations influencing millions of children, adolescents and youth.

The **Vision** of ChildFund International is "a world in which infants, girls, children, adolescents and youth exercise their rights and fulfill their potential".

The **Mission** of ChildFund International is "Helping infants, girls, children, adolescents and youth living in conditions of deprivation, exclusion and vulnerability to be able to improve their lives and the opportunity to become young adults, mothers, fathers and leaders who generate positive and lasting change in their communities. Promote societies whose individuals and institutions involved in the protection and promotion of value and rights of children. Enrich the lives of employees of ChildFund through their support to the organization's cause. "

In 2016 ChildFund, globally celebrated its achievements in the context of its overall strategic plan developed in 2010 whose objectives were aimed at developing strong core programs and have allowed evidence that the situation of life of infants, girls, children, adolescents and youth (INNAJ); families and communities has improved in terms of the exercise of children's rights at various levels. However, it was clear that the current challenges are multidimensional and that in order to overcome them requires social actors re-invent in order to accelerate the achievement of the desired impact.



ChildFund International in its 2017-2020 global strategy called "Destination 2020: Innovation, value and impact"; clearly describes the organizational priorities and mechanisms for measuring success that have been established for the purpose. The strategy for this period has identified strategic lines related to the emphasis Protection of Children in the programs implemented, generating a culture of innovation to achieve greater impact and a lasting relationship with donors. For which purpose, program models propose a comprehensive and coordinated view of the different organizational components, including the partnerships.

## 1.2 Funding Sources

ChildFund work is made possible by a wide range of funding sources, including ChildFund own funds, which come from individual donors, are an important source. These donors consistently contribute to support the implementation of programs to generate integral development of infants, children, adolescents and youth and at the same time impact on their community environment, with an ecological approach.

Organizing individual sponsorship has historically been the main source of funding for ChildFund. These funds from individual donors support the long-term presence, which simultaneously allows a direct link with the process of development of children, families and communities, with the understanding that sustainable development is an ongoing effort over time. With the funds pooled at the Community level:

Children, adolescents, their families and communities have the ability to generate an active participation in local level interventions.

One can work with children throughout their childhood and design programs to create the best conditions for this target population in each life stage.

One can establish strong and lasting relationships with local partners. Besides being a best practice in global development, this aligns with funding trends as governments and individual donors increasingly direct their resources to local organizations

ChildFund International combines the possibility of having sponsorship funds with a business development strategy and generating new opportunities for donors over time in order to complement the existing model and support programs. The organizational goal in this sense is to nurture and cultivate existing relationships with current donors and sponsors while attracting new donors to join this network of contributions.

Within this resource diversification strategy, international donors add and grant resources to fund projects that contribute to program models, so the strategy incorporates the capture of resources of private enterprises and other organizations. This wide range of funding sources will contribute to reach the proposed goals and generate greater impact.





### 1.3 Approach to child development

#### 1.4

##### 1.4.1 Childfund's Change Theory

The theory of organizational change hypothesizes how ChildFund expects change to happen in the world. The dual purpose or central goal is to help children and adolescents found in conditions of deprivation, exclusion and vulnerability to improve their lives and become young adults who bring positive change to their communities, and promote societies that value, protect and promote the value and rights of children.

Through the theory of organizational change, the results presented focus on the optimal development of children and adolescents in each stage of their lives. ChildFund works with and for girls, boys, adolescents and youth during their first decades of life. The organizational change theory approaches them in every stage of life to customize interventions and position them according to the childhood development milestones as they transform from children to young adults. Like this, the life stages are established as follows:

» Life Stage 1: Infants, girls and boys from 0 to 5 years of age

» Life Stage 2: Girls and boys from 6 to 14 years of age

» Life Stage 3: Teenagers & Young Adults from 15 to 24 years of age

The change theory for each life stage has **Domains** and **Pathways** that allow to group in a logical way the organizational hypothesis in the different areas that the organization has prioritized to achieving a lasting change in the life of children and adolescents.



For ChildFund, Change Domains are areas in which change is essential to achieve a long-term impact goal. A domain of change can seek changes in any of the following ways: (1) interactions and power relations between individuals or groups of people; (2) changes in attitudes, values or behaviors, within an individual, family, community or society in general; (3) structures or policies that support these institutions. Global change domains are defined in the theories of change of the ChildFund Stages of Life.

**2** The Paths are like a road map-where you get an idea of the destination, but you have to experiment and learn to find an effective way to get there. Based on addressing the key challenges and problems, the trails are built on a set of assumptions and assumptions regarding (1) what types of activities are necessary to achieve the outcomes for which they are working, and (2) what must happen (for example, change in individuals, groups, families, communities, or society in general) so that social impact goals are achieved. The trails establish what is believed to be the most relevant and realistic means to achieve the change that is defined in the domains, based on evidence of what supports or hinders the development of childhood.



The model considers and connects life stage two and three by taking into account important transitions in the development of girls and boys and how these allow the approach to topics and components that contribute to the domains established by the change theory. Therefore, the following charts detail the **domains, pathways and standards that reach the proposed model for the Loving & Taking care of Myself Program.**

		Life Stage 2				Life Stage 3	
Domain		Pathway	Standard Pathway	Domain		Pathway	Standard Pathway
<b>Children and adolescents that have positive relationships in supportive homes and communities.</b>	Accountable mothers, fathers and caretakers	Children and young adolescents are positively cared for by primary caregivers		<b>Sexual and Reproductive Health</b>		Youth-friendly sexual and reproductive health services	All youth have access to confidential, accessible and youth-friendly reproductive health services
	Positive relationships with peers and adults	Children and young adolescents have positive relationships with peers and adults				Supportive Homes and Communities	Communities and households support sexual health behaviors and reproductive health for youth
	Life skills for wellbeing	Children and young adolescents demonstrate and understand life skills				Community protection mechanisms against sexual exploitation and abuse	Communities understand and address sexual exploitation and abuse
<b>Children and adolescents that have critical, numerical and healthy skills</b>	Positive involvement for BOYS, GIRLS, INFANTS AND ADOLESCENTS.	Children and young adolescents feel valued, have confidence and a sense of belonging in school, at home and in the community					
	Child protection mechanisms based on the community	Children and young adolescents feel valued, have confidence and have a sense of belonging in school, at home and in the community.					





### 1.4.2 Gender and Diversity rights based approach

According to the Office of the United Nations High Commissioner for Human Rights<sup>2</sup> "...human rights are Universal legal guarantees that protect individuals and groups against actions and omissions that interfere with the freedoms and fundamental rights and human dignity", and have the following characteristics:

- They are universal, inalienable rights of all human beings (without any discrimination on grounds of race, color, sex, language, political or other opinion, national or social origin, economic position, birth or any other condition)
- They focus on the intrinsic dignity and equal worth of all human beings
- They are equal (economic, political, civil, cultural or social rights, have equal validity and importance), are indivisible and interdependent
- They can not be suspended or withdrawn
- They impose obligations of action and omission, particularly to states and agents of the states
- They have been guaranteed by the international community
- They are protected by law
- They protect individuals and, to some extent, groups
- You can not give them up

Since the promulgation of the Convention on the Rights of the Child (1989) legislation has been adapted to the principles covered in the Universal Declaration of Human Rights. Although legislation and the legal system of each country is usually different, almost all countries have been devoting special measures for their protection, at a legislative level and even constitutional rights.

**Children's rights** include the following:

- To life
- To healthcare.
- To rest, leisure, play, creativity and recreational activities
- To freedom of expression and to share their points of view with others
- To a name and a nationality
- To a family
- To protection during armed conflicts
- To freedom of thought, conscience and religion
- To protection against neglect or negligent treatment
- To protection against child labor and economic exploitation in general
- Education, which shall be free and compulsory, at least in the elementary stages
- To protection against all kinds of sexual exploitation / or abuse



The practical application of human rights is sensitive to the culture or cultural context, under the concept that all cultures are changed over time by internal and external factors (UNHCHR, 2006). Cultural practices must be seen in the light of human rights; if they violate human rights, they are considered harmful practices that need to disappear or be changed (e.g. female genital mutilation / preventing girls from attending school).

In the context of human rights, there are two important terms:

#### Holders of Rights:

Person or groups of persons to whom the ownership, exercise and guarantees of the rights are referred. For ChildFund's effort, girls, boys, adolescents and youth constitute the center of attention in the exercise of rights ownership, by which in addition to possessing them, they can through different manifestations, demand them.

#### Co-responsibles of Rights:

They constitute families, communities, community protection mechanisms, organizations and all that human group is part of the environment in which girls, boys, adolescents and youth live and contribute through their enforceability to holders exercising their rights.

#### Guarantors of Rights:

Also known as duty holders, they are actors whom responsibilities and compliance with human rights can be demanded (obligation to respect, protect and enforce those rights in favor of those who are holders of rights).

## What is human development and how is it measured?

Human development is a process that offers people greater opportunities and emphasizes the satisfaction of the rights of the human being to have health, education and enjoy dignified living conditions including political freedom and participation as well as other human rights. It seeks to sustain the gains made over time, to fight against the processes that impoverish people, and to stop oppression and structural injustice. The current human development framework is flexible, dynamic, empowering and focuses on people as its main concern<sup>3</sup>.

Equity

Sustainability

Respect for human rights

And other key bases:

Democratic governance

The rule of law

Peace and security

According to the UN, good governance<sup>3</sup> in total congruence with human rights by basing both on "basic principles of participation, accountability, transparency and State responsibility."

<sup>3</sup> PNUD, 2010 y 2000

<sup>4</sup> **Good Governance:** A concept that emerged in the late 80s "Governance refers to mechanisms, institutions and processes through which authority is exercised in the conduct of public affairs" (OHCHR, 2006: 17).



Currently, and since 1990, the United Nations Development Program is the entity in charge of reporting to the world on the progress in human development of each country, under the implementation of several measurement tools. The Human Development Index (HDI), which included longevity, basic education and minimum income, has been added, as of 2010, the Human Development Index adjusted for inequality, the Gender Inequality Index and the Multidimensional Poverty. In the future, indicators related to sustainability, empowerment and other fields of global relevance will possibly be generated.

### Why development and rights together?

UNDP (2000) indicates that since the end of the Cold War<sup>4</sup>, they have parallel paths and then converged to a common purpose: **"Guarantee freedom, welfare and dignity of every human being."** According to the Human Development Report 2000:

Human beings are an intrinsic part of developing

Development is a means to make human rights a reality

Human rights embody the principles of accountability and social justice in the process of human development

The fight for human rights is a common purpose between people

<sup>5</sup> Cold War confrontation between the Western-capitalist blocs with US leadership and communist East under the leadership of the Soviet Union, which occurred since the end of World War II (1945) until the dissolution of the USSR (1991)..

Promising practices in strengthening the roles of holders of rights and duties involve, among other factors:

- People are the most important thing
- Definition of who are the holders of rights and who the guarantors of rights are.
- Strengthen the capacities of duty bearers to fulfill their responsibility to guarantee the rights of right holders
- People are catalysts for development; their effective and constructive action is consolidated by strengthening the development of capacities to claim their rights
  - Emphasis on the achievement of results and the development of processes; both are monitored and evaluated.
  - Institutions, policies, processes, programs and plans with the greatest possible participation and coverage
  - People are involved in the detection of possible negative effects (do no harm<sup>6</sup>)
  - Any aspect that generates exclusion is monitored

<sup>6</sup> Do no harm: Humanitarian organizations should try to "do no harm" or minimize the harm they can inadvertently do simply by being present and providing assistance. Humanitarian actors must be aware of this and take measures to minimize harm when, for example, aid is used as a political instrument by denying access. Aid could be an indirect part of the dynamics of the conflict when it creates jobs, generates income, leaves little or no responsibility for the state of social welfare, etc. To minimize possible long-term damage, humanitarian organizations must provide assistance in a way that promotes recovery, the rule of law and long-term development.



All development project with a Rights-Based Approach, addresses the development of the duties holders' abilities to fulfill their obligations and the rights holders' capacities to demand them.

"The Rights Based Approach is a framework that integrates the norms, principles, standards and objectives of the international human rights system into development plans and processes<sup>7</sup>." Although human rights have an indivisibility character and have equal value, for practical reasons it is possible (necessary) to prioritize them. The NGOs, which have assumed a Rights Based Approach, fulfill a role of social change agents assuming the responsibility that falls to them as moral holders of duties promoting the satisfaction / guarantee of certain rights - often determined by their programmatic choice (in ChildFund's case: girls, boys, adolescents and youth).

Other elements that provide the opportunity of alignment with the ChildFund International strategies are:

- Application of the gender perspective to the different challenges faced by women and men
- Prioritization of children, adolescents and youth with greater exclusion and vulnerability
- Planning taking into account aspects related to youth in crisis (society in crisis that affects youth and / or youth in crisis that affects society), under observation and addressing the risk factors

<sup>7</sup> KREMERMAN & MANNING, 2007

- Adopt key processes and actions for the implementation of a framework to promote agency development in girls, boys, adolescents and youth and the implementation of the ChildFund strategy
- Scale the best practices assuming greater influence

Depending on whether girls, boys, adolescents and youth are taken into account as rights holders, various intervention components that can provide sustenance are broken down and provide some action indications with guarantors of rights:

1. Involve girls, boys, adolescents and youth in significant learning-action-involvement processes (opportunities to: Develop character and attitude of overcoming personal and collective challenges; learn useful things by themselves; learn with and from others, sharing ideas, advances, problems and dreams; put into action or practice what you have learned while being useful to others; have fun while learning and acting).
2. Facilitate methods and tools for meaningful and quality learning-action-involvement including:
  - a. The cycle of **psychosocial development** in areas of personal and social development as self-esteem; motivation; knowledge of how to improve themselves and their context to make a difference; decision on whether or not you want to be different, on what and how it is achieved; act on their own behalf and in the name of what surrounds them with their own action projects
  - b. The **transformation of conflicts** with learning and the practice of non-violent behavior based on the development of conflict transformation and peace-building skills and attitudes and behaviors oriented towards positive change



- c. The cycle of **involvement**: listen to them; validate their opinions with criticism, comments or feedback; trust in their decisions and open opportunities for action; mobilize them as active agents of change and leaders (those); reflect critically making them take responsibility for learning from their acts
- d. Participatory research-action, social **entrepreneurship and leadership**
- e. **Strengthening of analytical and strategic** thinking through the analysis of context and advocacy

### 3. Promote supportive environments and relationships to improve learning-action-quality involvement processes

- a. **Protective environments and support** for the promotion of their development and empowerment (agreements with the holders of duties) so that leadership can be developed
- b. **Building influential relationships** to create their own protective fields so that they have a healthy development and transition to adulthood and open spaces for their positive involvement.

### 4. Build solid foundations and a stable infrastructure of operation at all levels of the organization to achieve effective involvement

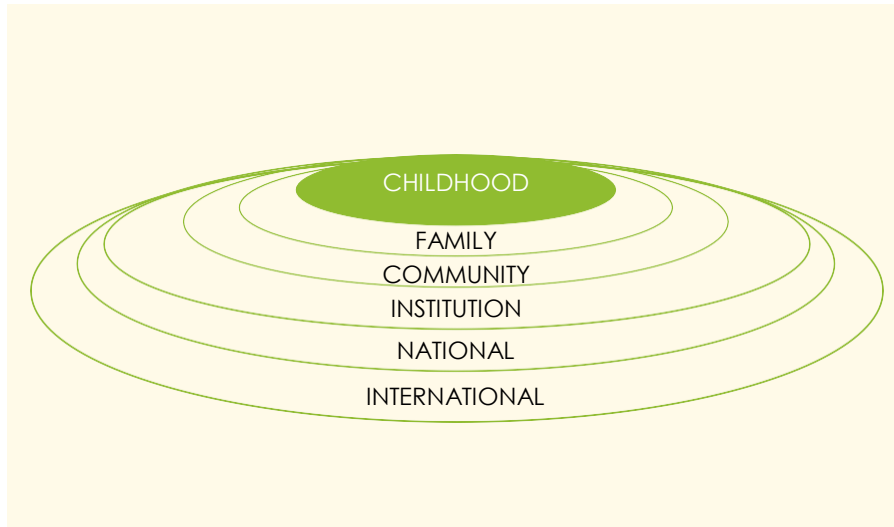
- a. Outreach strategies for **effective involvement** (connection with existing organizations, ensure diversity in participation, rotation of leaders to ensure continuity, etc.)
- b. Establish adequate work environments and environments (support system that provides a work space in their own communities, office resources, etc.)

- c. Build understanding and common agreement among all interested parties, internally and externally of the organization, about their **participation in processes of change**
- d. Involve them in **participatory processes of serious research** and analysis to identify issues and focal points of action
- e. Create mixed work teams with their participation and that of adults to achieve common objectives
- f. **Train capable Adult** women and men to work with them and support them effectively
- g. Forge **opportunities for continued access and influence** that involves cultivating an audience and creating demand for the involvement of children and youth

#### 1.4.3 Protection focus

The Protection Approach is part of the compliance with the Child's Rights convention to promote respect for children and adolescents. It is based on the observation and the consensus regarding the need to redouble efforts in assistance, special care and protection of children. The Convention on the Rights of the child defines that boys and girls have "the right to the promotion of the best interests of the child, to protection against sexual exploitation, armed conflicts, narcotics, abuse and abandonment, and to the rehabilitation care after abandonment, exploitation or mistreatment<sup>8</sup>".

<sup>8</sup> Childhood and adolescence, 28 years after the child's rights convention ", Module 1..



ChildFund's approach to child protection takes into consideration that violations of children's and adolescents' rights are generally part of accumulated and interconnected mishaps. Therefore, in its frame the programmatic responses for the protection of children are based on a general approach. It also focuses on ensuring the rights of girls and boys through protection, and through specific measures to prevent and respond to abuse, neglect, violence and exploitation. In this way, ChildFund is taking a systemic approach to child protection; its child protection initiative is integrated with other programs and also undertaken through specialized interventions to mitigate the specific risks and adversities that have an impact on infants, children, adolescents and youth in conditions of deprivation, exclusion and vulnerability<sup>9</sup>.

<sup>9</sup> Documento Document Child protection in Childfund: global initiative 2017-2020.

ChildFund strengthens preventive and protective measures at local levels together with the general systems of protection of childhood and well-being of children, ensuring that children, adolescents and youth are active agents in their own protection, based on their evolutive capacity.

The ChildFund Protection Strategy identifies specific investments in capacity building, knowledge and actions at all levels of the organization and within its collaborations with local partners in order to:

1. Identify, prevent and respond to abuse, neglect, exploitation and all forms of violence against children.
2. Mobilize families and communities to better care for and protect children, deepen the knowledge of the communities in the protection of children and linking it with support services as well as improving the formal and informal structures that protect children
3. Create opportunities for children, adolescents and youth to be heard and act for their own protection and the protection of their peers.
4. Mobilize formal government systems to carry out coordinated services for the protection and well-being of children, including alternative care where necessary.
5. Ensure that child protection systems and interventions are appropriate for children and youth.
6. Ensure a focus on child protection in emergency response.





#### 1.4.4 Child participation and ChildFund's area of excellence

The participation of children throughout the model includes specific opportunities for the meaningful participation of children and youth in activities, decision-making processes and monitoring activities throughout the project cycle. This includes how safe spaces will be developed for the participation of children and any risk related to protection that should be considered.

Children can be agents of change for the prevention and reduction of violence in their communities. Your significant and active participation will improve the results of the model and ensure greater sustainability. Participation must be voluntary, inclusive, appropriate for the age, supported by trained adults, respectful of the needs of children and adolescents and safe. For children to become fully involved, an evaluation and mapping exercise for children's participation must be carried out, which recognizes cultural and gender norms that promote submission and lack of participation. For example, gender norms that often teach girls from an early age that shyness and subordination are attractive feminine qualities, which often inhibits their active participation. With these considerations, it may be necessary to address social norms in the community through advocacy to open the door to children's participation and ensure safe spaces in the beginning of the implementation of the model.

Participation as a target group allows them to be recognized as active members of a group, considering the different moments, sessions or themes that the model establishes, as well as participation as senders and receivers throughout the implementation of the model, subjects of rights and as actors within the community in safe spaces.

#### 1.4.5 Why Loving and Taking Care of Myself?

The name of the model of sexuality and reproductive health "**Loving & Taking Care of Myself**", summarizes the description and identification of the technical-methodological scope of the program, to be recognized in the same way by members of ChildFund, participants, community and organizations with whom ChildFund and / or its partners will establish working relationships. The **explanatory breakdown** of the name **includes**:

**Sexuality.** It refers to social and educational constructivist actions, formal, non-formal and alternative, learned from the environment and / or taught at school, family and community; so that each person builds their sexuality based on their perceptions, compares with others and decides the cognitive structure that defines, beyond psychogenetics, their behaviors, relationships, attitudes, practices and experience as a sexed being. This construction of sexuality is evolutionary and associated with the changes inherent in human development from birth to youth and adulthood.

**Reproductive health.** Health, as a phenomenon and as a fact, is part and product of the harmonious and integral development of the community, not only the result of medical, health or sanitary actions. Appropriating the concept of sexuality described, it means that education impacts on a component of sexuality that is human reproduction that, by social practice and learning, is the responsibility of the health sector. As a unitary concept, reproductive health is the only action that deserves to be framed in health, because human reproduction deserves, in a part of its doing, doctors and hospitals, besides using medicine and / or family planning devices, prevention of STDs /HIV AIDS. This element of the SRH programmatic model will facilitate coordination and articulation with the actions of posterity parenting that have to do with the reproduction and initial care of children under 6 years of age.



The name "Loving & Taking Care of Myself" translates the **projection** from the individual to the collective, as an action based on learned decisions, that is, built. With this we mean that the model is based on educational actions (formal, non-formal, alternative), in a comprehensive health approach that is not medical or hospital, as established in the products of the logical framework of the program model.



**LOVING & TAKING  
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## 2. PARTNERSHIP

The validity of the **Sustainable Development Goals** highlights the need to work in partnerships to achieve effective results and generate greater impacts in an efficient and sustainable manner. This global objective convenes and encourages organizations from different sectors to generate strategies that allow them to achieve their organizational objectives through partnerships and strategic alliances with organizations that share common visions and objectives.

According to "The Partnership Initiative<sup>10</sup>", the hypothesis behind the partnership approach is that only through comprehensive and comprehensive collaboration among all sectors can they ensure that sustainable development initiatives are sufficiently integrated and coherent so that they can contribute to face the most complex problems. Isolated work, sometimes with interventions that generate competition between actors, or duplication of efforts generate an inadequate use of resources. Additionally, the disarticulated work has sometimes influenced the reinforcement of a culture of signs where negligence and chaos are attributed to a third party as their fault. In this context, the partnerships promote an opportunity to manage development through the recognition of the competences and qualities of each sector and the possibilities of linking them for the common good.

Partnership **promotes** innovative approaches to face the challenges of development, contributes to generating facilitating mechanisms to share competencies and capacities in a way that allows common and complementary objectives to be achieved in a more efficient, legitimate and sustainable way than in cases where each actor operates separately. Additionally, partnerships **facilitate** access to diversify both human and technical resources, knowledge, physical and financial resources. Finally, partnerships help to boost **collaborative** networks and promote collective commitment in the community, as well as increasing the ability to influence the public agenda. These dimensions of the partnership are based on a greater understanding of the values and contributions of each actor, which favors the construction of more integrated and stable societies. By incorporating the partnership approach, it is essential to recognize that it poses key challenges that must be addressed effectively, while acknowledging that each actor raises its own priorities and may have difficulty accepting the priorities of other actors. However, the analysis of these conditions must be considered and their differences recognized in order to reach a common commitment. In this sense, members must be willing to work together based on **principles** of:

- Equity
- Transparency
- Mutual benefit

<sup>10</sup> "The Partnering Toolbook", 2011, The Partnering Initiative.



**Equity**, guides the added value that each partner brings

**Transparency**, by virtue of its orientation towards trust, that is, that the members have the will to innovate and take risks together.

**Mutual benefit** becomes a commitment because it favors the construction and maintenance of the partnership in the long term.

These principles must be collectively constructed and promoted throughout the partnership cycle. It is necessary to promote joint exploration and open discussion of these principles among potential partners prior to the formalization of the relationship of partnership even when the values were modified in the future of the relationship under the agreement of the actors. The important thing is that each one of the partners accepts and agrees to adopt and adhere to these common values and principles.

At a global level, ChildFund has developed several documents that guide and contribute to promote, build and strengthen partnerships at different levels:

- **Global Strategy "Destination 2020"**
- Global Strategy local partner "Local Partner Strategy", FY14-FY20
- Conceptual note for the Evaluation of Local Members (Local Partner Assessment Concept Note)
- Guide Review Local Partners (Local Partner Assessment Guidance)
- Partnership Strategy (update January 2018)

## 2.1 How and with whom we work?

As established organizational Strategy Partnerships (Updated January 2018), the **aspiration** ChildFund is to become an international development organization that works with a portfolio of strategic and strong partners who are a powerful force, capable of delivering core programs focused on the development of children in the community. In addition, that at the same time contribute to broader advocacy efforts alongside and for children and adolescents in areas of development, rights and protection at the national, regional and global levels.

The partnership **strategy** additionally states that the consolidation of a strong partner portfolio is required. This, guided by a partners' strategy, puts forward a shared vision of the future, which allows as a competitive advantage in the partnership, an effective response to the challenges faced by the most marginalized and excluded population both in everyday conditions and in emergency situations. Thus, expanding the geographic scope of the interventions, generating joint innovation, legitimizing and deepening efforts in advocacy, increasing the economic value of the Program Models and positioning ChildFund in order to increase the financial income of local and international grants and donors.

Alignment with the institutional purpose requires the development and strengthening of strategic partnerships approach focused on compliance at different organizational levels. This approach should establish long-term program objectives, partnership decisions based on analysis of individual contributions towards a shared mission, goals and objectives linked to results and support the mission and values organizations.



The portfolio of partners, according to the strategy of ChildFund, must, for its part, catalyze an institutional asset that, based on strong and long-term partnerships, generate credibility and external reputation. To this end, the actors in this partnership portfolio must play a clear role in meeting the strategic objectives and be able to achieve quality standards in the management and governance of programs, which in turn catapults strong partners, as well as the brand of the organization, to leverage their profiles and opportunities for growth and sustainability.

## 2.2 Strong local partners

Within the framework of developing a network of strong partners, ChildFund Country Offices need to clearly express their value proposition in the partnership, so that other actors clearly identify the differentiating elements that summon them in their nature as local or national organizations to form part of **a collective effort that promotes and protects children and adolescents** who experience situations of deprivation, exclusion and vulnerability. The value proposition therefore needs to become the starting point for the consolidation of partnerships with current partners, as well as in the process of incorporating new strong partners.

The Program Model allows the promotion of a **portfolio of partnerships** that facilitates the participation of adolescents, youth as leaders and defenders of rights in the political, social and economic spheres at the local and national levels. Likewise, the portfolio of partners should contribute to strengthening an organized civil society that leverages knowledge and resources in the development and implementation of best practices and in political advocacy as fundamental elements for the fulfillment of the rights of children and adolescents.

An important element in the definition of the partnership strategy for this program model includes a process of situational diagnosis of current members in their capacity as program and project implementers, with emphasis on the quality of programs, their organizational capacities at the technical level and of resources and other elements that are indispensable in the new scenario.

There are several ways of partnering to help generate greater impact in the communities where the Programs are implemented. In the following matrix you will find some of the ways in which this diversity of partners can be generated. [See Annex # 1](#)

## 2.3 Community Mobilization

Within the framework of community mobilization, intervention programs in adolescent reproductive health that have had positive results are those that combine messages delaying the initiation of sexual activity, provision of contraceptive information, communication and negotiation of activities concerning media and influence of social factors. In most cases, educational interventions for adolescent women with an approach focused immediately on the change of their behavior at an individual level, is an approach that's often not effective enough in the long term, ignoring in many cases the role of community mechanisms and other cultural factors that significantly influence the sexuality of youth and the population in general.

In the school context, sexual education programs have some deficiencies: on the one hand, there is no adequate training of teachers in charge of implementing these programs, nor is there a systematic evaluation of the impact on adolescents of sexual education activities in the classroom. These programs often fail to organize their strategy and their values from the perspective of the beneficiaries of the programs. In this way, it is essential to know the perception of young people and other key social actors and their





social practices regarding sexuality for the design of specific and appropriate pedagogical, participative, and communicative strategies, as well as for the selection of media, materials and culturally appropriate methods.

The school has the potential to become a favorable scenario for the social construction of health, given its ability to convene and articulate various sectors and actors of society. The school constitutes an ideal context to promote a strong alliance between health and education goals, as well as for the meeting between education and science.

### 2.3.1 Community

It is here where diverse dynamics can be seen moved by actors who, by their decision, role or responsibility, will focus on actions and that, with the appropriation of the program model, will allow the organization and the concrete action that the model identifies. In this sense, three **key actors** are identified:

#### Volunteers and roles that they can perform:

- a. Mobilization of participating caregivers and the wider community, including community leaders and support for caregivers and the needs of infants and other program content. It also addresses a broad social context through stimulation of caregiver.
- b. Facilitation: Community facilitators learn the program with caregivers.

- c. Supervision: Community facilitator leaders supervise and support all community facilitators during regular and in-service sessions during work with caregivers.

#### Community leaders and roles that they can perform

- a. Community mobilization within the concept of caregiver support and recruitment of trained community caregivers.
- b. Along with community facilitators, identifying households with infants at risk or vulnerability protection.

#### Community-based children protection mechanisms

1. Link caregivers to the Community Mechanisms for the protection of children, making them see their functions
2. Together with the facilitators of the community, identification of homes with infants with risk or protection vulnerability
3. The roles and responsibilities of the actors of all  
The sectors include:
  - a. Support sessions related to the area or sector
  - b. Provide relevant services to caregivers

## 2.4 Roles and Responsibilities of Local Members and ChildFund

### 2.4.1 Local Partners

ChildFund is responsible for making available to the country, families, communities and target groups of this program model, a portfolio of partners that interact at various levels; therefore, the country office, together





with its local partners, is required to promote a broad dialogue for the identification of different levels of partner, both in terms of the implementation of the program model according to the proposed delivery model, as well as in terms of the identification of other levels of alliances and partners.

It is important that in this framework, in a participatory manner, public and private partnerships are defined that need to be developed to strengthen the spaces for participation, leadership development and inclusion of adolescents and youth in the economic and productive life of their communities and families.

Implementing the Loving & Taking Care of Myself program will require a variety of strong partnerships. The first of which are strong local partners leading the implementation of the model program and establishing cooperative working relationships with partners. The second are partnerships with community representatives: volunteer facilitators, community leaders, Community Child Protection Mechanisms, and representatives from all sectors. Together with the community representatives provide direct support to the caregivers. Third are partnerships with the government. The government can and should support the Growing with You Model to ensure its sustainability Partnerships with clear functions will set the program model on its path to success.

## 2.5 Advocacy and local partners

### 2.5.1. Advocacy for ChildFund

The political advocacy plays an important role in the fulfillment of ChildFund's mission and objectives in defending the rights of children and adolescents as it is the main tool for building sustainable change through the establishment and implementation of public policy, the

active participation of children and adolescents to bring their voices closer to decision-makers, and the positioning of ChildFund as an organization that works jointly with government institutions in a changing global environment.

ChildFund is committed to supporting countries in meeting the **Sustainable Development goals**, especially those goals that enable work to eradicate violence against children and adolescents, such as **goal 16.2**: End abuse, exploitation, trafficking, torture and all forms of violence against children; **4.1**: Eliminate all forms of violence against children and ensure that children have access to safe, inclusive and effective learning environments; **5.2**: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other forms of exploitation; **5.3**: Eliminate all harmful practices such as child, early and forced marriage and female genital mutilation and **8.7**: Eradicate forced labour, contemporary forms of slavery, trafficking and the worst forms of child labour.

ChildFund's actions in the programs and projects within the communities are leveraged at the national and local levels through advocacy initiatives. ChildFund defines advocacy as the deliberate process of influencing decision makers to support changes or implementation of evidence-based policies that contribute to ChildFund's mission of valuing, protecting and promoting the value and rights of children. In the case of ChildFund, political advocacy must be planned, aimed at people who have the authority, power and responsibility to make the normative changes that ChildFund seeks and based on evidence about the existence of a problem.

ChildFund's advocacy efforts should focus on changing or updating existing policies (laws, regulations, etc.) and recommending policies where these do



not exist (policy gap) or ensuring that an existing policy is implemented in a way that allows ChildFund's impact groups (children and youth in need, exclusion and vulnerability) to benefit from the policy in question.

At the **local level**, advocacy will be implemented on two important fronts: the creation of local public policy on the issues prioritized within each program model (ordinances, local development plans, etc.) as well as for the strengthening of local rights protection systems (protection routes, referral and counter-referral processes to public services, restitution of rights, etc.) and, on the other hand, work at the community level for rights holders to carry out rights enforceability exercises guaranteeing the accessibility and availability of public services as well as the fulfillment and landing of protocols and national public policy at the local level.

Communication and campaigns that generate change in social awareness and position child protection in the community's imaginary are not considered advocacy; however, when communications focus on influencing decision-makers to create wider impact, they will be part of the advocacy strategies used by the organization.

### 2.5.2. Advocacy in the Loving & Taking Care of Myself Program Model

The model from **a perspective of results**, establishes the contribution regarding how girls, boys and youth are agents of change generating a constructive and transformed dialogue in relation to Reproductive Sexual Health and that this allows them to influence public policies; this through concrete actions from a

process of topics that allow a level of knowledge and then a gradual process and training to conclude that from the area where they participate and interact can be seen proposals for them, school or community.

These **results will be achieved** by having a training process towards different care groups, childhood, adolescence and youth and how holders of rights, as well as the intervention of the co-responsible of rights; that once the knowledge is cemented, it will allow a series of actions that are connected and directed towards the guarantors of rights; therefore, the model establishes a whole process to achieve these deliberate actions towards the fulfillment of rights in this specific model emphasizes sexual rights and reproductive health.

### 2.5.3 Government

Close collaboration with the government is essential for the Loving & Taking Care of Myself model to build a support network among local, regional and government agencies. Supporting the government's commitment to supportive oversight and other activities in practice creates a long-term acceptance of the model.

Government agencies are in advantage in terms of their location to provide services that right holders require. The functions and responsibilities of the Government in the program model include:

- Promotion of the concept of caregiver support
- Participation in content training of Government partners on the content of the program model
- Participation in the supervision of community facilitator leaders on an ongoing basis both during regular meetings and in service during work with caregivers



## 2.6 Potential partners

In the search to expand the network of partners, alliances and coordination in the different countries where the Loving & Taking Care of myself was implemented, a mapping of organizations in five countries that are currently focused on addressing sexuality from different efforts was carried out located in international organizations, Non-Governmental Organizations and state entities that are an important ally in the development of the model, as well as the working detail of each of these organizations. [See Annex No. 2.](#)





## 3. PROGRAM MODEL

The program model allows a reflection and analysis of the different contexts in the countries where it will be implemented, making reference to the current situation from different angles:

### 3.1 The Context of the Exercise of Sexual and Reproductive Rights

The exercise of **sexual and reproductive rights** in the region has, in most of the countries of intervention, a recognition in the constitutional norms, which under the fulfillment of international commitments coming especially from the Program of Action of the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), as well as the Ibero-American Convention on the Rights of Youth (Badajoz, 2005) regulate favorable international provisions for the implementation of policies, plans and programs that promote the exercise of sexual and reproductive rights.

### 3.2 Legal and constitutional framework

The constitutional frameworks of the countries of the region where ChildFund intervenes, point to the guarantee of rights that has permitted a normative evolution in laws and public policies, in favor of the exercise of sexual and reproductive rights, the prevention of sexual violence and gender-based violence as well as the validity of other rights for the harmonious development of human beings with their environment.

The Bolivian Constitution guarantees the right to life and to physical, psychological and sexual integrity (**Article 15.I**), in particular of women (**Art15.II**), under the state mandate to adopt the necessary measures to prevent, eliminate and sanction gender and generational violence both in the public and the private sphere (**Article 15.III**), the prohibition of all forms of discrimination (**Article 14**), as well as the exercise of women and men in the field of sexual and reproductive rights (**Art. 66**), where education will promote values that incorporate gender equity, non-differentiation of roles, non-violence and the full validity of Human Rights (**Article 79**). The Child and Adolescent Code provides for information, awareness and training processes on sexual rights, reproductive rights (**Art. 22.I**), where girls, boys and adolescents, according to their physical and psychological development, they have the right to receive information and education for sexuality and for sexual and reproductive health (**Art.22.II**).

The Guatemalan Constitution for its part relieves freedom and equality by expressing that both men and women have equal opportunities and responsibilities (**Article 4**), as well as the protection of the health of minors (**Article 51**). Its Law of Universal and Equitable Access of Family Planning Services and its Integration in the National Reproductive Health Program as well as its Regulation determine that through coordination of the educational entity and the health entity will review the curricular of the primary and middle levels for compliance of regulations that implement actions in the National Reproductive Health Program.

The Honduran Constitution states that all Hondurans are equal before the law and declares punishable all forms of discrimination (**Article 60**).



Precepting the protection of the family, motherhood and childhood (**Article 111**). In its Code of Childhood and Adolescence, it stipulates regulations designed to describe the situation of abandonment or danger they are going through and one of them is when they are victims of actions or omissions where sexual abuse is present (**Article 141**).

The Ecuadorian Constitution provides that health is a right guaranteed by the State that includes sexual health and reproductive health (**Article 32**). It gives priority and specialized attention to victims of sexual violence (**Article 35**), for which it provides for the adoption of necessary measures to prevent, eliminate and punish all forms of violence, especially against women, children and adolescents (**Art. 66.3**), as well as taking free, responsible and informed decisions about their health and reproductive life and to decide when and how many daughters and sons to have. (**Art. 66.10**). The Youth Law provides for the promotion of health services, including sexual and reproductive health and the development of adequate education programs in all areas of health (Article 16.a), as well as the prevention of diseases in general and in particular those of sexual transmission (**Art. 16.b**)

The Political Constitution of the United Mexican States prohibits all forms of discrimination (**Art.1**). It advocates equality before the law between men and women, in deciding in a responsible and informed manner about the amount of freedom of their children (**Article 4**). In its General Law on the Rights of Girls and Boys and Adolescents, it provides for the development of preventive health care, guidance for those exercising parental authority, guardianship or custody of children and adolescents, and education and related services of sexual and reproductive health (**Article 50 V**) as well as the establishment of measures tending to prevent pregnancies of girls and adolescents (**Art. 50.VI**), promoting integral sexual

education according to their age, intelligence, cognitive development and maturity, of girls, niñas, children and adolescents that allow children and adolescents to exercise their rights in an informed and responsible manner (**Article 58**).

### 3.3 Identified problems

#### 3.3.1 Limited information and limited access to sexual and reproductive health services

In the region, the percentage of adolescents and youth who begin their sexual relations between 10 and 13 years of age is often high, often without protection, which places them **at risk of**:

- Unwanted pregnancy
- Unsafe abortions
- Sexually Transmitted Diseases (STDs).

Sexuality is denied through silence, lack of education and repression when the child wants to discover his or her body. Ignoring their sexuality produces fear, feelings of guilt regarding pleasure and the natural curiosity to know their own body and that of the other. The natural expressions of the experience and the discovery of sexuality in girls and boys are often repressed with violence.

By not addressing these issues in families or in schools, children can be victims of sexual exploitation or abuse. Communication between youth and their mothers, fathers and other caregivers is generally scarce, which limits possibilities in sharing their experiences on sexuality and their affections. On the other hand, most health services do not prioritize education and the promotion of adolescent health among their activities. His staff is not prepared and often has a negative attitude and little sensitive to the situation of adolescence and youth. The weak relationship between families, schools and child protection networks aggravates the problem, since it does not allow the development of timely or effective preventives



actions or reparation of rights (psychological support, medical care, family therapy, among other mechanisms).

A study conducted by the Ecuadorian Ministry of Public Health (2017) on the costs of omitting not to invest in access to sexual and reproductive health services indicates that, by 2015, the economic and social cost due to the omission of health services Sexual and reproductive health reached US \$ 472 9 million, which evidences a social debt in adequate sexual and reproductive education and family planning.

**Guatemala** in recent years reports that 45.9% of Guatemalan women do not have access to birth control methods, which is associated with factors such as social perceptions about sexuality and their role in society. Another factor is the limited institutional offer, the low recognition of cultural practices of the Mayan, Garífuna and Xinka peoples, the limited access to comprehensive information on sexuality, the lack of counseling and the level of schooling.

Studies in Mexico show that sexual and reproductive rights are not exercised in the population living in poverty, nor in marginal urban areas, let alone in rural and indigenous communities. The lack of access to basic and upper secondary education and health services, the precarious quality of such services in the communities, as well as the persistence of cultural patterns that discriminate and violate children, youth and women are realities that are urgent transform.

In general, in the region, more than 70% of sexually active adolescents and youth reported never having used a condom. More than half of all AIDS cases reported in adolescents and youth between 15 and 24 years of age are the result of unprotected heterosexual

relationships. Currently, women represent more than a third of AIDS cases. That is why, comprehensive sexuality education, the promotion of condom use and access to early detection tests play an important role in reducing cases of HIV / AIDS.

### 3.3.2 Teenage pregnancy, sexual and gender based violence

Approximately one third of adolescents with sexual experience, slightly more than 50% reported that their first **relationship** was **forced**. More than half of sexually active males and about a quarter of sexually active adolescent females reported having been under 10 years of age at the time of their first sexual experience. In Latin America, between 10 and 21 percent of abortion hospitalizations correspond to adolescents and a third of them suffered from sepsis, compared to a quarter among adult women. Most of these are performed clandestinely, causing serious problems in the health and life of the mother, due to the insecurity conditions in which they are carried out. The evidence indicates that adolescents have up to three times the possibility of death due to maternal causes compared to adult women, and the same occurs with late fetal death and with infant mortality.

**Gender inequalities** cause a higher valuation to children from the first years of life, is a constant that undermines the self-esteem, confidence, security and development opportunities in girls. At the same time, children begin to repress themselves and to develop "macho" behaviors whose subsequent consequences are suffered by themselves and by society as a whole. An unequal exercise of sexuality where permissiveness is observed for men and restriction for women. In men, an active sexuality is encouraged, with multiple partners, without giving much importance to the development of affectivity and responsible fatherhood.





**Domestic violence** is a worrisome problem that affects not only children but also adults. Data from the Pan American Health Organization -OPS- show that in Bolivia and Ecuador, 5 or 6 out of 10 women suffer some type of physical, psychological or sexual violence in the home; while 2 out of 10 men suffer from psychological violence. Many parents who have lived in violent environments reproduce the cycle of violence with their sons and daughters. In women, the inequitable exercise of sexuality limits their ability to express themselves freely and make their own decisions in relation to their affectivity, sexuality and reproductive process in addition to the problem of school dropout and the intergenerational transmission of poverty.

In **Bolivia**, 14 percent of adolescents under 15 years of age are already mothers or are gestating for the first time. Public policies and education and health programs have not yet incorporated the theoretical and legal advances of these sectors into practice, so that sexist stereotypes continue to emerge in all stages and spheres of life.

**Ecuador**, in 2015 reported an increase in adolescent pregnancy, as for that year the percentage births in adolescent women between 12 and 17 years of 10.2%, while in 2006 it had been 8.1%. According to the National Survey of Health and Nutrition (Ensanut, 2012), 6,487 adolescents left school for this reason, affecting their life plans. In adolescents 10 to 14 years old, 9 out of 10 had their first sexual relationship with people older than them. Of these, 8 out of 100 were pregnant with men 30 years of age or older. Of the total of pregnancies in children under 15, 80% were the product of sexual violence. Currently, the cost of attending unplanned and unwanted pregnancies costs the State \$ 68 million. The cost of care for these pregnancies is 5.4 times higher than the amount of investment to prevent it.

In **Guatemala**, of the total number of births, 27.8% corresponded to mothers under twenty years of age. In 2011, 78,016 deliveries were registered in girls and young women between 10 and 19 years of age, as well as a total of 2,841 births in girls aged 10 to 14 years (INE, 2011). It is estimated that most of the pregnancies that occur in this age range correspond to rape, sexual abuse, trafficking and / or exploitation of people. The reference standard regarding the fertile period of Guatemalan women has been extended due to the occurrence of births in girls from 10 years old, qualified as high risk.

In **Mexico**, during 40 years of sex education, it has been possible to reduce the fertility rates (the number of children of women) from 6 to two children for each woman, in those four decades it has also been reduced by 40 percent (almost in half) the pregnancies of mothers under the age of 19; However, success in birth rates was not accompanied by an improvement in social inequalities or gender violence.

### 3.3.3 National Public Policies

National public policies are guided mainly by the National Development Plans, which, after carrying out the thematic diagnoses and aligned with the Constitutions, determine the objectives and goals necessary to provide a short, medium and long-term solution to the problems identified, considering in addition, its alignment with the Sustainable Development Goals, within the framework of sexual and reproductive rights.

In Bolivia, its Economic and Social Development Plan 2016 -2020, in the field of health, establishes within Objective No. 3 referred to the exercise of the Right to Health, the Goal (1) Universal Access to health service, where one of the main guidelines is the reduction of the proportion of pregnant adolescents (Action No.8), as well as the reduction of deaths due to communicable diseases (Action No.10).



In **Guatemala**, the **Priority "Achieve the universalization of sexual and reproductive health of the population of childbearing age, emphasizing sexual education for adolescents and youth" in its Goal No.1**. It seeks to guarantee all Guatemalans access to sexual and reproductive health information and services, taking into account their life cycle; in **Goal No. 2 eradicate pregnancy in adolescents under 16 years and decrease the rate of pregnancies in adolescents aged 17-19**.

In Ecuador, Objective No.1 that seeks to guarantee a dignified life with equal opportunities for all people, has as goals Decrease from 76.5% to 63.5% the specific rate of live births in adolescent women between 15 to 19 years of age to 2021; Reduce the birth rate in adolescents from 10 to 14 years of age for every 1,000 women by 2021. In its Policy 2.1. points out the eradication of discrimination and social exclusion in all its manifestations, especially male chauvinism, homophobia, racism, xenophobia and other related forms, through affirmative actions and comprehensive reparation for the construction of an inclusive society, counting among its goals the eradication of the percentage of women who have experienced some type of gender discrimination to 2021.

In Mexico, the National Strategy for the Prevention of Teenage Pregnancy (Known in Spanish as ENAPEA) states in its Objective 5: Guarantee the right of girls, boys and adolescents to receive comprehensive sexuality education at all levels of public administration and private education, where it is indicated that the contents of the Integral Education in Sexuality must be culturally relevant, scientifically rigorous and appropriate to the age. Its goal for 2030 is to have the current fertility rate among Mexican adolescents 15 to 19 years of age, and eradicate pregnancy in girls under 15 years of age. In addition, the revision of curricular contents of Integral Education in Sexuality in the

educational system, teacher training; of adolescents and youth as multipliers of sexual and reproductive information.

In Honduras, its Country Vision document 2010-2038 and National Plan 2010-2022, indicates within the great challenges in its referred section like Sustainable Development of the Population, the design and Instrumentalization of national policies directed at the reduction of pregnancies in adolescents (Challenge No.2) being one of its vision statements: reducing the rate of teenage pregnancies by 43%.

The contribution that ChildFund will have through the implementation of this program will contribute to the fulfillment of national public policies for the exercise of the sexual and reproductive rights of girls, boys, adolescents and youth to increase their capacities through sex education, the eradication of child marriage, the prevention of early pregnancies as well as high-risk births, the reduction of maternal mortality rates and the prevention of sexually transmitted diseases, with special attention to HIV / AIDS, with the strengthening of environments that make viable the right to protection from violence, with special attention to sexual violence that generates conditions of inequality and violations.

The model presents the opportunity for long-term contribution, involvement from right holders, as well as a clear alignment towards coordination with guarantors of rights and the promotion and inclusion of the community as an essential part in development processes.



### 3.4 Model Generalities

#### Name: Program Model Loving & Taking Care of Myself

Impact Population	Girls, boys and adolescents of 16 to 24 years of age	Focus Groups	<ul style="list-style-type: none"> <li>• Girls, boys and adolescents</li> <li>• Parents and caretakers</li> <li>• Teachers and community leaders.</li> </ul>
Final Results	To help children, adolescents and youth achieve a state of well-being by exercising their sexuality responsibly in family and community environments that promote protection and equality.		The "Loving and Taking Care of Myself" program model for Integral Education of Sexuality and Sexual and Reproductive Health has a general approach when considering in an integral way all the dimensions of the human being's sexuality, such as the biopsychosocial and cultural aspect, the perspective of gender, sexual and reproductive rights. The approach takes into account the need to look at girls, boys, adolescents and youth if they are considered to be subjects of sexual and reproductive rights because of this, it is proposed that between 6 and 19 years of age, consistent with their sexual development.



### 3.5 Why program models?

Program models have been identified as a way in which ChildFund can maximize its programmatic and impact strength while standardizing programs and going beyond program implementation by providing all the elements necessary to plan, implement, monitor and follow up on the model during the program cycle, as well as ensuring cross-sectoral organizational priorities that are reflected through the model. They are also an opportunity to incorporate the child protection lens, rights, gender and diversity into the program and community protection mechanisms for children and adolescents and to include sponsorship management in programming.

Therefore, the Program Models are a way to make the region's programs more strategic, focused, more effective, more standardized to position the organization in the future with more valid, verifiable and strong data and measurement with the programs internally and externally. It strengthens the work with strong partners for the implementation of the models and improves the monitoring and evaluation system between different countries.





### 3.6 Logical Framework

The resulting framework includes the goal of the model and the corresponding higher-level objectives, as well as the immediate results we want to achieve with the implementation of a Program Model as well as with the participating children and identified impact groups.

In coordination with the Program Team of the International Office of ChildFund, the Logical Framework tool has been selected to guide the design of the Program Models.

**The logical framework is the tool that facilitates the process of conceptualization, design, implementation and evaluation of the program, with the purpose of providing a structure to the planning process and communicating in a logical manner the scope of it.** For the design of the Program Models of the Americas Region, a logical matrix with immediate and intermediate results has been considered in order to better monitor the advances of the model throughout its five years of implementation. The logical framework that has been proposed for the co-creation of the Program Model has the following **logical structure:**

FINAL RESULTS	Change of state (shared, individual, family,), maximum long-term outcome.
INTERMEDIATE RESULTS	Changes in behaviors and practices, mid-term results.
IMMEDIATE RESULTS	Change in access, capacity, knowledge and skills after intervention
PRODUCTS	Completed and consolidated processes in the target population as a result of the intervention
ACTIVITIES	Operation of the project. Series of actions carried out with the target population

For the Model Loving & taking care of Myself Program Model, **the Logical Framework** has been established as an annex to this document, the results and products proposed for this Program Model are presented below. [See Annex No. 3](#)



**LOVING & TAKING CARE OF MYSELF LOGICAL FRAMEWORK**

**Final Result Change of State (individual, family, community level)**

**Help children, adolescents and youth achieve a state of well-being by responsibly exercising their sexuality in family and community environments that promote protection and equality**

**Intermediate results change in behaviors and practices**

R1 Strengthen in girls, boys, adolescents, youth and caregivers informed and responsible decision making to exercise their rights in sexual and reproductive health	R2. Promote gender equality between NNAJ and caregivers in the different areas in which they operate	R3 Encourage the NNAJ to be agents of Change of Public Policies in matters of Reproductive Sexual Health at local and regional level
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**Immediate results change in the access, capacity, knowledge, skills**

1.1 Improve NNAJ knowledge and skills with a focus on integral Education of Sexuality	1.2 Strengthen the parental abilities of parents and caregivers to provide an adequate accompaniment in NNJA's Sexuality	2.1 Improve knowledge of gender equity in the home, school / community and community aimed at girls, boys, adolescents and youth and caregivers	2.1.5 Improve knowledge related to life skills in girls, boys, adolescents and youth, caregivers and community leaders for the prevention of sexual violence; with emphasis on the prevention of violence against girls and women	of sexual violence 3.1 Strengthen communication skills in girls, boys, adolescents and youth that allow them to develop proposals and influence local level in favor of their sexual and reproductive rights	3.2 Strengthen the abilities of girls, boys, adolescents, youth and caregivers to identify risks and vulnerability of their sexual and reproductive health and integrity in emergency situations and disasters
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**Products**

Children trained in Comprehensive Sexuality Education	1.2.1 Parents and caregivers of girls, boys, adolescents and youth trained in integral education of sexuality	2.1.1 Girls, boys trained children in equality of gender	2.1.6 Girls and boys trained in life skills that contributes to the prevention of sexual violence	3.1.1 Girls, boys, adolescents and youth trained in communication skills for the development and presentation of proposals that address your sexual and reproductive rights	3.2.1 Girls, children trained in prevention of risks and vulnerabilities to their sexual and reproductive health and integrity in emergency situations and disasters
1.1.2 Adolescents (13-15 years of age) trained in Comprehensive Sexuality Education	1.1.1 Parents and caregivers trained in parental skills related to the sexuality of their daughters and sons	2.1.2 Adolescents and youth trained in gender equality	2.1.7 Parents, mothers and caregivers trained in life skills that contribute to the prevention of sexual violence	3.1.2 Proposals on sexual rights and reproductives developed in a participatory manner by girls, boys, adolescents and youth	3.2.2 Adolescents and youth trained in risk prevention and vulnerability to their sexual and reproductive health and integrity in emergency situations and disasters
1.1.3 Youth over 15 years of age trained in Integral Sexuality Education	1.2.3 Teaching staff trained in integral education of sexuality and pedagogical practices related to their role as teachers.	2.1.3 Teachers trained in gender equity	2.1.8 Community leaders trained comprehensive education on sexuality, gender equality, prevention	3.1.3 Dialogues and / or meetings held between children and adolescents with guarantors of rights	3.2.3 Caregivers, teachers and leaders trained in prevention of risks and vulnerability in sexual and reproductive health and integrity in emergency situations and disasters for children and adolescents





### 3.7 Childhood Protection Lens

In harmony with the strategic framework of Childhood Protection in ChildFund: Global Initiative 2017-2020, which in turn is based on the Convention on the Rights of the Child, and considering **the systemic approach that will allow girls, boys, adolescents and youth to achieve a state of well-being by exercising their sexuality responsibly in environments that promote protection and equality**, the program model frames their actions based on a rights-based approach where the active participation and empowerment of incumbents and stewards is present as well as the gender approach for the construction of positive and egalitarian relationships.

It is there where the community-based protection mechanisms are strengthened and articulated with the protection system, and the active participation of children, adolescents and youth in the state advocacy, communities, being active agents of their own protection, in accordance with their evolutionary development.

The model will allow the identification of **risk factors**, elements that increase the probability of harm for a girl, boy, adolescent or young adult, considering the presence of certain factors of their life, identifying them allows their prevention and reduction; as indicated by the Protection strategy. A sequence of thematic perceptions that will be addressed from the children and adolescents and, at the same time, how to connect with issues that mothers, fathers and caregivers will be working on and, at the same time, with leaders and volunteers within the community; a long-term sustained process.

Likewise, from a perspective of protection factors and as defined by the protection strategy as: those elements that contribute to resisting and overcoming adversity, the conditions of the holder, family, community, society (institutions, State) that sustain the well-being and protection of infants, girls, children, adolescents, youth and their families.

The topics are looking in a timely manner for the competences, in the different attention groups, that add up and that allow reaching this final result as an articulation exercise and that will allow the approach from the prevention and with special emphasis on behaviors that protect.

On the other hand, it must be ensured that all personnel, partners, volunteers and other community partners have the knowledge and periodic evaluation according to the specific protection responsibilities, including the knowledge and implementation of the standards of the Child Protection Policy (Child Safeguarding).

The appropriate technical support and accompaniment and development of methodological resources with a differentiated intergenerational approach, cultural pertinence and according to international standards that allow the construction of strategic alliances for the generation of knowledge, analysis and dissemination should be granted.



### 3.8 Technical Standards

The standards are clear and universalized criteria that establish the basic levels of quality of education to which children, adolescents and youth from different cultures and geographical areas are entitled.

The standards that are presented for the Program Model "Loving & Taking Care of Myself" are basic quality parameters that facilitate the design of teaching-learning competencies, necessary to establish content after having known, interpreted and internalized thematic content of promotion, prevention, care and decision making in sexuality and reproductive health.

This field refers to youth training that promotes a healthier and violence-free life through a focus on sexual and reproductive rights, conceiving sexuality as multidimensional bio-psycho-socio-emotional. The Alternative Basic Education and work training programs must include content on this subject to favor conditions and key behaviors in youth that help them make decisions for life.

In this conceptual framework, the standards range from scientifically based knowledge on sexuality and health, knowledge of current legislation in this area and family planning, to gender relations. In this line, there are three key dimensions that guide sexual and reproductive health standards:

1. Promotion of sexual health and reproductive health. This dimension seeks to ensure that children, adolescents and youth acquire knowledge, attitudes and practices from the biopsychosocial and cultural spheres that cover sexuality and reproductive health, and how to use this knowledge to make informed decisions about their own lives. It also emphasizes the strengthening of interpersonal relationships, personal identity and self-knowledge. Identify your needs, information, counseling, treatment and access opportunities.
2. Exercise of responsible citizenship through sexual and reproductive rights. The objective of this dimension is that youth recognize themselves as citizens who are subject to rights and obligations. Also, that they know the current legal framework in the country and identify their duties, (responsibilities and obligations) relating to sexuality and reproductive health.
3. Gender relations It is important that youth recognize unequal power relations between men and women and the resulting inequality in access to educational, material and economic resources. Through these standards, peaceful coexistence, the prevention of gender violence and interpersonal relationships under equal conditions are promoted, as part of the relationship between sexual and reproductive health and human rights.

According to the paths that have been prioritized in the model, it allows us to confirm what these technical standards are that are followed and that will guide the implementation regarding curricular content, frequency, and temporality.



### 3.9 Support developmental milestones of children:

Support for milestones in child development According to the Change Theory in stage 2, children experience **several cultural and developmental milestones** that must be taken into consideration during the implementation of the model. These milestones can act as protection (healthy relationships with peers) or risk factors (interest in romantic relationships) that influence vulnerabilities to violence. Specific milestones, such as learning to read, showing leadership skills, completing primary school, etc. It must also be celebrated during implementation.

The development **milestones related to Reproductive Sexual Health** start from:

1. **Early childhood** (first month of life until approximately two years of age). In these first years of human life - after five months - babies begin to explore their bodies and perform self-stimulation behaviors. Adults must accept these behaviors naturally and protect the child from possible sexual abuse (Ochaíta and Espinosa 2004, pp. 271).
2. Next is the **preschool stage** (two to six years of age) in which very specific aspects of sexual needs appear, as children begin to distinguish the differences between the sexes and show certain behaviors such as self-exploration, self-stimulation, curiosity for sex partners opposite, etc.

Express interest in aspects related to sexuality, to which you must respond with truth and a level appropriate to their

age. During this period they also discover their gender identity and practice the stereotyped roles that correspond to their sex. In this sense it is important to respect the child's right to the development of gender identity, although adults may seem that this representation does not correspond to the way in which the roles are assumed in the family. The influence of the media in the construction of the meaning of being a man and being a woman should not be underestimated. (Ochaíta and Espinosa 2004, pp. 286-288).

3. In the school stage (six years until puberty, which occurs around twelve or thirteen years) the child builds an image of their sexual and gender identity and makes the stereotypes so marked during the previous stage more flexible. They are able to understand that gender and sexual identity will remain constant throughout life and not depend on external factors (such as clothing, ornaments or profession). In this process, the role of parents is fundamental because it constitutes the reference pattern of children to learn the most essential and significant elements about sexual behavior (Ochaíta and Espinosa 2004, pp. 299-300). It is also important to receive adequate sexual education that includes training in affectivity and personal knowledge as a fundamental part of the identity.
4. **At puberty and adolescence**, sexual needs begin to take on great importance, so special attention must be paid attention to sex education and the prevention of pregnancies and diseases. Sexual-affective education must contemplate, among other things, the connection with the other, responsibility and self-knowledge to propose a life project with sexuality as an essential component. (Ochaíta and Espinosa 2004, p.316)



### 3.9.1 A Transition Period of Crucial Importance

**The World Health Organization defines adolescence as the period of human growth and development that occurs after childhood and before adulthood, between 10 and 19 years.** This is one of the most important stages of transition in the life of human beings, characterized by an accelerated rate of growth and changes, exceeded only by the one experienced by infants. This phase of growth and development is conditioned by various biological processes. The beginning of puberty marks the passage from childhood to adolescence.

The biological determinants of adolescence are practically universal; instead, the duration and characteristics of this period may vary over time, between cultures and others, and depending on socioeconomic contexts. Thus, there have been many changes in the last century in relation to this life stage, in particular the earliest onset of puberty, the postponement of the age of marriage, urbanization, the globalization of communication and the evolution of attitudes and sexual practices.

### 3.9.2 The key role in development experiences

Adolescence is a **period of preparation** for adulthood during which several development experiences of great importance occur. **Beyond physical and sexual maturation, these experiences include the transition to social and economic independence, the development of identity, the acquisition of the necessary skills to establish adult relationships and assume adult functions and the ability of abstract reasoning.** Although adolescence is synonymous with exceptional growth and great potential, it is also a stage of considerable risks, during which the social context can have a determining influence.

### 3.9.3 Pressure to assume high risk conduct

Many adolescents are subjected to pressures to consume alcohol, tobacco or other drugs and to begin having sex, and this at increasingly younger ages, which entails for them a high risk of trauma, both intentional and accidental, unwanted pregnancies and sexually transmitted diseases (STDs), including the human immunodeficiency virus (HIV).

Many of them also experience various problems of adaptation and mental health. **The patterns of behavior that are established during this process**, such as the consumption or non-use of drugs or the assumption of risks or protection measures in relation to sexual practices, **can have lasting positive or negative effects on health and future well-being** of the individual. From all this we can deduce that this process represents to adults a unique opportunity to influence youth.

Adolescents are different from small children and adults too. More specifically, an adolescent is not fully capable of understanding complex concepts, nor of understanding the relationship between a behavior and its consequences, nor of perceiving the degree of control it has or can have regarding health-related decision-making, for example decisions related to their sexual behavior.

This inability can make them particularly vulnerable to sexual exploitation and the assumption of high-risk behaviours. Laws, traditions and customs may also affect adolescents differently than adults. For example, laws and policies often restrict adolescents' access to reproductive health information and services, especially if they are not married. Where they do have access to such services, the attitude of providers towards sexually active adolescents may in practice be a major obstacle to the use of such services.



### 3.9.4 Family and community represent fundamental support

Adolescents depend on their family, their community, their school, their health services and their place of work to acquire a range of important skills that can help them cope with the pressures they experience and make a successful transition from childhood to adulthood. Parents, community members, service providers and social institutions have a responsibility to promote the development and adaptation of adolescents and to intervene effectively when problems arise.





## Stages in adolescence

- 1. Early adolescence**  
**10-15 year of age**

  - Students graduate from elementary school
  - Some leave school and begin to work
  - Puberty begins for many students
  - Students are more involved in community activities and are exposed to other forms of violence as a result of being independent actors in their communities
  - They begin to develop and demonstrate individual opinions
  - They experience an increase in sexual violence and cyberbullying
  - Students move to secondary education
  - They are at greater risk of getting involved in risk behaviors
  - Secondary characteristics of sexuality emerge
  - The high peak in rapid growth
  - Concrete use of thought (here and now)
  - It is not understood how present actions impact the future
  - They spend time thinking about the rapid physical growth and body image (as others see it)
  - Frequent changes in mood
  - Fight with the rules regarding independence / dependence
  - They argue and are disobedient
  - Strong friendship with the same sex
  - Contact the opposite sex in groups
  - Group with pairs is important
  - Self exploration and evaluation

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- 2. Middle adolescence**  
**14-17 años**

  - Students move to secondary education
  - Economic factors affect students, child labor or the risk of being in gangs or suffering from social violence
  - Students find new academic pressures
  - Greater risk to join risky behaviors
  - Secondary characteristics of sexuality continue





## Stages in adolescence

- Growth is slower
  - Achieves 95% growth as an adult
  - Brain growth occurs
- Influence on social skills and problem solving
- More abstract thinking but it is concrete under pressure
- Better understanding of the results of their own actions
- Very thoughtful
- Create their own image
- Think a lot about dreams or non-practical things
- Feels very powerful
- Experiment with sex, drugs, friends, risks
- Argue with people of authority
- Strong relationship with peers
- Peer group is very important and determines their attitudes
- Form stable relationships

### 3.

Late  
adolescence  
16 – 19 años

- Physically mature
- Most thinking is abstract
- Future plans
- Understands how their choices and decisions now have an effect in the future
- Plan and follow long-term goals
- Usually feels comfortable with his body image
- Understands right and wrong (morally and ethically)

Source: Prepared by the authors with inputs from WHO and ChildFund International Change Theory.



### 3.10 Sponsorship and Programs Integration:

#### 3.10.1 Integration of Sponsorship and Programs

Integrating Programs and Sponsorship involves the understanding that sponsorship is a vehicle for development. Furthermore it includes recognizing that sponsorship allows for resources to implement long-term programs; through communication, connections are created between sponsors and children and a greater understanding by the sponsors is achieved regarding: the reality in which children and adolescents live; the elements necessary to transform that reality and what a development organization like ChildFund, together with its partner organizations, is doing to achieve this transformation. Thus the organization creates not only friendships, but solidarity, exchange of cultures and the realities of girls, children, adolescents, young people and sponsors, and potentially helps to construct a network of volunteers at the global level that seek making a difference in the lives of children and adolescents.

Integration also includes ensuring that the communication and interaction occurs in the same spaces where program activities are implemented; that way operational efficiency is achieved, but above all we transmit in sponsorship communications the emotions, satisfaction, joy, and achievement, that our interventions gave children, adolescents and young people and their parents and others in the community, which helps connect the sponsor and other audiences with the children and with their community and with the development process that goes with it.

To achieve integration between programs and sponsorship requires a comprehensive approach work at all levels in the organization from the strategic to the operational, and with it the intention to put into practice and work in that way. If the approach of our work is complete, the connections between these two areas are visible and if we add the intention, we make it possible.

#### 3.10.2 Magic Moments in the Articulation of Sponsorship and Programs

Magic Moments is a strategy of integration between programs and sponsorship that allows us to capture emotions and achievements to transmit through sponsorship communications and other ways to the sponsor and others and contribute to achieve bonds of solidarity and development.

These are called Magic Moments, or the special or significant moments in the life of the population participating in our program interventions, which are captured in contexts where programs are implemented and shared with different audiences through photos, testimonials, stories, interviews and other means of communication to connect the population participating in programmatic actions with; sponsors, authorities and others concerned with local realities in which ChildFund and its partner organizations seek to impact and transform.

When a Magic Moment is shared, it is an invitation to audiences to enter the program session and get to know the reality and the development process that children, adolescents and youth (CAY) and other participants experience. This invitation tries to empower, engage the public with the development process of children and youth and their communities. The content of Magic Moments that conveys emotions, achievements, impacts, realities and seeks to achieve connections can contribute to other purposes and audiences that the organization and partner organizations want to achieve. Magic Moments content can contribute to political advocacy, marketing, communication, partnerships, philanthropy, etc. Communications of today, with new technologies and social networks allow to easily connect with people and institutions to bring about positive changes in the lives of children, their families and communities. Magic moments allow us to innovate our way of communicating.

Magic moments promote the celebration of developmental milestones of children and adolescents achieved in the implementation of program models and capture those moments to share with different audiences, donors, sponsors, local authorities, other organizations, and communities in general, etc.



The developmental milestones that are celebrated are events, behaviors, skills achieved by children that are shared through communication pieces: written, verbal, and graphic images that can be shared and socialized at different levels. The bet, is that, through the evidence of Magic Moments, audiences are invited to be part of the development process of children and their commitment to this process is strengthened.

Magic Moments can also capture other moments, other "magic" that happens in everyday life and captures feelings, changes in knowledge, practices, behaviors the program models seek to achieve; the magic moments can also capture the magic of closing a process, the completion or fulfillment of a goal. It is vitally important that the local partner organizations' staff understand, on the one hand, its role as an agent of change, is committed to the development process that it is part of and; that it is sensitive to the reality of childhood and adolescence. It is important to know the proposed program that it implements in depth, as well as the results and changes that are to be achieved. With that awareness and their technical knowledge, partner organization staff should be aware of when a magic moment occurs, to capture and document it and then later share it.

It is vitally important that the local partner organizations' staff understand, on the one hand, its role as an agent of change, is committed to the development process that it is part of and; that it is sensitive to the reality of childhood and adolescence.

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### 3.10.3 Communications

The model of sponsorship through communications allows and promotes long-term relationships and is a bond that is being built and that allows sharing different realities; therefore, with the protection approach in the program model and the logic in its implementation, in combination with the communications that sponsorship allows the different donors and sponsors to know the experience from an individual perspective and thus also go knowing the context of the community.

The program model identifies that in this target group girls, boys and adolescents will emerge a series of individual communications, which will allow from the individual perspective to share specific contents from the experience told by the voice of them and them; also, to show specific changes in the competencies that the program model focuses on. The magical moments will be the route that letters, reports and/or communications take.

### 3.11 Participation of Childhood

This Model has considered, among others, the Ecological Theory of Development (ETD) in which the interaction of different systems is noted (microsystem-individual / mesosystem-family and friends / exosystem-community / macrosystem-institutions and social context). The participation of children takes this same structure and its intervention is promoted in different levels or contexts, starting with a change at a personal level that will be shared later in the family, community and ideally in an institutional context.

Throughout the training process you can appreciate the integration of children in different activities, at first as **recipients of** information that will help them develop or strengthen certain skills, such as critical thinking, self-knowledge and decision-making, so that they may be able to use them later when becoming agents of change



✓ When reviewing the intermediate results, raised in the logical framework, you can see the same direction of the ETD in which starts with activities that strengthen participants in sexuality issues, decision making and exercise of sexual and reproductive rights; Subsequently, activities that promote these same topics are added to gender equity, but in broader contexts such as school and the community. Finally, there are activities that develop in children and adolescents' capacities such as leadership that allow them to position themselves as agents of change in municipal, state and possibly national contexts.

✓ A factor that was considered fundamental for this model was the inclusion of parents, caregivers, teachers and community leaders, the aforementioned because the changes that children can make at a personal level will have more resonance and impact if the adults around them share the vision and commitment.

✓ The activities of the third result are directed specifically to the participant childhood and adolescence because the expectation is that after receiving the knowledge and tools they can practice them in safe environments and later they are perceived with the sufficient capacities to promote changes in different contexts.

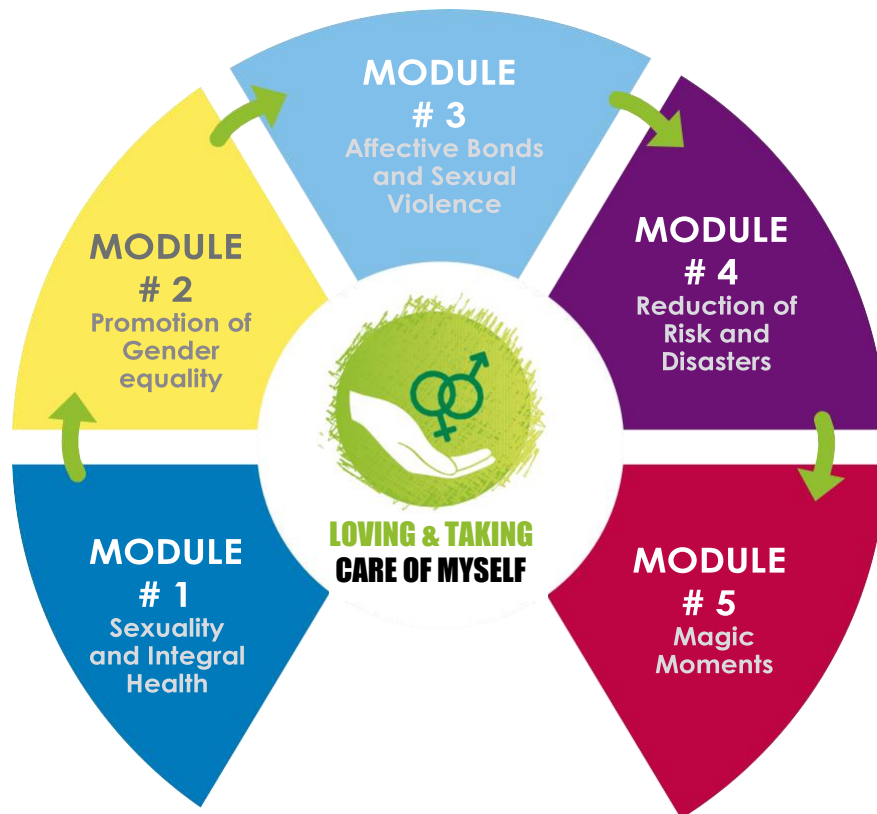
✓ The Model also proposes the construction of safe spaces (home and school) in which both children, adolescents and their carers receive information and express their doubts freely, which is undoubtedly an essential element when addressing issues related to sexuality. In this sense, the creation or strengthening of community networks that support children and adolescents to achieve the objectives set out in the Model will be promoted, as well as serving as support for situations that represent a danger to them.

### 3.12 Curricular content, methodology and tools

The **Curricular content** tool is a matrix where the information can be found in detail, making reference to attention groups, competences, themes, methodologies and technical standards for the implementation of the model.

In addition to the curricular content tool, there is the **Content Implementation Map. CIM** is a planning tool where the modules, sessions and attention groups are located; it allows to clearly identify the operation of the model in a longitudinal way, that is, its implementation through the years. It consists of coding that make it possible to identify how the different modules within the Model are organized in each of the years.

In the Loving & Taking Care of Myself model, **modules** will be implemented specifically aimed at girls, boys, adolescents, teachers, caregivers, mothers, fathers and community leaders, organized and oriented in relation to content in the curricular content matrix and according to a timeline as described in the Content Implementation map. See also the informative **brochure** of the program.



### 3.12.1 Module # 1- Sexuality and Integral Health

This module is aligned with the approach of Integral Education in Sexuality, which addresses aspects of cognitive, emotional, physical and social learning; It will allow girls, boys, adolescents and youth to use the knowledge learned, to strengthen skills and to be able to have at the same time attitudes and values that allow them to make decisions regarding their sexuality.

### 3.12.2 Module #2 Promotion of gender equality

This module presents a specific method with gender approach tactics that promote equality among women and men, the recognition of relationships between them and how this contributes to training from home, school and to be linked and manifested within a community.

### 3.12.3 Module #3-Affective bonds and sexual violence

As a follow-up to the Comprehensive Sexuality Education approach, the need to address the importance of affective relationships, violence and protection that strengthen the aspects of recognition as an individual but which in turn add up to a community manifestation.

### 3.12.4 Module #4-Risk and Disaster Reduction

The module incorporates elements in the training process that contributes to the strengthening of capacities and the reduction of risk and vulnerability in children, adolescents and youth when faced with emergencies or disasters.

### 3.12.5 Module #. 5-Magic Moments

The Magic Moments are those special moments in which development milestones in girls, boys and adolescents are reached during sessions in the implementation of the program. It can be something simple or something more heroic, but the important thing is the special feeling that was experienced. These Magical Moments occur naturally in each program session, the task is to document, share and celebrate with the family, in the community, with sponsors and other audiences involved in the process.





### 3.13 Formation and continuous support

As indicated above, the clear roles and responsibilities and the strong partnership between ChildFund, local partners, community organizations and the government will promote the Loving & Taking Care of Myself Model

The analysis of the situation and the tools of the community action cycle can provide additional information in support of these partnerships, as necessary. Ensuring that these functions and responsibilities are established from the beginning is essential. Next, the program model develops knowledge and skills through a series of trainings for ChildFund teams, community partners and government agencies.

The knowledge and skills are practiced and reinforced in periodic meetings, with the support of supervisors. Each step of this learning process engages ChildFund teams, the community and government partners, developing leadership in key areas, laying the foundation for sustainability. ChildFund is collecting evidence in various contexts to show that governments are willing to incorporate programs for parents as part of their existing programs for the development and protection of children given their effectiveness and demand from the community.

### 3.14 Risk analysis

In the construction process of the program model, a series of analysis were made that allowed to identify seven threats, describing the situation in each of them, what strengths they have, this which according to the tool that was used presents the level of risk in the implementation of the model. [See Annex No. 12](#)



## 4. MONITORING, LEARNING AND EVIDENCE-BASED ADVOCACY

In order to effectively influence decision makers and public opinion, the investigation and collection of information is essential since evidence of all requests and arguments presented must be offered, information can be collected in various ways such as for example, in statistical documents, studies specific to the organization.

The most relevant criteria to define the quality of the data that will be presented is the validity and reliability, the variables to be taken into account on the data that are available are the representativeness of the data and the stability of the data collection in different data collection processes.

The evidence presented in advocacy processes may include: statistical data on the problem, data that provides extra information to support the case presented, comparison of cases and events with different conditions to identify tactics or policies that have already been successful, practical examples of the people affected by the problem, opinions of experts, among others.

The model allows a direct follow-up to the interventions and a reflection of the annual and long-term programmatic impact and effectiveness that are linked to processes of advocacy in the future.

### 4.1 Partnership agreements:

The partnership agreements will allow the implementation and follow-up of this model and will be negotiated with the country office after having been selected to work together for the implementation of the program model

### 4.2 Disaster Risk and Emergency Response

This model is based on the participation of girls, boys, adolescents and youth within the community and organizational structures closest to them (municipalities, youth networks, etc.). The potential, dynamism and strength of youth was recognized to explore, learn and as an agent of change, it is necessary to provide youth with a leadership role in carrying out community risk reduction activities. Utilizing their capacities and potentials, youth are empowered in preparation and response activities, and at the same time acquire skills and knowledge, actively participating or advocating local administration units for disaster risk management activities.

This approach provides a robust platform for active youth participation in capacity building of its environment, environmental protection, risk mitigation, disaster preparedness and response. This will also promote youth to a leadership role within their communities in the perception of a friendly and resilient youth community. The approach will include



the organization of youth groups, capacity-building programs for youth on disaster risk management and individual life skills.

Similarly, it is linked to the generation of significant opportunities for youth and can also be a support mechanism for youth organizations that produce income that generates the activities. Youth organizations can be linked to local administration units as well as formal systems of protection and risk management. At the municipal level, the youth organization will be empowered and aimed to have representations within the structures and systems of disaster risk reduction, both operational and decision-making. This can be extensive or used as a gateway for other community and municipal participation and decision-making structures. Achieving the active participation of the youth in the functioning of the community through their own means, or at least of their impact and advocacy, of the topics that concern and interest them.

#### 4.3 Sustainability strategy:

The actions proposed for the program are long-term, five years that will lay the foundation firstly with the community, how it continues in a process of mobilization in favor of childhood, adolescence and youth, making reference to the components that the model promotes and strengthens; on the other hand, the attention groups are duly identified, which will allow reflection over the years, analyze hand in hand with the community; The modules and the evaluation of these will be all the common actions that will provide an opportunity to identify which of these groups makes the process sustainable.

At the end of the program, groups trained in Sexuality and Rights are expected, as competences these processes will continue given that individual behaviors and practices, changes in children, adolescents and youth; caregivers, mothers and fathers, teachers and community leaders; At the same time, it will allow the transition to other program models and the connection with other institutions.

The model is related to the same proposal of the entire chapter three that presents the Loving and Taking Care of Myself program model and a series of connections with partners, how advocacy is the area that at the same time links the protection approach and the evidence regarding the actions that are being carried out. A concrete product based on Change Theory, technical standards and a series of columns in the process; strengthening of community protection mechanisms; that will allow the continuity of them once the program has finalized.

#### 4.4 Monitoring, Evaluation and Learning (MEL)

##### 4.4.1 How to know about quality and success

Monitoring, Evaluation and Learning are essential for the good design and management of the Programs, and not only at the beginning and end of the process, but at all times. Monitoring, evaluation and learning provide the basis from which the results of a program can be identified, measured and evaluated in a structured, standardized and timely manner.

Monitoring, evaluation and learning provide timely feedback on the progress of the programs in order to make appropriate decisions about how to proceed. The information that is collected and analyzed helps to provide standardized, accurate and timely data on the activities, products and results of the program. This, in turn, allows knowing about the quality and success of the program.



In turn, it allows us to know about the quality and success of the program. Monitoring, evaluation and learning serves as a tool for accountability both internally and externally. It provides evidence of progress and achievements that can be shared at different levels and that allows supporting Advocacy and Advocacy actions at different levels, based on evidence.

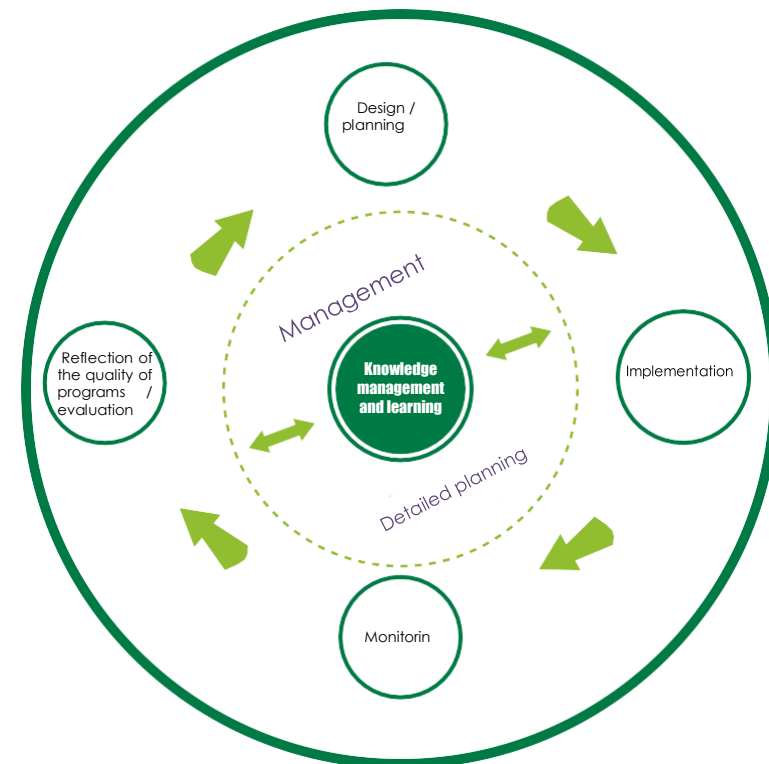
There are many ways to manage programs and projects, ChildFund International has adjusted and adapted existing design, planning and monitoring tools, which have been used throughout the years in the development world, therefore, the Monitoring, Evaluation System, Knowledge management and learning of ChildFund, does not reinvent the wheel, but has compiled and adjusted tools to allow generating evidence at the different levels of Monitoring and Evaluation that have been defined as an organization.

To determine if the programs implemented in the territory are quality programs and have had the expected success **ChildFund has a Monitoring, Evaluation and Learning System whose approach is based on the Program Management cycle.**

**For ChildFund, monitoring, evaluation and learning is a systematic process that includes the phases of design, planning, compilation, analysis, communication, rendering of accounts and continuous improvement related to the progress and results of the Programs that** are implemented in the territory; that is, it is a fundamental piece that provides the basis for managing the programs in a structured, standardized and timely manner.

Through this approach to monitoring it is possible to have information and inputs to support the quality and success of the Programs, hence the importance of these processes as it allows both partner organizations and ChildFund:

- Providing inputs at various levels for timely decision making;
- Generate sufficient and timely information for comprehensive monitoring, thus avoiding duplication of processes;
- Analyze the relevance between expenditure, activity and participating population, determining the cost efficiency of the actions implemented;
- Have results based on evidence;
- Promote knowledge management and learning that allows ChildFund and its partner portfolio to interact and generate knowledge in the short, medium and long term





#### 4.4.2 ChildFund's approach to Monitoring, Evaluation and Learning (MEL)

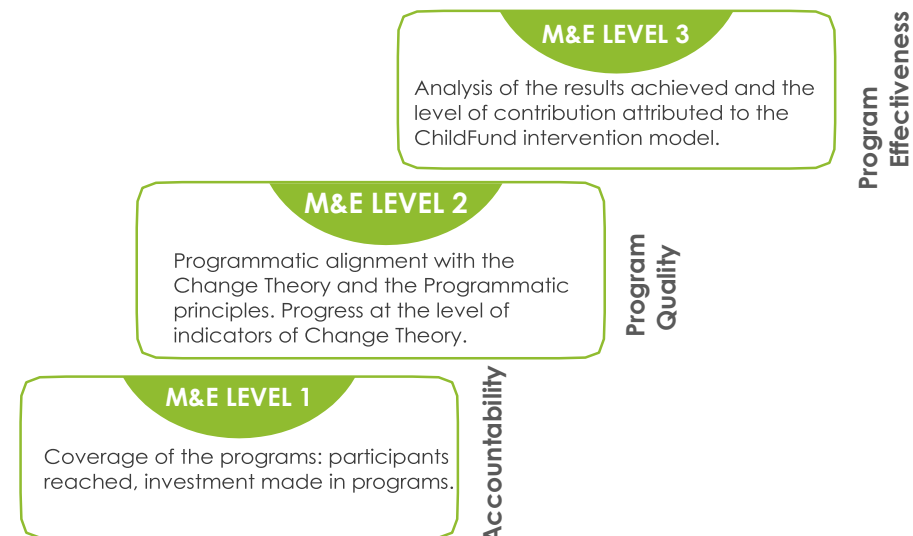
In order to demonstrate the impact of ChildFund at a global, national and local level, the organization has defined a series of monitoring and evaluation standards at different levels: 1) Accountability Standards; 2) Program Quality Standards and 3) Program Effectiveness Standards.

These standards are directly related to each other and allow the generation of evidence on a permanent basis through the implementation of the programs. This information is organized in 3 levels of Monitoring and Evaluation that allows to better identify lessons learned and elements of continuous improvement.

- **M&E level 1**, is the basic level of monitoring; It allows gathering information on accountability related to the progress of execution of planned activities, the target population actually reached; collect information on participation, presence and relevant information on education and health of children and adolescents. It also allows having information about the investment actually made in the programs.
- **M&E level 2**, offers a broad picture of the **context of the communities**; It allows having broad data linked to the conditions experienced by children in the areas in which the Programs are implemented. It is focused on the analysis, reflection and improvement of the programs; it is part of the process of consolidating a strong core program.

This level analyzes:

- **Program Results:** to answer questions for example: are the results for infants, girls, boys, adolescents and youth raised in the theories of change by stage of life being achieved?
- **Program Quality:** to answer questions such as: are the Organizational Program Principles<sup>11</sup> and the alignment with the Theories of Change being maintained?
- **M&E level 3**, is that which allows focusing on the effectiveness of a specific Program Model and its results from an ecosystem approach and not necessarily from the management. It aims to show the attribution of the achievements and the attribution of these to what ChildFund did. It is thought to contribute with evidence to the knowledge management and learning of the development industry.



<sup>11</sup> The ChildFund Program Principles are: Children's Rights, Root Causes, Evidence-Based, Agents of Change, Partnerships and Sustainability Relations.



In order to make the ChildFund Monitoring and Evaluation approach functional, there is a series of tools that allow both ChildFund and partner organizations to effectively manage the programs implemented in the territory.

The tools that allow managing the planning, implementation and monitoring of the Program Models have been defined, adjusted and standardized in a participatory manner. These tools are part of the Regional Platform for Program Management and Monitoring and Evaluation, a technological solution that allows the collection of information from the field and facilitates the tracking of progress in real time.

The main tools that are available briefly described.

- Logical Framework of the Program Model that includes indicators and means of verification
- Monitoring and Evaluation Plan
- Detailed Planning of the Program Model to plan goals at the level of number of activities or actions to be implemented in a period; Goal at the level of the target population to reach in a period and budget or investment to be made in a given period.
- Registration of participation in the activities that are part of the Program Model
- Forms of registration and registration of participants

- Surveys and forms that are part of Monitoring and Evaluation levels 1 and 2; and that include organizational processes such as the collection of information on the verification of the registered population (known as CVS), surveys to monitor the quality of programs and progress reports.
- KAP Surveys
- Budget execution reports
- Narrative progress reports
- Managerial dashboards, among others.

#### 4.4.3 Quality assessment and continuous improvement

The Loving & Taking Care of Myself Program Model has tools that support and are evidence of the quality and improvement of the program. In order to know the progress towards the results proposed in the Program Model, there are several tools that will allow to know about these advances and have elements that allow to evaluate the quality of the program and improve permanently. There are key tools in the Loving & Taking Care of Myself Model, **the Knowledge, Attitudes and Practices Surveys - KAP** that will allow monitoring the change in relation to levels of knowledge, attitudes and practices of mothers, fathers and primary caregivers.

These tools, articulated and triangulated with the process of **reflection of the quality of programs**, which is part of **M & E level 2**, as well as with all the information generated as a result of the implementation of the program, will identify the key elements of progress as well as good practices and opportunities for continuous improvement.





## 4.5 Budget

For the detailed planning of the Program Model, it is necessary to take into account goals at the level of coverage in relation to the number of actions to be carried out, the target population that will participate in the different actions and the budget that will be allocated for the implementation of the model.

Important elements to be considered for budgeting are the technical standards and methodological guidelines specified in the **Curricular Implementation Map (CIM), Detailed Curricular Content as well as in the manuals and methodologies to facilitate the sessions and the different activities.**

It is also necessary to take into account the guides on Magic Moments, where the type of actions to be taken is described to capture the experience of the project, which includes but is not limited to taking photographs, success stories and short videos, among others. In this sense, it is important to distinguish the expenses derived from the activities of the Magical Moments, which should be included in the budget of the program model, of the Sponsorship Management activities of the partner organization, which should be considered in the Transversal Axis of Sponsorship.

Similarly, for the integral management of this Program Model with other models proposed by ChildFund, and its proper management in the territory, investment and specific actions related to Community Protection Mechanisms must be budgeted in a transversal manner and taking into account the dynamics and context of the territory.

ChildFund has determined a series of **expenses eligible** for the costs that are applicable to the nature of the programmatic model and also that they are reasonable, that is, that their nature and amount do not exceed a prudential framework.



In this section a brief description of the categories of **expenditures required** for the budgeting of the different activities of the Program Model is made; in the annex of partnership financial guides, you can find more detail and guidance as well as information on the levels that should be considered for the coding of the activities of the Program Model.

### Category of expenditure

#### TECHNICAL STAFF

All compensations for services rendered by the personnel hired for the execution of the activities of the program model (full-time, part-time or temporary)

##### Eligible expenses are:

- Salaries, exclusively of the personnel approved in the Annual Operative Planning (AOP)
- Social benefits provided they are contemplated by law
- The salary increases approved in the AOP, therefore, must be identified for review and approval
- Those contemplated and clearly described in the AOP will be recognized as eligible expenses.

##### Non-eligible expenses are

- Fines or costs associated with non-compliance with labor laws in the country.
- Salaries and benefits that are outside of those detailed in the approved AOP and budget
- New or temporary staff that has not been previously approved

#### PRAGRAMATIC SESSION

Expenses related to the programmatic actions to develop and strengthen the competences of the different groups of participants, such as:

##### Eligible expenses are:

- Food and transportation exclusively for participants of the sessions described in the CIM
- Materials needed and eventually,
- Facilitator fees as long as they were external facilitators

##### Non-eligible expenses are

- Food and transportation for people who do not participate in the programmatic actions
- Feeding and refreshment expenses that are not included in the institution's policy
- Activities outside the intervention area that do not have prior authorization



## HIRED SERVICES

Expenses related to the hiring of consultants to provide specific advice and / or services, which are directly related to the achievement of the objectives set

### Eligible expenses are:

- Services generally of short term and provided by independent contractors. The staff providing these services are not an employee of the Partner Organization and are not eligible for work benefits.
- The AOP must attach a summary of planned hirings for the year, including the specific objective of the hiring and the time required.

### Non-eligible expenses are:

- Costs associated with negligence in the application of different types of contracts.

## MATERIALS

All expenses on supplies and materials required for the implementation of the program model activities.

For example, educational materials, supplies, stationery. This category also includes all minor equipment expenses, that is, all those that by their nature are consumable and do not last over time, therefore they are not subject to depreciation or accounting activation.

## TRANSPORT

### Eligible expenses are:

- The expenses incurred by the staff during the course of the implementation / administration / monitoring of the projects. These expenses must be reasonable and must respond to a strategy of the local partner to optimize costs

### Non-eligible expenses are

- Taxis from the office to the address or vice versa of the staff and members of the Board of Directors, except when they have extended meetings.
- Taxis or mobilization contracted on routes where there is public service and security conditions allow their use.

## INCENTIVES

Materials that motivate volunteering skills that contribute to the implementation of the Program Model, based on an incentive plan attached to the Annual Operational Planning (AOP) for ChildFund approval

### Eligible expenses are:

- Expenses related to Incentives for volunteers once a year, based on a proposal approved by ChildFund, which includes the list of volunteers.

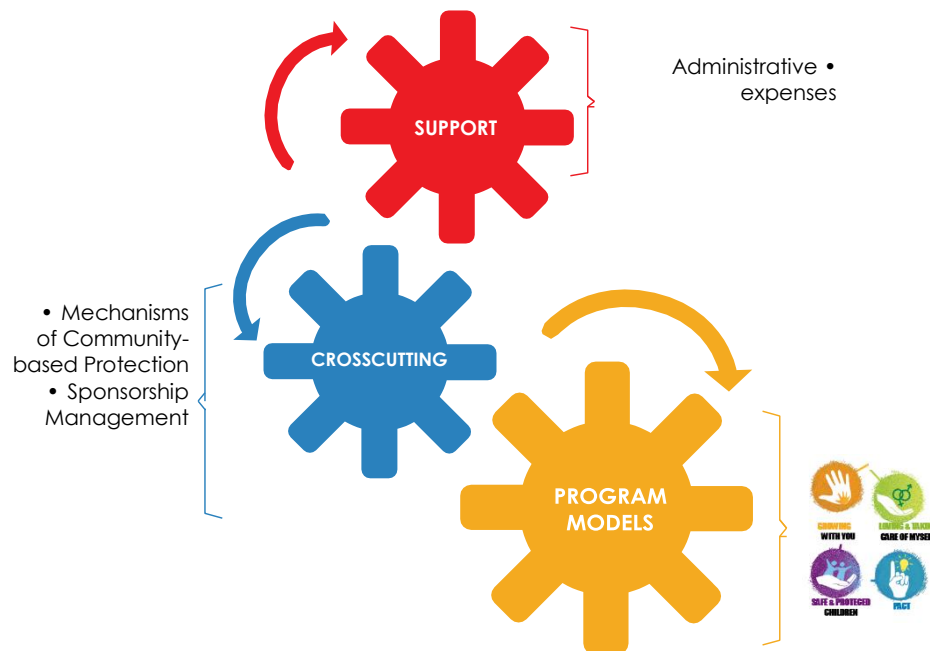
### Non-eligible expenses are:

- Expenses for incentives not approved in the AOP



For the Management of the Program Model that includes but is not limited to planning and budgeting ChildFund has an M & E platform that is part of its Monitoring, Evaluation, Knowledge Management and Learning System in which the Annual Operating Plans will be prepared detailed (AOP). As previously mentioned for budgeting, the budget and investment that will be planned in:

- One or more Program Models
- Transversal component:
  - a. Community based Mechanisms for the Protection of Children
  - b. Sponsorship Process Management
- Program Support - Administrative Management



As part of a process of knowledge management and documentation of organizational learning once you have information on the investment made in the first year of implementation of the Program Model, you can determine the costs associated with its implementation in different contexts of the Americas Region.

#### 4.6 Theoretical Framework and tools

As mentioned before, there is a series of tools that will allow monitoring progress towards the results proposed in the Program Model Loving and Taking Care of Myself

Below is a description of the tool that will allow measuring the quality of the program:

##### 4.6.1 KAP Survey – Knowledge, Attitude and Practices:

**The purpose of** this KAP survey is to have an evaluation and monitoring tool to measure the achievements and progress towards the achievements of the competencies established for each target group with which the MCC of the "Loving and Taking care of myself" Program Model will be worked. The data that is expected to be obtained with the application of the Input and Exit surveys may be compared with each other, in order to measure the changes in time and / or among the population groups that could be associated with the activities of the program. The tools for the Entry and Exit surveys are the same, in order to make the respective comparisons.

- **Entry Survey:** It will be applied **at the beginning of the implementation of the curriculum content of the Model.** The objective of its application is to establish a reference (or baseline) of the knowledge, attitudes and practices existing in each target group, of the communities in which ChildFund will execute the Program Model. Programa.



- **Exit Survey:** will be applied **at the end of the first year of implementation.** The objective of its application is to collect data on the knowledge, attitudes and practices that people have acquired in each target group after having participated in the training sessions provided in the curricular implementation map. **When comparing the data of the Exit Survey with the data of the Entry Survey (baseline), it will be possible to measure the progress of each target group towards achieving the competencies established** in the Program Model.

These advances should be measured according to the goals and reference values set for the indicators that ChildFund has determined for the results of the logical framework matrix of the Program Model. If considered appropriate, ChildFund could use the data collected by the Exit Survey as a baseline for the second year of implementation. In this way, at the end of the second year of implementation, the tool could be applied again, to measure progress against the baseline of year 2, and thus at the end of each year of implementation, the same process should be carried out until the end of the fifth year of implementation of the Model.

The objectives of the KAP Survey for the "Loving and Taking care of myself" Model have been established based on the results of the model's logical framework matrix. The objectives are:

1. Measure changes in the knowledge, attitudes and practices of parents, mothers and primary caregivers to respond adequately and in a timely manner to the physical, cognitive, socio-emotional and psychomotor growth and development of infants and children under 6 years of age, in the communities where ChildFund has implemented the Program Model.
2. Measure changes in knowledge, attitudes and practices acquired by parents, mothers and primary caregivers to promote their own socio-emotional development and self-care in the communities where ChildFund has implemented the Program Model.
3. Measure changes in knowledge, attitudes and practices acquired by families and the community to promote protective environments in regular and emergency contexts, where ChildFund has implemented the Program Model.

In addition to the objectives set specifically for this tool, it is considered appropriate to state that the KAP survey can mean an opportunity for ChildFund to raise information not only about the impact of its actions, but also about the local context, as well as to identify cases of abuse/ harassment / violence. Therefore, the importance of establishing the mechanisms / route of action to proceed in case of identifying these situations.

It is also important that the information collected through the survey strengthens ChildFund's monitoring, evaluation, accountability and knowledge management activities so that it contributes to the analysis of the historical evolution of its work and, therefore, of the impact generated.



## 5. LEARNING COMMUNITY

The people who have participated in the co-creation process of the Loving and Taking Care of Myself Program Model are:

**Members of the Learning Community:** Alejandro Guerrero, Patricia Yarto, Leonor Fernández, Geraldine Mijangos, Rosario Miranda, Gabriela Villeda, Rosa Saleg Eid.

**Collaboration:** Paul Bode, Mario Lima, Shelby French, Katharine Susman, Verónica Burbano, Brenda Chávez, Ligia Cajas, Daniela Naranjo, Javier Alvarado, Luis Cocon.





## 6. ANNEXES



- Annex No. 1 Partnership Matrix
- Annex No. 2 Potential partners
- Annex No. 3 Logical Framework
- Annex No. 4 2020 Strategy
- Annex No. 5 Manual Reference Change Theory
- Annex No. 6 Map of Implementation of Contents
- Annex No. 7 Matrix curricular content
- Annex No. 8 Methodologies
- Annex No. 9 KAP Survey
- Annex No. 10 Budget Guide
- Annex No. 11 Magic Moments Capture Guide
- Annex No. 12 Risk Analysis I want to take care of myself

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