CARE MODEL OF THE CHILDREN AND YOUTH CENTER OF LA CASA DE LA SAL, AC

Mexico City, 2020.
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1. INTRODUCTION

The conceptualization of the Social Assistance Centers has evolved which has produced a change in the way of providing assistance services, since the new vision implies a paradigm shift where care is based on the protection, promotion and restitution of human rights of the childhood; and with this, it acquires an active role in Girls. Children and Adolescents are seen as subjects of rights and not as objects of law.

In this context, the Social Assistance Centers are defined in the General Law of the Rights of Girls, Boys and Adolescents as the establishment, place or space of alternative care or residential care for girls, boys and adolescents without parental or family care that they provide public and private institutions and associations; which must be regulated by regulations regarding childhood and comply with minimum standards of care that guarantee the integrity of the girls, boys and adolescents who reside in them.

Therefore, it is necessary for the Children's and Youth Center of Casa de la Sal, AC, to have a Care Model that guides the work with a rights-based approach. Said Model consists of 5 stages in which the actions of the personnel and the main actions to be followed in the care of girls, boys and adolescents who enter the Center are defined. In addition, 6 areas of attention are identified that will impact the restitution of the rights of girls, boys and adolescents who have an HIV diagnosis.
Finally, there will be a section where the evaluation process is described, which will allow systematizing, identifying, correcting and strengthening the action at each stage.

The Children's and Youth Center is aware that the work it has is not easy because it is lives that it must attend and help to transcend. Undoubtedly the challenge is difficult, but with the mission, professionalism and ethics of all those who participate, surely, great achievements will be achieved.
2. JUSTIFICATION

Throughout the development of different societies, the economic models and social policies that have been implemented favor some and compensate for deficiencies or opportunities in others. Therefore, civil society organizations work in an attempt to respond to the needs of different social groups with various deficiencies, in this case; girls, boys and adolescents in a situation of distress or social risk without parental care.

These organizations have joined the search for the restitution and respect of rights for an unprotected population such as children, creating Social Assistance Centers (CAS), where comprehensive care is provided. It is here where, these CAS, acquire relevance because the current situation and experience requires that they not only focus on providing basic care services but also prepare each girl, boy and adolescent as a subject of rights capable of facing the various situations that are presented in life with responsibility and autonomy.

Therefore, when we speak of social assistance, it should be understood as the set of actions aimed at modifying and improving the social circumstances that impede the integral development of the individual, as well as the physical, mental and social protection of people in a state of need, helplessness, physical and mental handicap, until their incorporation to a full and productive life is achieved; as indicated by the Social Assistance Law.

In this way, each Social Assistance Center acquires a commitment not only ethical but also legal, since it becomes the home of every girl, boy and / or adolescent who passes through it; And as in any home, they are obliged to respect them, protect
them and provide them with a harmonious space free from violence. For this, it is essential to have an Attention Model with a human rights approach made up of multidisciplinary care that provides basic care, but with a vision for their independent life; thus becoming a tool that allows to professionalize the act and not just remain in a series of good wills.

In this context, La Casa de la Sal, AC, assumes the challenge not only of providing this comprehensive social assistance to girls, boys and adolescents who for various reasons are without parental care, a situation that is difficult for them at the beginning, but also that we add his medical condition: HIV.

Unfortunately, people with a diagnosis of HIV / AIDS are still stigmatized and discriminated against. Fortunately, the experience has allowed us not only to accompany adults but has forced them to see girls, boys and adolescents who, due to ignorance, fear Family problems of various kinds and / or abandonment are exposed to face a life full of obstacles and not precisely because of their medical condition; since a person with HIV has the same life expectancy as a person who does not have this diagnosis; rather, the greatest risk is the discrimination to which they are exposed.

Unfortunately, when people think of children with HIV they imagine children who are prostrate, about to lose their lives, or who they must take care of so as not to "catch it." Without knowing that, as long as a person adheres to their medication and manages to maintain very low levels of virus in their body (Undetectable), their life is totally "normal". Therefore, today the challenge is to provide social assistance but

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1It is necessary to clarify that HIV / AIDS is not contagious, it is transmitted. And for this, two conditions must be met; that the virus is present and that it has a route of entry into the body. The three most
with a vision of human rights, where the stay of children and adolescents is really transitory: that they manage to rejoin their families, as long as they are guaranteed protection. ; or they may be able to integrate into an adoptive or support family; Or, achieve independence when the time comes but with the necessary tools to face life and for this we need to professionalize the actions that are carried out.

common modes of transmission are: unprotected sex, direct contact with infected blood, and vertical transmission.
3. BACKGROUND

La Casa de la Sal, AC is an association founded by Dr. Rosa María Rivero and established on December 9, 1986 whose mission is to rescue the fundamental values of the human being and give a sense of hope and significance to the lives of children, adolescents and adults living with HIV / AIDS.

The name of the association contains two representative elements: HOME and SALE. The first, because it is an open place that welcomes, gives security and provides harmony and well-being, constituting a support network for people who have HIV / AIDS; and the second, is considered as an element that contributes positively to conservation, gives flavor to food and is the main substance among the constituents of human tissues; therefore, the association’s mission is to preserve the well-being, defend the human dignity and rights of people with an HIV diagnosis.

Likewise, the association has as its guiding axis 6 institutional values: RESPECT, INTEGRITY, HONESTY, TRANSPARENCY, COMMITMENT AND ACCEPTANCE; which are immersed in each service that is provided. At La Casa de la Sal, AC, people who live well and live with HIV / AIDS with experience and warmth are prevented, educated and accompanied by four operational programs:

1. **Psychological Clinic:** The psychological problems derived from and associated with the HIV / AIDS condition are addressed, in order to facilitate the adaptation that allows obtaining or maintaining the quality of life of the people who live and coexist with this diagnosis. Services are
provided: Guidance and counseling on HIV, psychological counseling, crisis intervention, individual, couple and family psychotherapy.

2. **Hospital Links:** Information, guidance and psychological and thanatological support are provided to people who live and live with HIV / AIDS, within the framework of respect for their Human Rights, which facilitates them to identify their internal and social resources within their health / disease process, which provide a better quality of life. Hospital visit services, treatment adherence workshops, emotion clinic, mixed self-support groups, training of health professionals are offered in: humanization in the notification of HIV, prevention of burnout syndrome, stress control techniques, Resilience and Human Rights.

3. **Prevention:** Psychoeducational strategies are designed and implemented to reduce the risk of HIV transmission and its complications in vulnerable populations such as schools, companies and civil society organizations. Workshops, informative talks, conferences, health fairs, contests for boys and girls and marathons for adolescents, talks on Human Rights of people with HIV and training of replicator leaders in HIV and STI prevention are offered.

4. **Children's and Youth Center (CIJ):** Social assistance is provided to minors in situations of abandonment and / or social risk living with HIV / AIDS, leading them to an independent life. Accommodation, food, clothing and footwear, education, medical and psychological care are provided.
In 1991, Casa Gilberto - today the Children's and Youth Center (CIJ) - was inaugurated, with the main objective of providing social assistance to children and adolescents in a state of orphanhood, risk or helplessness who have a diagnosis of HIV, granting accommodation, food, education, clothing and footwear, medical and psychological care, and everything necessary for their development leading them to an independent life; For this, a physical and human structure has been defined that contributes so that children and adolescents residing in the Children's and Youth Center, have a harmonious space away from violent acts and at the same time it helps to guarantee access, exercise and protection of their Human Rights in a family space.

In 2008, the first La Casa de la Sal AC Children's and Youth Center was inaugurated with a comprehensive care model.

By 2014, the profile of the population changed, reducing attention only to children and adolescents; derived from the discharge of the adult population who fortunately were reunited with family of origin, extended, adopted, foster, or, in an independent life; thus, only those children and adolescents who did not have a family support network remained.

This change in the population was fortunate for the association to reaffirm institutional values and renew its vision of care, providing services in a space with smaller infrastructure, but with a vision of FAMILY and fostering in children and adolescents a sense of belonging, in a home.

In this way, a care profile for children and adolescents from 0 to 17 years of age, in a situation of abandonment, victims of a crime or at social risk has been established.
Derived from the experience in the care of its population, some cases being unexpected results, La Casa de la Sal, AC reboots its vision and as of 2019 provides multidisciplinary care to children and adolescents, focusing on the development of skills that allow them achieve an independent life with a total sense of autonomy.
4. TARGET POPULATION

The Children's and Youth Center of La Casa de la Sal AC, provides protection and care services to:

- Children and adolescents with a diagnosis of HIV / AIDS who are between the ages of 0 and 17, in a situation of abandonment or social risk.
- Girls (0 to 3 years old) with a diagnosis of HIV / AIDS who are in a situation of abandonment or social risk.

4.1 CHARACTERISTICS OF THE TARGET POPULATION

It is important to note that the assisted population presents certain family, medical and legal characteristics upon admission, such as:

- Coming from families with limited economic resources without the ability to meet the basic needs of family members.
- Unstable family dynamics where family roles are not assumed or are not defined, use is made of parenting styles lacking affection, broken ties, family reconstruction, limited, null or non-assertive communication; as well as the exposure of the members - especially the youngest ones - to violent contexts, drug addiction, drug dealing and prostitution, to name a few, which undoubtedly places them at risk or vulnerability.
- Parents with negligent parenting styles where affection and care are zero, there is an inability to provide a harmonious space that allows comprehensive development.
• Parents with HIV with no adherence to treatment.

• Parents or legal guardians who fail to provide care to children and / or adolescents, which is legally classified as Omission of Care.

• Abandonment or total or partial orphanhood, in some cases children from an early age have been abandoned (public thoroughfare, social assistance centers or hospitals) without having information on the location of the parents or relatives who can provide care for the children; In general, the parents are people living on the streets, who decide to break the bond in order to avoid fulfilling their responsibilities or out of fear and / or ignorance of the diagnosis and their care. In other cases, children have only one or neither parent.

• Without civil registration, given the quality of abandonment in which they are left, some of them arrive without having their birth certificate to prove their identity.

• They have been victims of family violence in any of its manifestations (verbal, psychological, economic, sexual, physical).

• Weak adherence to treatment, admitted with viral load greater than 40 copies and CD4 less than 200.

In addition to these characteristics, during their stay in the association and in accordance with the work carried out with the girls, boys and adolescents, certain conditions are identified that must be addressed:
• Lack of family and/or social networks, due to the fact that some of them have remained in social assistance centers for a long time, and as they have not been susceptible to adoption, these aspects are worked on precisely with those who are integrated into their social environment of independently when leaving the house.

• Weak family ties, some of the children and adolescents enter precisely due to family conditions that have placed them at risk, so it is essential to strengthen the bond so that, if applicable, when reintegrate into their family nucleus the conditions that led them to remain in a social assistance center are overcome.

• Repetition of behavior patterns, due to the stage of development through which the resident population goes through, comes to acquire inappropriate behaviors from the group or environment that surrounds them; Therefore, it is a priority to establish positive relationships of coexistence with their peers and in their social environment. Likewise, by strengthening self-care, emotional and social skills, the risk that they may interact with people who do not favor their development is counteracted.

• Weak adherence to treatment and self-care; The health of children and adolescents can be affected if minimal care is lacking, so working on adherence to their treatment (intake in a timely manner) will be crucial to maintain their medical condition.

• Psychiatric disorders (Depression, ADD, Oppositional Defiant Disorder, Borderline Personality Disorder, etc.); identified through the multidisciplinary team.
• Conflict with authority figures due to the fact that they do not have positive, significant and stable figures, for which there may be confrontations with these figures, manifest rebellion, not respect norms that are perceived contrary to their interests, they tend to question the consequences in an unobjective way of their acts attributing them as excessive; there are cases in which this attitude can lead to risky situations for them and the people around them.

• Low tolerance for frustration, due to the limited or null positive experiences that surrounded their life prior to entering the ICJ, children and adolescents often demand that their material, emotional, economic demands, etc., be addressed immediately otherwise. they show anger or violence, or in directed group activities they tend to show apathy or rebellion when not achieving the objective.

• Difficulty in establishing interpersonal relationships, most children and adolescents according to their family and / or institutional experience show unjustified distrust both in their age group and with older people, communication problems especially with the opposite sex, difficulty in socializing, superficial emotional ties, difficulty verbalizing emotions and lack of empathy.

• Low self-esteem, the majority of children and adolescents do not usually recognize or identify their strengths, show problems to make daily decisions or limit their alternative solutions to everyday situations, assuming themselves as dependent or devaluing themselves. They can also go to the opposite pole, and be self-centered, putting their interests first or being constantly critical of the rest of the residents.
• Academic performance problems, they often have difficulty adjusting to schools, especially for fear of being questioned about their origin and medical condition; They show insecurity to express their academic doubts due to the fear of being "identified" by the rest of their classmates, in addition to this, they generally show reading and writing problems and difficulty in mathematical reasoning. They do not have study habits that favor the use of tools and technology for their benefit. It is common that they leave the development of academic activities until the last moment or refer a series of "complications" to carry out the tasks.

• Weak hygiene habits and personal dressing, as well as the non-recognition of worthy spaces for them (rooms, personal belongings, common areas, material and place of study), due to the devaluation of their person, which can impact their health.

• Limitations in learning, due to the particularity of each child and adolescent and life history; learning processes tend to vary, in some cases affecting the limitation of learning so thinking about the continuity of a university career becomes frustrating for them; For this reason, it is important to jointly evaluate the aspirations and capacities and decide the viability of continuing university studies or starting training for a trade or technical career that allows them to enter the labor field and at the same time in community life in their independent life.

• Exposure to risky situations and traumatic events, sometimes children and adolescents do not report all their experiences for fear of being rejected or for lack of tools that allow them to facilitate their communication channels
(especially when they have received sexual assaults from of their peers and / or significant others).

Taking into account the initial characteristics and those identified during their stay at the CIJ, it will allow us to have the ideal tools to guide children and adolescents with a sense of autonomy and respect for their dignity.

SCHEME 1. OF THE TARGET POPULATION
Características Iniciales

- Familias de escasos recursos.
- Dinámicas familiares inestables
- Padres con estilos de crianza negligentes
- Padres con VIH con nula adherencia al tratamiento
- Abandono u orfandad
- Sin registro civil
- Víctimas de violencia (verbal, psicológica, sexual y/o física)
- Débil adherencia al tratamiento

Población objetivo

Niñas, niños y adolescentes con diagnóstico de VIH que se encuentren entre los 0 a 17 años de edad, en situación de abandono o riesgo social.

Identificadas durante su estancia

- Carencia de redes familiares y/o sociales
- Débil vinculación familiar
- Repetición de patrones de conducta
- Dificultad para la adherencia al tratamiento y autocuidado
- Conflicto con figuras de autoridad
- Baja tolerancia a la frustración
- Dificultad para establecer relaciones interpersonales
- Problemas de autoestima
- Dificultades en el rendimiento académico
- Débiles hábitos de higiene y aseo personal
- Limitaciones en el aprendizaje

Source: Own construction with information on the characteristics of the population. Toledo Jennifer; Álvarez Jorge and Flores Irma, La Casa de la Sal AC, 2020.
5. CONCEPTUAL FRAMEWORK

For a better understanding of what care in the La Casa de la Sal AC Children's and Youth Center implies, theoretical elements are developed around the situation of vulnerability that the resident population is going through, as well as key elements based on which substantive actions are undertaken for the care of the population and the implementation of the model, such as:

A) CHILDHOOD

The conceptualization of childhood varies considerably throughout history in different cultures and societies; Generally, the importance necessary for their development, education and needs was not taken into account. However, from the 20th century to date, thanks to all the movements in favor of childhood and the research carried out, a new category is recognized: “the child as a social subject of law”.

In 1989, the United Nations General Assembly approved the Convention on the Rights of the Child, (Jarmillo, 2020) It is the first international human rights treaty that combines in a single instrument a series of universal norms related to childhood, and the first to consider the rights of the child as a requirement with mandatory legal force.

The convention defined childhood as a space separate from adulthood and recognized that what is appropriate for adults may not be suitable for childhood. He called on governments to provide material assistance and support to families and avoid the separation of children and their families.
He recognized that children are holders of their own rights and therefore are not passive recipients of charity, but protagonists with the power to participate in their own development.

By taking into account girls and boys as subjects of rights and obligations, importance has been given to the state, condition, quality and development of the first years of life.

Various authors have taken up the theme of childhood, some speak of early and second childhood, there are those who address that childhood comprises from birth to 12 years of life, however, in any of the notions it is said that at this stage it is It requires love, protection and encouragement, since it is the time that they are most influenced by their environments and contexts, to lay the foundation for their future.

Hence the importance that children should live without fear, safe from violence and protected from abuse, since these elements will undermine a healthy integral development, which will attract problems in each of the following stages.

Taking into account the characteristics of childhood, the CIJ model of La Casa de la Sal, AC, provides a safe space that allows them to develop in the best possible way, always seeking and respecting the best interests of children.

**ADOLESCENCE AND ITS CHARACTERISTICS**

To talk about the characteristics of adolescence, it is important to know what its definition is, the WHO specifies it as the period of human growth and development that occurs after childhood and before adulthood, between 10 and 19 years. It is
one of the most important transitional stages in human life, characterized by an accelerated rate of growth and change, surpassed only by that experienced by infants. (WHO, 2020)

Adolescence is characterized by physical, psychological and social changes caused by puberty; Physical changes in both boys and girls begin because the body begins to secrete hormones. These changes are practically universal in duration, change and characteristics, but it depends on each organism; they generally start earlier in girls than in boys, between 8 and 14 years of age.

In this stage the preparation for adulthood begins, each change in each of the areas is important, however, the psychological area requires more attention as thoughts evolve, they become more analytical, effective, mature, realistic; hormonal changes play an important role since sometimes they can feel insecure, rebellious and confused, with constant mood swings, so there must be a balance between impulses, rules and norms of society; since they can overvalue the joys and minimize the risks of various situations.

It is extremely important that adolescents have adequate guidance, since for some this transition to adulthood and independence can be difficult to cope with; In the process of identity development, acquisition of skills and abilities, establishment of relationships, adaptation, etc., you may encounter social risks that lead to high-risk behaviors such as addictions, accidents, early sex, unwanted pregnancies, sexually transmitted infections and being vulnerable to different types of violence.

In this context as a social association that works with children and adolescents, we have the responsibility to promote a gentle and effective transition from childhood to
adulthood, since, if it is difficult in itself, if we add that they are in residential care and with a medical diagnosis; the development and adaptation of the adolescent becomes more complex, in this way it is necessary to intervene effectively in any situation or problem.

**THEORY OF ATTACHMENT**

John Bowlby’s attachment theory argues that children are biologically programmed to form bonds with other people; thought that attachment behaviors were instinctive and that their activation depended on any condition that might threaten the achievement of closeness, such as separation, insecurity, or fear (Rodríguez, 2019).

The relationship between children and adults leads to internal working models that will guide individual perceptions, emotions, thoughts and expectations in subsequent relationships. That is, separation anxiety or pain after a loss is considered a normal and adaptive response. This behavior occurs mainly due to the search for proximity to an attachment figure and is based on security and protection between the child and the adult or caregiver. It is instinctive and is given in order to survive, including physical, social and emotional development.

There are four types of attachment:

**Secure Attachment**: based on trust, security, availability, understanding, the child is encouraged to explore the world. You have a wide range of feelings, both positive and negative.

Parents or caregivers respond synchronously to the emotional state of the child and visualize its needs.
Insecure Attachment: Children ignore, avoid, express anxiety, this behavior is the same with parents, and strangers. They try to live their own emotional life without any support, are self-sufficient, and lack expressions of fear, discomfort, or anger. As for the caregivers, they deny the needs of the children, distance themselves, modify the emotional state or distort the feelings in others that are more tolerable.

Anxious Attachment - Ambivalent: there is no certainty of availability, the presence of the mother, father or caregiver does not calm him after a short absence, he reacts with anger, rejects contact and immediately searches anxiously, there is a search-rejection oscillation, prone to anguish, Separation, exploration generates anxiety. As for caregivers, there is no emotional synchrony, care is incoherent, unconscious and unpredictable, there is an absence of emotional availability rather than physical. They do not respond to children, but they do not reject them.

Insecure-Disorganized Attachment: chaotic, changing (attachment-detachment to cling to another person, always superficially), there is a utilitarian bonding model, that is, they use ruptures to protect themselves from frustration and vulnerability. There is a seek-avoidance oscillation. Regarding caregivers, parenting practices are highly incompetent and pathological as consequences of traumatic experiences and unsurpassed losses. Generally with violence, psychiatric pathologies, alcoholism and drug addiction. The child approaches seeking attachment, causes anxiety in the caregiver, if he moves away, he feels provoked, and channels his anxiety through hostile and rejecting behaviors. (Gago, 2020)

In conclusion, although it is the mother who generally assumes the role of caregiver, anyone who behaves affectively can replace this role; It is at this point that this theory
becomes relevant as an axis of support in the work that our Model establishes, since if we remember some of the characteristics of the population (weak family ties and/or lack of family networks, coupled with the difficulty of establishing interpersonal relationships, among others), these can be corrected during the work with the children and adolescents since during their processes the children and adolescents will generate an attachment with guides, operational personnel and colleagues. This attachment, and the way it develops within CIJ, will be critical to your adult life.

HUMAN RIGHTS AND HIV

In Mexico, due to misconceptions about HIV and AIDS, people with this diagnosis face discrimination in various ways, from the most subtle, such as offensive and discriminatory verbal expressions or jokes, to the most crude and obvious, such as the exclusion or restriction of rights due to living with HIV or AIDS. To these forms of discrimination are added other abuses, such as the denial of health services or the denial of access to medicines necessary for health care.

To a large extent, discrimination directed at people with HIV and AIDS is due to the stigma generated by associating them with populations previously and unfairly designated by society: homosexual men, sex workers and injection drug users (IDU). As a consequence of these stigmas, they increase fear of HIV, denial of infection, hinder timely detection and treatment, promote self-stigma and make it difficult for people to perceive themselves as subjects of rights.

In the case of children and adolescents, the situation is exacerbated as they must face discriminatory contexts where access to education is denied, not accepting them due to their medical condition when the school authorities find out about it or
isolate them, or disseminate their condition to the other students and / or family members, placing them in uncomfortable situations that cause them to want to change their educational establishment due to the ridicule, pointing out or comments they are subjected to; and in the worst of cases they generate episodes of depression.

Certainly, progress has been made in the field of promoting and protecting human rights; However, we must not lose sight of the fact that there is still a long way to go and therefore, as an association that knows the issue of HIV / AIDS, we have the mission of disseminating the rights of people and especially of children and adolescents who have a diagnosis of HIV / AIDS. HIV such as:

-All children and adolescents with a diagnosis of HIV / AIDS enjoy the same Human Rights that every person and / or children and adolescents have.

-They have the right not to suffer discrimination.

-They cannot be forced to undergo an HIV test, or to state that they have HIV.

-They have the right to receive psychological care that guarantees their integrity.

-The application of HIV detection tests should not be a condition to access the educational system or to receive medical attention or any other service.

-The transit inside and outside the territory cannot be limited.
- They should not be subject to detention, isolation or segregation derived from their diagnosis.

- Children have the right to the protection of their family, society and the State.

- You are free to associate freely.

- You have the right to receive, seek and disseminate truthful information about HIV.

- You have the right to timely health services, as well as supplies and to receive professional and ethical care.

- You have the right to be given clear and objective information about HIV treatment (risks, consequences and alternatives).

- Access to quality medical services.

- You have the right to know the mechanisms to file a complaint in the event of violation of your human rights.

- Right to a life free of violence.

- Right to have equal opportunities and equity.

- Satisfaction of basic needs that guarantee their integral development. (CN Humans 2018)
INDEPENDENT LIFE

The General Law on the Rights of Girls, Boys and Adolescents, defines in its fourth article Residential Foster Care as that provided by social assistance centers as a special subsidiary protection measure, which will be of last resort and for the shortest possible time, prioritizing care options in a family environment (C. d. Union 2019). However, on some occasions the temporality is prolonged, therefore, it is important that the CAS have a model of care that encourages independent living in NNA so that when the time comes, they have the tools and skills necessary to insert themselves and face the situations that their daily life entails outside of an institution.

But what do we mean when we talk about independent living? It is just the life that a young person will face outside the CIJ, for some young people it is a new and interesting project, but for others it generates uncertainty to feel that they will be alone facing daily life situations. The ideal of this independent life is that, as mentioned above, the young people upon graduation have the tools, skills, resources and support necessary to insert themselves into a community life with responsibility, gradually and safely.

That is why, throughout their stay, their life plan should be developed gradually with children and adolescents, which helps to set objectives considering the conditions, resources and skills they have to achieve them. It is important to point out in the educational preparation; exercise and access to their right to health; professional and / or job training; access to housing and economic independence.

It seems easy, but if we remember the characteristics of the population, it turns out to be a much more complex job that must be accompanied by professionals who
have the tools, skills and knowledge necessary to contain crisis situations in young people, encourage them to visualize this process as a stage in your life; generate positive emotional ties and trust that contribute to providing support aimed at achieving their independence and total autonomy.

AUTONOMY

We have already talked about independent living and the importance of working on it together with the adolescent / young person; However, we cannot separate it from autonomy since the greatest premise that the CIJ has is to forge young people capable not only of achieving an independent life where they obtain a job, take charge of economic expenses and develop social skills; but also to forge young people capable of making decisions, assuming responsibilities and with the recognition of feelings and emotions; If these two factors are worked on, it will possibly be possible to achieve stability in the future of the young people who graduate from the CIJ.

Now, we must understand then that independence and autonomy are not the same; According to Laurence Steinberg, when we speak of independence, it refers to the individual capacity to act for themselves, while autonomy is the capacity to make our decisions. Autonomy has emotional, cognitive and behavioral elements; in addition to identifying three types of autonomy (Téllez 2015):

- Emotional autonomy: it is related to changes in people’s intimate relationships, especially with their parents (authority figures).
- **Behavioral autonomy**: it is the ability to make independent decisions and sustain them.

- **Autonomy of values**: It refers to the ability to resist pressure from the demands of others; therefore, it means having a set of principles that allow you to discern between good and evil, between what is important and what is not.

In this context, it is reiterated that the accompaniment in the transition of an adolescent / young person to adulthood; implies the construction not only of a life plan - derived from the analysis and monitoring of their family and legal situation - but also implies allowing the adolescent / young person to assume responsibilities gradually, according to their age and cognitive development, this can in basic issues such as self-care, management of financial savings and motivation in activities that contribute to their development of knowledge and skills, all this in a safe-affective space that allows them to face difficulties without feeling marked rather where they are invited reflection with a view to forming independent, self-sufficient, participatory citizens, capable of making decisions and trained in habits and values.
6. LEGAL PRINCIPLE

The present Model of Attention has as its guiding axis the best interests of childhood and a prospective vision; based on what is stipulated in international, federal and local regulations regarding childhood; such as:

- Guidelines on Alternative Care of Children
- Children's rights convention.
- Political Constitution of the United Mexican States.
- Law on the Rights of Girls, Boys and Adolescents of Mexico City.
- Alternative Care Law for girls, boys and adolescents in the Federal District.
7. OBJECTIVES OF THE MODEL

7.1 GENERAL

Provide social assistance in a harmonious space away from violent acts, to girls, boys and adolescents with a diagnosis of HIV; in abandonment or social risk, so that they can join society as people of integrity, capable of transcending their reality through the implementation of comprehensive programs with a sense of autonomy.

7.2 SPECIFIC

- Attend to the comprehensive health needs of the target population through punctual medical and psychiatric monitoring that favors their medical stability.

- Design and implement education projects that facilitate the academic regulation of the target population through the acquisition of study habits.

- Attend and monitor the material, social, family needs and support networks of children and adolescents through the intervention and accompaniment of a multidisciplinary team in order to achieve insertion into their community life in harmonious contexts.

- Attend to the emotional area of children and adolescents through an individual and group therapeutic process, in order to generate a Life Plan.

- Give legal certainty to girls, boys and adolescents through advice and support for the resolution and restitution of rights such as: adoption processes, civil
registration, complaints and presentations before the Public Prosecutor's Office and the Public Ministry, among others.

- Promote training, work, cultural and recreational activities with the target population, in order to generate the development of personal and social skills through the establishment of support networks, institutional and positive figures.

- Strengthen operational personnel in the acquisition of knowledge and tools to provide comprehensive care to the target population, through ongoing training in various useful and current issues.

8. MODEL SCHEME

Once our population and objective that we wish to achieve has been defined, a model has been defined that structures and systematizes the elements that make up care, represented by 5 articulated stages and focused on six areas of care, which are:

1. Doctor
2. Social work
3. Psychology
4. Educational
5. Legal
6. Human development

Scheme 2. Stages of the Model.

Etapa 1. Ingreso
Etapa 2. Restitución de derechos
Etapa 3. Egreso
Etapa 4. Seguimiento
Etapa 5. Fortalecimiento del equipo operativo

Brindar asistencia social en un espacio armónico alejado de actos violentos, a niñas, niños y adolescentes con diagnóstico de VIH; en abandono o riesgo social, para que logren incorporarse a la sociedad como personas integras, capaces de trascender su realidad a través de la implementación de programas integrales con un sentido de autonomía y respeto a su integridad humana.

Source: Own construction with information from the Model scheme. Álvarez Santiago, La Casa de la Sal AC, 2020.

Each of these stages will contribute to the transformation process of our population from the intervention of the different areas of the Children’s and Youth Center in accordance with the needs and expectations of the target population, always guided by the guiding principles set forth in the General Law. Rights of Girls, Boys and Adolescents, which will guide the design of actions necessary to address each case. These guiding axes are:
• Best interests of childhood
• Universality, Interdependence, Indivisibility, Progressivity and Integrality
• Substantive equality
• Nondiscrimination
• Inclusion
• Right to life, survival and development
• Participation
• Interculturality
• Co-responsibility of the family, society and authorities
• Transversality in the legislation
• Progressive autonomy
• Pro-person principle
• Access to a life free of violence
• Accessibility

9. STAGES OF THE MODEL

Below is a general description of each of the stages that make up the Care Model of the Children's and Youth Center of La Casa de la Sal AC

9.1 STAGE 1. INCOME
The staff who receive a girl, boy or adolescent in the Children's and Youth Center, must be sensitized, as it is important to remember the characteristics described in previous sections, which derive from quite complex family, social, and legal situations, as to add more stress upon admission of the girl, boy or adolescent.

Therefore, the staff must maintain a friendly attitude, use appropriate and understandable language according to the age of the girl, boy or adolescent who enters; listening and solving the doubts that may arise with the intention of generating security; and establish a bond of trust that facilitates the intervention, for this reason the following essential skills that the staff must have when starting the intervention have been identified:

- Observe in what emotional and physical circumstances the population enters.
- Register relevant information.
- Generate friendly space, use of language according to the age of the population and establish bonds of trust.
- Guide in processes and concerns expressed by the population.
- Lead in the processes so that the population knows what will happen in their environment and a favorable adaptation is obtained.
- Contain immediate emotional needs that any girl, boy or adolescent may present upon admission. It is important for the staff to be aware that a crisis may occur in the child and / or adolescent, since the environment that they knew until their arrival has become unstructured, causing them to become overwhelmed; being able to present hyperventilation, excessive crying, anxiety, anger, aggressiveness, isolation, among others; In these situations it is important to validate the emotions and feelings, pay attention to the facts and not repress but intervene to help regain control and provide the child and / or adolescent with a sense of security upon arrival.
 Ease of explaining the purpose of the interview and use of the data record.

to) Initial intervention: work frame

It is important that the girl, boy and / or adolescent who enters the Children's and Youth Center feel safe, comfortable and emotionally stable, for this at the time of receiving it, the presentation of the staff and the residents must be made, and a tour of the facilities explaining the operation of each space, schedules and rules of the institution.

It is important that an informal talk is established during the tour where the girl, boy and / or adolescent express their doubts and in case they enter a crisis, give them the necessary restraint.

The fact that the population that enters knows the spaces will help reduce stress or fear of being in an unknown space for them.

It is precisely at this time, where the staff should use their observation skills and identify the conditions in which the child or adolescent arrives, in addition to beginning to explore how much information they have about their stay; in addition to identifying promptly if you have enough clothing and cleaning supplies so that you feel sheltered by the association.

b) Initial interview
The first intervention is crucial since it gives rise to information that will be useful for other areas and for the establishment of a plan to restore rights, for this reason, the entry of a girl, boy and/or adolescent must be taken conduct an initial interview favoring a friendly environment. Said interview will be semi-structured, using the Social Study as a tool, where specific data will be collected such as: reason for admission, temporality of stay, family structure, family and social networks, schooling, medical situation at the time of admission, schooling, care psychological; It can be completed by interview with the family - in case of having a family network. It is important to mention that the data derived from the interview will be for the exclusive use of qualified personnel (social worker, psychologist, lawyer and coordinator); and responsible for their accompaniment. Likewise, the information will be used for the construction of a plan for restitution of rights.

d) File opening

After the initial interview, the file is opened, so the information collected from the beneficiary will be protected within it, and will be for the exclusive use of the General Management, Coordination, Social Work, Psychology and Legal staff, as a tool for work where progress is recorded in the process of the stay of the girl, boy and/or adolescent. The handling of said file will be based on the institutional values: Respect, Integrity, Honesty, Transparency, Commitment and Acceptance.

The file will be made up of basic intervention items: general data sheet with photograph, identity, legal, medical, school, psychological and social. Each item must be complete in such a way that, when analyzing the situation of each girl, boy
and / or adolescent; the responsible authorities have the elements that facilitate their family or social reincorporation; In addition to this, this will be the guide to determine the procedures to follow from admission to discharge.

and) Rights restitution plan: case analysis

Once the first steps have been exhausted, all the information available is analyzed to determine the admission status of the girl, boy and / or adolescent. The staff will rely on the detection of basic needs, locating the violation of rights in order to establish actions for their immediate restitution and thus generate a Rights Restitution Plan, which will reflect the denied rights. (Appendix 2).

At this point, the link is made with the multidisciplinary team and the articulation with the institutions that are considered necessary in order to guarantee the protection, promotion and restitution of rights begins.

It is important to mention that the Rights Restitution Plan will be updated as activities are developed, assessments are made with the respective areas, internal and external resources, family environment and / or support network are assessed. The design and monitoring of the restitution plan will be in charge of Social Work and will be subject to review and coordination analysis of the Children’s and Youth Center for the approval of the General Directorate and Board of Directors.

Scheme 3. Of Income
9.2 STAGE 2. RESTITUTION OF RIGHTS

In this stage, the central axis is the progressive restitution of rights that were violated or private, implies the ability to analyze, define actions, support and monitor the area of Social Work, since it is who must articulate the actions to be carried out by each area of care with all the necessary internal and external resource management capacity to achieve comprehensive care. Likewise, the Rights Restitution Plan becomes a modular axis for work and articulation with the bodies responsible for guaranteeing the exercise of the rights of girls, boys and adolescents (SNDIF, DIF-State and Protection Offices).

to) Attention of basic spheres

It is referred to the necessary areas for immediate attention where it deepens if the case is the case in evaluations, diagnoses and / or action strategies:
1. Social work. It carries out the initial process, analyzes the case and acts with respect to family, social, legal, medical conditions and the support network, relying on visits, calls, procedures, interviews and accompaniment. It generates a Right Restitution Plan always ensuring the best interests of children and with the aim that the permanence of the girl, boy and/or adolescent is for the shortest possible time.

2. Psychology. Therapists must be sensitized on the issue of rights of infancy and childhood in residential care, which will allow the detection of disorders and ailments as well as knowing the degree of affectation and resources that each girl, boy and adolescent has. Defines the strategies and timing of care (therapeutic session or counseling); and if it is the case, refer the girl, boy and/or adolescent to the specialized instances for their timely attention in order to stop and/or lessen the affectation; For this, support from third parties will be sought by going to the hospital network or to specialized private services subsidized with the Association's own resources. In addition, from the age of 16 they work on the design of their independent living plan;

3. Health. The hospital network is used for specialized care (HIV) in order to attend to gaps in vaccination schedules, physical affectations, nutritional review, supply of medicines, control of viral load and CD4. In case of requiring a specialty that the hospital network does not have, steps are taken to go to private services with recourse from the Association.

4. Legal. The legal situation of the girl, boy and/or adolescent is reviewed and provided with the accompaniment if required, the objective is to
guarantee the protection of the rights of the population, in case of carrying out a legal process it will always be explained to the girl, boy and / or adolescent in which the process consists using simple language according to the age and development of the same. These processes can be of a family, civil or criminal nature according to the particular situation. It also serves as a support and advisory area for the celebration of collaboration agreements.

5. Educational The immediate restitution of the right to access to education is sought, if necessary private academic centers are sought in order to expedite the exercise of this right. In addition to this, school regularization is sought in case of lag and / or pedagogical support to reinforce learning if necessary.

6. Nutrition. Its monitoring is provided through third parties (hospital network) who define feeding schemes according to the results of routine laboratory tests.

7. Childcare. If required, it is provided through third parties (nurseries) with recourse to the Association.

b) Case review

Once the immediate needs have been addressed, the Social Work area will analyze the progress of rights restitution actions, identifying the conditions, people, situations and contexts that represent a threat or hinder the exercise of rights in order to seek strategies to eliminate or transform them in favor. Although the Social Work area is
responsible for the analysis of cases, each area intervenes according to its specialty to deactivate said risk factors already identified, at this time it is necessary that the staff keep in mind that the stay of the girls, children and adolescents must be temporarily and for the shortest possible time; since the objective of the Association is not only to provide them with comprehensive care during their stay but to reinsert them into family or support nuclei that favor their development and that are a reference for their adulthood; this will depend on each case. In this way, new actions will be provided and with it the necessary steps to solve the needs of the population.

The analysis of cases involves setting an objective, establishing strategies and resources to activate said strategies, executing and reporting the progress of the process of each girl, boy and / or adolescent

c)  **Accompaniment**

Girls, boys and adolescents must be assured that during their entire stay at the Children's and Youth Center they will be accompanied by the staff; Therefore, each management, departure, visit, consultation, interview or procedure must be documented and protected in the personal file of each beneficiary.

At this time, all institutional work will be focused on promoting capacities and strengthening skills according to the stage of life, development and social and family situation of each girl, boy and / or adolescent; and if necessary, prepare them for an independent life with autonomy and responsibility; In other words, the stay of the girls, boys and adolescents goes beyond a period of care, it is the opportunity to stop and / or reverse the situation of vulnerability that led them to enter the Center, it implies access and exercise of rights.
Protection factors begin to be defined, that is, people, situations or external and internal contexts that contribute to generating conditions for the protection of rights in a sustained manner.

Emphasis is placed on areas that will be a priority for their adequate development outside the Center, either through reintegration or family integration or independent living:

- **Academic aspect.** It begins to visualize the skills of the population in order to define their vocation for the exercise of a profession or trade.

- **Behavior shaping.** According to the stage of development of girls, boys and adolescents, values, hygiene habits and aspects of social integration are instilled, such as encouraging the way of addressing people, behaviors at home, problem solving and reflection, expression of feelings and emotions, negotiation, responsibility, they work with their self-concept, acceptance of past events to visualize a stable and healthy present and future, that is, those events that hindered access to their rights are resignified.

- **Community life.** Adequate integration in social and community activities is sought that allows them to enjoy the stages of their development by participating in school, recreational activities, meetings, among others, outside the home, of course this will depend on the age and contexts in which they develop as they must be safe.
- Skills for life, the definition of a life plan is proposed where, in order to achieve your goals, your skills are strengthened.

- Promotion of rights, it is necessary for the population to know their rights, as well as the mechanisms or instances to which they can resort for the full exercise of them.

- Independent life, this occurs in the case of the adolescent population that will come of age in the Association; It works with the generation of goals, vision of a job, money management and mobility in the City.

- Adherence to treatment, this aspect is crucial, since it will depend on it that the population maintains an adequate state of health with the consumption of their antiretroviral drugs, remaining undetectable.

- Strengthening of family or support networks. If possible, work is done on healing family emotional ties, emphasizing aspects of communication and healthy coexistence. In the case of support networks that can welcome the girl, boy and / or adolescent, respect for their rights is promoted, the construction of assertive communication channels, positive emotional ties and work is done on the assimilation of responsibilities that are acquired.
9.3 STAGE 3. DISCHARGE

This stage marks the end of the residence in the CIJ of a girl, boy and / or adolescent, its relevance lies in the fact that generally the population feels the same fear that it presented when entering the Center; they are about to face a new environment. In some cases, they are reintegrated into family nuclei or with support families; But the scenario that usually generates the greatest stress is when they must start an independent life; because it is precisely at this time where the population feels vulnerable and with high expectations; therefore, it is important to work with them on their life plan (the same that starts from the previous phase) to accompany them in this transit and reduce risk factors.

The reasons in which a girl, boy and / or adolescent leaves the Association are:
1. Family reintegration: It occurs when the process has ended and conditions have been identified for the girl, boy and / or adolescent to return to the family nucleus.

2. Independent life: The girl, boy and / or adolescent reach the age of majority and decide to graduate to live independently.

3. Voluntary family withdrawal: The family is the one who requests the discharge, even without completing the process; in case of identifying any risk situation, the family is sensitized and / or the corresponding authorities are notified.

4. Adoption / Pre-adoptive Foster Care: It is dictated by a competent authority in the matter.

5. Foster care with a bonding / therapeutic family: It is dictated by a competent authority in matters or for therapeutic purposes; For this, the family must have exhausted the social, legal and psychological evidence necessary to support it as suitable for care.

6. Rechanneling: At the request of the Association itself to the bodies responsible for the girl, boy and / or adolescent, when this has seriously transgressed the regulation; or by decision of the same instance that has channeled.
7. Desertion: It is the departure in an unplanned manner, in it the absence is immediately notified in order to go to specialized instances in the matter and proceed to its location to protect its integrity.

8. Death. The corresponding authorities will be notified in order to carry out the corresponding funeral processes.

a) Temporality

From the age of sixteen on a girl, boy and / or adolescent, it is emphasized in the definition of their independent life plan, although it is a construction that begins to be visualized in stage 2, at this time it is important to specify and define the concept of temporality of stay.

That is, in the case of the population that leaves for reintegration, rechanneling, voluntary retirement or foster care; It is important that you know the date for a closing to be worked (preferably), and have enough time to say goodbye to the people with whom you generated an emotional bond.

In the case of the population that will graduate to start an independent life (coming of age), it is necessary to establish specific goals where they visualize the resources they will require and establish specific times to be able to achieve it, for example, completing studies, searching for work, etc.
b) Job search

This moment represents a personal challenge in the population, since it is precisely when they face the labor field in a formal or informal way; here you are accompanied in this search according to the skills, knowledge and resources available. Two basic aspects are visualized with the adolescent when starting the job search: address of the academic center (in the case that he wishes to continue his studies outside the Association); and contemplated place of residence.

Guidance is provided in the preparation of Curriculum Vitae, filling out the job application form and advice is given to present yourself for a job interview (language and clothing).

It is important to point out that in the case of adolescents who are in residential care, it is verified that the employment they access is not a high-risk activity and with days that do not exceed 6 hours a day as indicated by the legislation on the matter.

c) Mobility

As has already been mentioned, from the age of 16 in the population, -the age at which they are precisely pursuing their upper secondary studies-, the development of skills for their independent life is promoted; therefore, the transfer to their educational centers is allowed without the association of personnel from the Association, establishing the supervision parameters that are considered necessary.
In both cases, the staff provides you with accompaniment during the first week, to show you the route and public access routes, as well as their costs. The intention in this phase is that they can learn to move around the city and, on the day of their graduation, they can drive themselves safely.

**d) Saving Fund**

The monetary resource obtained from their work is destined to a savings fund that will be delivered at the time of their discharge; You should consider that you will have to save enough for your first month’s rent, food and transportation expenses.

Likewise, a count is made of the expenses that you will have during the week to move to your workplace (the Association subsidizes the cost during the first month or until you get your first payment); In this way, you will have the certainty of how much you will allocate to saving yourself; which cannot be less than 70% of your salary.

**e) Housing search**

When you have approximately two months for your discharge, you begin to look for housing, for this, factors such as access routes to your educational center (if applicable) and place of work are considered again.

The Association can grant you a supervised income support for one year in order to accompany you in this transit.
f) Medical liability

At this stage it is important that the population has correct adherence to treatment with their antiretrovirals. For the population it is difficult to consume medicine every day and respect the schedules, but by raising awareness and highlighting the importance of this habit, they acquire the awareness of taking care of their health as it will impact their quality of life.

During their stay, the staff provide accompaniment to their medical appointments, but in this phase they are encouraged to start directing the visit, that is, they know the name of the Hospital they go to, the medicine they are given, the public transport there is what to address to get there, process to enter the consultation; and everything that involves taking charge of your health.

g) Skills development

The development of skills that have been worked on during their stay at the Center should be reinforced, this will contribute to exercising their rights and acquiring a sense of responsibility. These skills / elements are: self-esteem, self-concept, self-care and autonomy.

When we talk about self-esteem, it implies generating in them the transformation of unpleasant experiences, concentrating on the fact that their happiness depends on them and on the construction of their own love.
The importance of talking about self-concept is that, as they learn to recognize their strengths and areas of opportunity, they will be able to maintain healthy relationships based on respect.

When it comes to self-care, it is to establish diverse scenarios with all possible reactions and they visualize alternatives where their well-being prevails; that is, they are encouraged to attach importance to decision-making.

Finally, autonomy is linked to the previous concepts and at the same time is an axis in caring for our population, since by instilling values and strengthening skills we also seek to train subjects capable of making responsible decisions.

**h) Family reunification (of origin, adoptive or support / foster care)**

The Association is convinced that the family environment is ideal for girls, boys and adolescents to achieve harmonious development; Obviously, this is achieved only if the family or family environment has the necessary tools and skills to protect the rights of children and adolescents.

For this, before a girl, boy and / or adolescent leaves the association, it must be confirmed that these conditions exist, for this the Social Work area visits the family home and interviews the family; and if risk factors are identified, the situation is analyzed to determine if it can be reduced or eliminated with support from the association before or during reunification. In the case of the population channeled through a DIF, this assessment and determination depends on the instance.
In the event that there is a family that functions as a support for the girl, boy and/or adolescent, DIF is asked -if it is the case that it values-, the convenience of maintaining or initiating brief coexistence where the bond is consolidated and dimensioned the responsibility to unite as a family. This stage not only involves visiting the girl, boy and/or adolescent or spending a fun time with him/her; but also represents the responsibility and experience of educating, supporting, knowing and guiding the girl, boy and/or adolescent in each stage of life; while for children it represents the viability of being part of a loving and protective family that also has rules of coexistence. This is important in the case of the population that joins an adoptive or support family, since for some of them,

In order for this to be carried out, it is important that there be periodic visits within the association, and subsequently, short coexistence outside the association is recommended to be able to visualize the compatibility of the relationship.

Once these elements are in place, safe environment, caregiver skills, empathy and bonding, then if we can visualize a family reunification.
i) Formalization of discharge

One month before the adolescent reaches the age of majority, the date of discharge is determined and what this implies from the delivery of documents, space where they will live, or where appropriate with which family they will be integrated (support network or family of connection). Only if you are still studying high school can your stay be assessed until its completion as long as it complies with the rules and continues with adequate school performance that justifies the social and economic support that is still provided.

And in the case of the population that leaves due to family reunification—of origin, adoptive or supportive—, it should be specified in the care and follow-up that will be provided as support to the family and the girl, boy and / or adolescent.

In any of these cases, the following should be considered for the proper closure of your file and follow-up:

- Final discharge certificate from the exiting entity (SNDIF, DIF CDMX or STATE DIF).

- Internal discharge certificate stating the conditions, reasons and documents that are delivered at the time of the departure of the girl, boy and / or adolescent.
- Photograph of the girl, boy and / or adolescent with the family of origin, adoptive or support; or in his case, of the young person if it is that he leaves for independent life.

- Delivery of identity and medical documents.

**Scheme 5. Of Egress**


9.4 **STAGE 4. FOLLOW-UP**
This stage is important since, although the care within the Association has culminated with the discharge of the girl, boy and/or adolescent, the intention is to provide a temporary accompaniment that allows to contribute to the protection of the rights of the graduating population. But without losing sight of the fact that this will only be temporary (no more than one year). The risk of lengthening this process can lead us to two assumptions: the first, that family reunification was not successful, that is, the family does not have the necessary skills to support the girl, boy and/or adolescent, therefore the association continues assuming care outside of it; and the second; there is a risk of establishing a dependency of the beneficiary towards the institution,

The experience has left us learnings that, analyzed with the characteristics of the population we serve, we must be careful, really give importance to the entire process of stay where the population is empowered or family ties or support networks are strengthened in order to achieve this sense of autonomy.

In this context, there are two aspects to consider for monitoring: identification of risk factors and viewing such monitoring as strengthening for those who will exercise guardianship and for the graduate himself. However, this monitoring will be carried out through quarterly home visits, telephone calls and medical accompaniment or other steps that may arise, always involving the family or the graduate.

Emphasis is placed on working with the family support network, whether of origin, extensive, pre-adoptive, adoptive or support, the ideal is to jointly review the progress of the life plan prepared before leaving the Children’s and Youth Center, orient, accompany, suggest and record the progress and physical condition of the graduate; address concerns, share achievements, support you in times of crisis, and
all those professional actions that provide meaning to your life, but without generating dependency.

The results of each visit and / or action carried out must be documented and kept on file; Every three months a general report is provided on the situation of each graduate and intervention strategies are analyzed; After 11 months of follow-up, the closure of the file is assessed and the communication and annual visit is left open.

If at any time during this follow-up risk factors that threaten the integrity of a girl, boy and / or adolescent are identified, it is reported to the corresponding authorities and documented; if it is convenient and / or possible, institutional protection is provided again. In the case of situations that can be corrected with the family, a family strengthening plan is designed.

Scheme 6. Of the follow-up
9.5 STAGE 5. STRENGTHENING OF THE OPERATING TEAM.

In this stage, relevance is given to the training that the operational personnel can receive from the guides to the coordination to have the necessary elements that promote this model and thereby achieve the objective it pursues: to provide comprehensive services to girls, boys and adolescents with an HIV diagnosis where all the personnel who intervene to consolidate this aim acquire basic knowledge in human rights, regulations and alternative care.

For this, the following phases must be met:
a) **Induction training**

The personnel who are accepted to work at the CIJ, will receive training on the subject of HIV so that they can carry out their work safely and with respect for the population being served.

Said training will consist of antecedents, conceptualization, means of transmission, adherence to treatment, correct use of the internal and external condom, and the operation of antiretroviral treatments.

b) **Caregiver training**

It will seek to provide tools, above all, to people who carry out care activities for the population on issues such as: parenting styles, establishment of limits, positive attachment, children’s rights, identification of violence, among others.

c) **Mental hygiene of the caregiver**

The mental health of the people who live and coexist with the population is something fundamental because by virtue of it we can ensure quality care free of violence. Caregivers are people who also have families, problems, expectations and achievements, therefore, to the extent that their well-being is sought, we will have the security of having people with mental hygiene capable of focusing on work or requesting support when they encounter mental and / or emotional overload. Due to the above, it is necessary to train and attend to issues such as assertive
communication, emotional intelligence, stress management, burnout syndrome, among others, as well as psychological containment on a monthly basis (in these last two issues it is important that ALL the personnel who deal with the population can count on this benefit).

d) Professionalization of the intervention

This point is focused above all on the multidisciplinary team, social workers, lawyers, psychologists, coordination and management in order to professionalize daily activities. It is important to know the regulations, human rights, and constant training on the issue of child protection and HIV.

In addition to being updated in processes and procedures by areas, it implies sharing experiences, attending seminars, workshops and updating courses, which allow the updating of intervention tools; To the extent that this is provided, the staff will master the subject and will have the elements to provide appropriate care in specific cases, in addition to demonstrating that they have a child rights and protection perspective.

Scheme 7. Strengthening of the operational team
10. STRATEGIES

Source: Own construction with information from Stage 5. Strengthening of the operational team. Álvarez Santiago, La Casa de la Sal AC, 2020.
For the implementation of these stages it is necessary to have strategies that allow us to achieve what is expected in each stage; For this reason, the following strategies are proposed:

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<th>GENERAL OBJECTIVE</th>
<th>SPHERE</th>
<th>SPECIFIC GOAL</th>
<th>STRATEGIES</th>
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<tr>
<td>PROVIDE SOCIAL ASSISTANCE TO GIRLS, BOYS AND ADOLESCENTS DIAGNOSED WITH HIV; IN A HARMONIOUS SPACE, AWAY FROM VIOLENT ACTS, IN ABANDONMENT OR SOCIAL RISK, TO ACHIEVE INCORPORATION INTO SOCIETY AS PEOPLE OF INTEGRITY, CAPABLE OF TRANSCENDING THEIR REALITY THROUGH THE IMPLEMENTATION OF COMPREHENSIVE PROGRAMS WITH A SENSE OF AUTONOMY.</td>
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<td>ATTEND TO THE COMPREHENSIVE HEALTH NEEDS OF THE TARGET POPULATION THROUGH PUNCTUAL MEDICAL AND PSYCHIATRIC MONITORING THAT FAVORS THEIR MEDICAL STABILITY.</td>
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Attend and monitor the material, social, family needs and support networks of children and adolescents through the intervention and accompaniment of a multidisciplinary team in order to achieve insertion into their community life in harmonious contexts.

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<td>Young people in</td>
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<td></td>
<td></td>
<td>independent life</td>
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<td></td>
<td>Volunteering (HIV</td>
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<td>training)</td>
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<td></td>
<td></td>
<td>Sponsorship</td>
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<td></td>
<td></td>
<td>Individual</td>
</tr>
<tr>
<td><strong>EDUCATIONAL</strong></td>
<td><strong>Psychological support</strong></td>
<td><strong>Group</strong></td>
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<tr>
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</tr>
<tr>
<td>Attend to the emotional area of girls, boys and adolescents through an individual and group therapeutic process, in order to generate a Life Plan.</td>
<td>Establishment of objectives and goals</td>
<td></td>
</tr>
<tr>
<td>Design and implement education projects that facilitate the academic regulation of the target population through the acquisition of study habits.</td>
<td>Development of skills and competences for everyday life</td>
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<tr>
<td>Document management and enrollment</td>
<td>Labor insertion</td>
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<tr>
<td>Educational Attention</td>
<td>Financial education</td>
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<tr>
<td>Educational Strengthening (study strategies)</td>
<td>Mobility</td>
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<tr>
<td>Supervision and Follow-up</td>
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<tr>
<td>Vocational orientation</td>
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<tr>
<td>Give legal certainty to Girls, Boys and Adolescents</td>
<td>Legal Accompaniment</td>
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<tr>
<td>Legal certainty</td>
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<tr>
<td>LEGAL</td>
<td>through advice and support for the resolution and restitution of rights such as adoption processes, civil registration, complaints and presentations before the Attorney General's Office and the Public Ministry, among others.</td>
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<tr>
<td>HUMAN DEVELOPMENT</td>
<td>Promote training, work, cultural and recreational activities with the target population, in order to generate the development of personal and social skills through the establishment of support networks, institutional and positive figures.</td>
<td></td>
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<tr>
<td>Recreation</td>
<td>Attendance at cultural spaces (theater / museum / exhibitions, musical events)</td>
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<td></td>
<td>Leisure activities (parks / sports / cinema)</td>
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<td></td>
<td>Group activities (birthdays, food preparation, remodeling and decoration of</td>
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<tr>
<td>Coexistence skills</td>
<td>Institutional Activities (Three Kings Day, Children's Day, Institutional Anniversary and Christmas Holidays)</td>
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<td></td>
<td>Habits (participation in household toilets, Hygiene, organization of free time and study, culture of saving and entrepreneurship, taking medicine)</td>
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<td>Values (Social Guidelines)</td>
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<td></td>
<td>Positive Attachments (grief workshops, assertive)</td>
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<tr>
<td>STRENGTHENING THE OPERATIONAL TEAM</td>
<td>Training and qualification</td>
<td>communication, types of violence and affective bonds</td>
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<tr>
<td><strong>STRENGTHENING THE OPERATIONAL TEAM</strong></td>
<td>Training and Professionalization</td>
<td>Talks and Workshops on Sexuality, HIV and STIs, Sexual and Reproductive Rights</td>
</tr>
<tr>
<td>Strengthen operational personnel in the acquisition of knowledge and tools to provide comprehensive care to the target population, through ongoing training in various useful and current issues.</td>
<td>Parenting styles</td>
<td>Parenting styles</td>
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<tr>
<td></td>
<td>Human Rights of NNA</td>
<td>Human Rights of NNA</td>
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<td></td>
<td>Setting limits</td>
<td>Setting limits</td>
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<td></td>
<td>Managing emotions</td>
<td>Managing emotions</td>
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<td></td>
<td>Containment in crisis</td>
<td>Containment in crisis</td>
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<td></td>
<td>First aid</td>
<td>First aid</td>
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<td></td>
<td>ABC of HIV</td>
<td>ABC of HIV</td>
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<tr>
<td></td>
<td>Assertive communication</td>
<td>Assertive communication</td>
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</table>
11. EVALUATION

Through the Children's and Youth Center of La Casa de la Sal AC, residential care is provided to minors in situations of abandonment and/or social risk living with HIV/AIDS; providing accommodation, food, clothing, footwear, education, medical and psychological care services in order to direct them to an independent life or achieve their reincorporation/incorporation into a family environment.

For this reason, the CIJ Model has the main objective of providing social assistance in a harmonious space away from violent acts, to girls, boys and adolescents with a diagnosis of HIV; in abandonment or social risk, so that they can join society as...
people of integrity, capable of transcending their reality through the implementation of comprehensive projects with a sense of autonomy.

Consequently, as has already been described, for the operation of each phase of the Model, strategic lines with specific objectives have been proposed; therefore, the evaluation acquires importance since it will allow to determine if the results of each line contribute to the fulfillment of the objective of the Service Model.

In this way, it has been determined to carry out a semi-annual Results Evaluation, which will allow us to detect possible deviations and implement the necessary adjustment actions. The following matrix of results indicators has been designed
### 11.1 MATRIX OF RESULTS INDICATORS

<table>
<thead>
<tr>
<th>TARGET POPULATION</th>
<th></th>
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</thead>
</table>
| • Children and adolescents with a diagnosis of HIV / AIDS who are between the ages of 0 and 17, in a situation of abandonment or social risk.  
• Girls (0 to 3 years old) with a diagnosis of HIV / AIDS who are between 0 to 17 years old, in a situation of abandonment or social risk. |  |

<table>
<thead>
<tr>
<th>GENERAL OBJECTIVE OF THE MODEL</th>
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</thead>
<tbody>
<tr>
<td>Provide social assistance in a harmonious space away from violent acts, to girls, boys and adolescents with a diagnosis of HIV; in abandonment or social risk, so that they can join society as people of integrity, capable of transcending their reality through the implementation of comprehensive programs with a sense of autonomy.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SPHERE</th>
<th>OBJECTIVE</th>
<th>STRATEGIC LINE</th>
<th>INDICATORS</th>
<th>SOURCE OF INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attend to the comprehensive health</td>
<td>% of children with social security</td>
<td>Membership</td>
<td></td>
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<tr>
<td>DOCTOR</td>
<td>needs of the target population through punctual medical and psychiatric monitoring that favors their medical stability.</td>
<td>Medical accompaniment</td>
<td>% of medical appointments</td>
<td>Information note and appointment book</td>
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<td></td>
<td></td>
<td></td>
<td>% of undetectable children</td>
<td>Initial and final CD4 and viral load registry.</td>
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<td></td>
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<td></td>
<td>% of NNA with nutritional health</td>
<td>Notes of medical evolution (weight and height)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% percentage of children and adolescents who improve their health</td>
<td>Medical summaries, medical certificates and information notes.</td>
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<td></td>
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<td></td>
<td>% of NNA with complete vaccination schedule</td>
<td>Vaccination records</td>
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<tr>
<td>SOCIAL WORK</td>
<td>Adherence to treatment</td>
<td>Record of drug consumption in time and indicated dose.</td>
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<tr>
<td>Attend and monitor the material, social, family needs and support networks of children and adolescents through the intervention and accompaniment of a multidisciplinary team in order to achieve insertion into their community life in harmonious contexts.</td>
<td>Adherence to treatment</td>
<td>Record of drug consumption in time and indicated dose.</td>
<td></td>
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</tr>
<tr>
<td>Social Accompaniment</td>
<td>% of NNA with permanence greater than 1 year</td>
<td>Certificate of admission / certificate of discharge.</td>
<td></td>
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<tr>
<td>% of children with identity documents</td>
<td>Birth certificate and CURP.</td>
<td>% of NNA with behavior modification.</td>
<td></td>
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<tr>
<td>Profile of admission NNA.</td>
<td>Monthly reports, behavior report and psychological reports.</td>
<td>Initial interview and Social Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Bonding</td>
<td>% of children and adolescents in family settings.</td>
<td>% of NNA in Independent Living</td>
<td>Certificates of graduation and Social Studies.</td>
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<tr>
<td></td>
<td>Assessment of family environments</td>
<td>Exit certificates and Life Plan.</td>
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<td></td>
<td>% of children and adolescents with family networks</td>
<td>Social Study</td>
<td></td>
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<td></td>
<td>Number of families with caregiver skills</td>
<td>Psychology assessment</td>
<td></td>
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<td></td>
<td>% of children in the adoption process.</td>
<td>Documents issued by Government Instances.</td>
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<tr>
<td>Service</td>
<td>Description</td>
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<tr>
<td>Number of visits.</td>
<td>Registration of inputs and outputs</td>
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<tr>
<td>Family therapies</td>
<td>Psychological care card.</td>
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<tr>
<td>Strengthening skills</td>
<td>Attendance to training.</td>
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<tr>
<td>Social Tracking</td>
<td>% of NNA in family of origin, adoptive, supportive and independent living.</td>
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<td></td>
<td>Discharge certificates</td>
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<td></td>
<td>Follow-up home visit report</td>
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<td></td>
<td>% of children and adolescents who continue with their studies</td>
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<tr>
<td>% of NNA with medical follow-up</td>
<td>Home visit report</td>
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<tr>
<td>% of NNA balanced diet</td>
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<tr>
<td>% of children and adolescents who carry out sports, cultural and recreational activities.</td>
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<tr>
<td>% of young people who work, study or both.</td>
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<tr>
<td>% of young people who reached their Life plan</td>
<td></td>
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<tr>
<td>Independent Living Plan goals.</td>
<td>Home visit report</td>
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<tr>
<td>% of young people who keep their home.</td>
<td>Home visit report</td>
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<tr>
<td>% young people with adherence to treatment</td>
<td>Appointment card.</td>
<td></td>
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<tr>
<td>% of young people without addictions</td>
<td>Home visit report</td>
<td></td>
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<tr>
<td>% of young people in dating or partner relationships.</td>
<td>Home visit report</td>
<td></td>
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<tr>
<td>% of young people who carry out sports,</td>
<td>Home visit report</td>
<td></td>
<td></td>
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<tr>
<td>Networking</td>
<td>Cultural and recreational activities.</td>
<td>Complete volunteer file.</td>
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<tr>
<td>Number of active volunteers.</td>
<td></td>
<td>Informative notes</td>
<td></td>
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<tr>
<td>Type of volunteering (educational, psychological, recreational, home maintenance and decoration)</td>
<td></td>
<td>Interview with the human resources and coordination area.</td>
<td></td>
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<tr>
<td>% of boys and girls who have godparents.</td>
<td></td>
<td>Request or commitment letter</td>
<td></td>
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<tr>
<td>Type of support provided by sponsors (food, clothing and footwear, tuition and recreation).</td>
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<tr>
<td>Commitment letter</td>
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<tr>
<td>Informative note</td>
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<tr>
<td>% of godparents involved in the processes of children and adolescents</td>
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<tr>
<td>Informative note</td>
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<tr>
<td>PSYCHOLOGY</td>
<td>Attend to the emotional area of children and adolescents through an individual and group therapeutic psychological support</td>
<td></td>
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<tr>
<td>% of children and adolescents who attend or receive psychological care</td>
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<tr>
<td>Card and Reports</td>
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<tr>
<td>Main reasons for which they receive psychological care</td>
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<tr>
<td>Information notes</td>
<td></td>
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<tr>
<td>Psychology Reports</td>
<td></td>
<td></td>
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<tr>
<td>Process, in order to generate a Life Plan.</td>
<td>Attention (Life Plan, behavior problems, depression, unresolved grief, etc.).</td>
<td>% of NNA with positive or negative attachment type</td>
<td>Psychology Report</td>
<td>Number of NNA referred to Psychiatry.</td>
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<table>
<thead>
<tr>
<th>Independent Living Plan</th>
<th>File (Life Plan)</th>
</tr>
</thead>
</table>

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www.casadelasal.org.mx
<table>
<thead>
<tr>
<th>EDUCATIONAL</th>
<th>Design and implement education projects that facilitate the academic regulation of the target population through the acquisition of study habits</th>
<th>Educational Attention</th>
<th>% of NNA with educational backwardness.</th>
<th>Proceedings</th>
<th>School documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>% of children and adolescents with complete school documentation.</td>
<td>Proceedings</td>
<td>School documents.</td>
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<tr>
<td></td>
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<td>% of children and adolescents who require a special study program.</td>
<td>Information notes</td>
<td>Psychology Report</td>
<td>Evaluation reports.</td>
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<tr>
<td></td>
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<td>% of children and adolescents who require pedagogical strengthening.</td>
<td>Evaluation reports</td>
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<tr>
<td>Type of academic achievement</td>
<td>Evaluation reports</td>
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<tr>
<td>% of subjects that require pedagogical support</td>
<td>Evaluation reports</td>
<td></td>
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<tr>
<td>Number of steps taken to retrieve school documents</td>
<td>Information notes</td>
<td></td>
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<tr>
<td>Number of academic activities per tutoring (parent meeting, events, forums) held during the school year</td>
<td>Information notes</td>
<td></td>
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<tr>
<td>LEGAL</td>
<td>Give legal certainty to Girls, Boys and Adolescents through advice and support for the resolution and restitution of rights such as adoption processes, civil registration, complaints and presentations before the Public Prosecutor’s Office and the Public Ministry, among others.</td>
<td>Legal Accompaniment</td>
<td>% of NNA with research folder and type.</td>
<td>Legal file (investigation folder).</td>
<td>Legal file</td>
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<td>Type of legal processes</td>
<td>Research Folder Status</td>
<td>Report of the legal area.</td>
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<tr>
<td>HUMAN DEVELOPMENT</td>
<td>Promote training, work, cultural and recreational activities with the target population, in order to generate the development of personal and social skills through the establishment of support networks, institutional and positive figures.</td>
<td>Recreation</td>
<td>Number of outputs</td>
<td>Log of outputs / direct information with guides and interview with NNA</td>
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<td></td>
<td>% of trips to public parks, cinemas, theater, institutional events</td>
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<td>Departure log</td>
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<td>Coexistence skills</td>
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<td>% of types of behaviors present (problems with authority, limits, rudeness, etc.)</td>
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<td>Briefing Notes and Monthly Reports</td>
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<td>Attachment type.</td>
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<td>Psychology reports</td>
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<tr>
<td>% of children who have tools for conflict resolution.</td>
<td>Acquired skills monitoring questionnaire (quarterly).</td>
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<tr>
<td>% of NNA with hygiene habits</td>
<td>Monthly reports and briefing notes.</td>
<td></td>
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<tr>
<td>% of children and adolescents who perform / support in toilets</td>
<td>Established roles and monthly reports.</td>
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<tr>
<td>Training and qualification</td>
<td>Training / talk number on sexuality issues.</td>
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<tr>
<td></td>
<td>Number of training / talks on HIV issues.</td>
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<td>Attendance lists</td>
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<td></td>
<td>Attendance lists</td>
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<td>Number of training / talk on addiction issues.</td>
<td>Attendance lists</td>
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<td>% of children and adolescents with knowledge to search for a job</td>
<td>Monthly reports and monitoring questionnaire.</td>
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<td>Number of trainings or workshops in financial education.</td>
<td>Attendance</td>
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<td>% of NNA with savings management</td>
<td>Opening and account statements.</td>
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<td>Promote the professionalization</td>
<td>Training and Professionalization</td>
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<td>% of training received</td>
<td>Training certificates.</td>
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| STRENGTHENING THE OPERATIONAL TEAM | and psychological care of the people who work within the CIJ, in order to guarantee that they have the necessary tools and knowledge for the adequate care of children and adolescents. | % of caregivers who identify parenting styles. | Initial knowledge assessment.  
Course-workshop application.  
Final evaluation.  
Evaluation of services. |
| % of personnel who identify the Human Rights of NNA and regulations regarding childhood. | Initial knowledge assessment.  
Course-workshop application.  
Final evaluation.  
Evaluation of services. |
<p>| % of caregivers who know the difference in rules and limits, | Initial knowledge assessment. |</p>
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<th>% of caregivers who use emotional intelligence as a work tool.</th>
<th>Course-workshop application.</th>
<th>Final evaluation.</th>
<th>Evaluation of services.</th>
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essential for a healthy coexistence.
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<th>% personnel trained in first aid.</th>
<th>Evaluation of services.</th>
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<td>% of personnel who identify issues related to HIV / AIDS.</td>
<td>Proof of first aid course accreditation.</td>
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<td>% of personnel trained in strategic planning</td>
<td>Initial knowledge assessment.</td>
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<td>% of personnel trained in Civil Protection matters</td>
<td>Course-workshop application.</td>
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<td>Final evaluation.</td>
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<td>Proof of course accreditation</td>
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<td>Proof of accreditation of civil protection course.</td>
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<td>Mental Hygiene</td>
<td>Detection of areas of opportunity in personnel.</td>
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|----------------|-------------------------------------------------|---------------------------------------------------------------------------------
| % of personnel receiving emotional support. | Attendance list and/or record of individualized attention. | Number of sessions carried out every six months. |
| Therapist's attendance record. |

**Notes:**
- Mental Hygiene: Focus on emotional support and individualized attention.
- Detection of areas of opportunity in personnel: Identifying areas for improvement.
- Overall rating: Comprehensive assessment of performance.
12. GLOSSARY

- **Pre-adoptive foster care.** Stage of the administrative procedure in which the pre-adoptive foster family integrates girls, boys and / or adolescents for adoption purposes.

- **Therapeutic foster care.** Family that temporarily integrates girls, boys and / or adolescents, in order to provide them with a safe and harmonious space, which allows their integral development.

- **Accompaniment.** A way of working with diverse resources, methods and techniques to facilitate personal development, maturation Social and the autonomy of people in situations of vulnerability or exclusion, it is situated in a position of help, guidance, support and not of control.

- **Adherence to antiretroviral treatment.** Ability to ingest Antiretroviral Treatment as prescribed by the doctor. That is, take the exact amount of medicine, at the right time and respecting any other indication. It is the main tool to ensure that antiretroviral treatment can control HIV infection while protecting health as much as possible.

- **Adolescence.** Period of human growth and development that occurs after childhood and before adulthood, between the ages of 10 and 19.

- **Comprehensive care.** Approach in which all the needs of girls, boys and adolescents are addressed, to achieve physical, emotional, and health well-being.
• **Social care.** Set of actions aimed at modifying and improving social circumstances that impede the integral development of the individual, as well as the physical, mental and social protection of people in need, defenseless, physical and mental handicap, until their incorporation into a life full and productive.

• **Quality of life.** It is the perception that an individual has of his place in existence, in the context of culture, the value system in which he lives and in relation to his expectations, his norms and his concerns.

• **Viral load.** Amount of HIV in a blood sample. It is reported as the number of HIV RNA copies per millimeter of blood.

• **Social Assistance Centers (CAS).** Establishment, place or space of alternative care or residential care for girls, boys and adolescents without parental or family care provided by public and private institutions and associations.

• **CIJ.** Children's and Youth Center of La Casa de la Sal, AC

• **Cluster of differentiation 4 (CD4).** CD4 cells, or T lymphocytes, are the white blood cells in charge of fighting certain viruses. These cells are attacked by HIV. The CD4 count or monitoring allows us to know the progress of the infection and the immune status of the person so that the vulnerability of the person against opportunistic diseases and if they require prophylaxis for any of them can be known. The recommended CD4 value varies between 500
and 1600. Below 200 CD4, it is considered that there is a risk of the so-called opportunistic diseases related to AIDS.

- **Human rights.** They are the set of prerogatives based on human dignity, the effective realization of which is essential for the integral development of the person. This set of prerogatives is established within the national legal order, in our Political Constitution, international treaties and laws.

- **Human development.** It includes creating an environment in which people can develop their full potential and lead a productive and creative life in accordance with their needs and interests.

- **Egress.** Term of stay at the Children’s and Youth Center.

- **Initial Interview.** First intervention carried out with girls, boys and adolescents in order to obtain information according to their age, developmental and cognitive development and maturity, information on personal history and family ties, in addition to identifying immediate care needs.

- **Multidisciplinary team.** A group of people, with different academic backgrounds and professional experiences, who work together, for a certain time, committed to solving a complex problem, that is, they have a common goal.

- **Social study.** Instrument where the Social Worker captures the findings of his research and analysis, which he obtains through a semi-structured and focused interview, to children, adolescents and / or relatives, to collect
antecedents, family data and the social environment in which he relates, where you live, study or work, social and family relationships.

- **Proceedings.** An ordered set of documents that integrate the personal information of children and adolescents, according to the care model.

- **Family of origin.** That composed of holders of parental authority, guardianship, guardianship or custody, with respect to whom girls, boys and adolescents have ascending kinship up to the second degree.

- **Extended family.** That made up of the ascendants of girls, boys and adolescents in a straight line without grade limitation, and collaterals up to the fourth grade.

- **Adoptive family.** The one that has the certification of the competent authority, that provides care, protection, positive upbringing and the promotion of the social welfare of girls, boys and adolescents.

- **Support family.** Person or family interested in keeping an eye on the needs of girls, boys or adolescents, residents of the CIJ.

- **Undetectable** It is the condition that is reached when the concentration of HIV in the blood is too low to detect it with a test of the viral load; This does not mean that they no longer have HIV but that antiretroviral drugs have reduced the viral concentration in the body. At this point there is talk of being untransferable.
• **Sexually transmitted infections (STIs).** They are infections that are spread from one person to another during vaginal, anal, or oral sex. They are very common and many people who have them have no symptoms.

• **Model of attention.** Methodological proposal to regulate the operation and organization of the center, in order to guarantee the full exercise, respect, protection and promotion of the rights of girls, boys and adolescents deprived of family or parental care.

• **Basic needs.** Minimum essential elements that human beings need to live.

• **NNA.** Girls, Boys and Adolescents.

• **Life plan.** Establishment of objectives that a girl, boy and / or adolescent intends to achieve in her life; This plan includes your short, medium and long term vision including personal, professional, economic and family goals.

• **Rights restitution plan.** Document that contains all the actions, that is, all the special protection measures that are necessary to obtain for the restitution of rights in each case attended. Its design implies a diagnosis and planning that helps determine what each case needs for the restitution of the violated or restricted rights of girls, boys and / or adolescents.

• **Antiretroviral treatment.** Medications that control HIV, decrease the amount of virus in the body and prevent the development of AIDS.

• **Tracing.** Way in which the adequate guarantee of the rights of girls, boys and adolescents who have graduated is supervised. This monitoring is carried out
through quarterly home visits, telephone calls and medical accompaniment or other steps that may arise, always involving the family or the graduate.

- **AIDS.** Stage in which the amount of virus in the body is very high causing the appearance of serious opportunistic diseases for health.

- **Situation of Risk and / or Helplessness.** They are those circumstances, shortcomings or family, social or educational conflicts; in which girls, boys or adolescents are harmed in their personal, family, social or educational development, in their well-being or in their rights, being necessary the intervention of the competent public administration in order to eliminate, reduce or compensate the difficulties that they affect you; avoiding the situation of helplessness without the need to separate him from his family environment.

- **Independent life.** Life developed outside of the alternative care system.

- **HIV** Human Immunodeficiency Virus is a virus that occurs only in humans and attacks our immune system.

### 13. BIBLIOGRAPHY


https://www.unicef.org/spanish/sowc05/childhooddefined.html

https://www.unicef.es/causas/derechos-ninos/convencion-derechos-ninos

https://www.redalyc.org/comocitar.ua?id=85300809

https://www.who.int/maternal_child_adolescent/topics/adolescence/dev/es/


https://www.redalyc.org/comocitar.ua?id=85300809
Manual for the prevention of HIV / AIDS, La Casa de la Sal, AC, February 2019
http://sitios.dif.gob.mx/transparencia/transparencia_focalizada/centros_asistenciales/


https://www.uaeh.edu.mx/scige/boletin/prepa2/n2/m2.html

https://www.cndh.org.mx/derechos-humanos/que-son-los-derechos-humanos


http://sitios.dif.gob.mx/transparencia/transparencia_focalizada/adopciones/

https://www.pedirayudas.com/infancia-y-juventud/situacion-de-riesgo-y-desamparo-de-los-menores/