Country Programme Performance Summary

A. Country Information		
Country name: Honduras		
Category per decision 2013/31: Orange	**Current programme period: 2017-2021**	**Cycle of assistance: VIII**

B. Country Programme Outputs Achievement

Output 1: Strengthened national capacity to improve access to quality family planning services that meet human rights standards, particularly for adolescents and young people, including in humanitarian settings.

Indicators	Baseline	Target	End-linFe data
• Functional logistics management information system of the Master Plan of Health Commodities implemented for enhanced forecasting and monitoring of reproductive health supplies, including maternal health life-saving drugs	***No***	***Yes***	***Yes***
• Number of healthcare providers trained on family planning protocols with a human rights-based, age-appropriate and culturally sensitive approach in selected municipalities	***545***	***1145***	***2734***
• Number of institutions that have the capacity to implement the Minimum Initial Service Package at the onset of a crisis in place	***0***	***2***	***0***
• Number of Public Health facilities, providing quality assured adolescent friendly integrated sexual and reproductive health services in selected municipalities	***6***	***20***	***50***

Key Achievements *(input also from the last CP evaluation)*

The Country Programme positioned sexual and reproductive health as a multidimensional issue and aimed at strengthening capacities in the individual and organizational domains, updating and improving Sexual and Reproductive Health regulations, as well as the development of enabling environments in terms of service delivery, placing adolescent-friendly services as a key strategy for the prevention of adolescent pregnancy and the reduction of maternal mortality in this population group.

In three of the four indicators of this output, the results exceeded what was scheduled. The first indicator accounts for the implementation of the Functional Logistics Management Information System (SALMI) in PF in 50 health facilities. The second indicator exceeds the target by 238%. The fourth indicator exceeded the adolescent-friendly services target by 30 municipalities. However, the third indicator (Minimal Initial Service Package) did not progress as planned. However, during the emergencies caused by COVID19 and the hurricanes Eta and Iota, it was possible to position Sexual and Reproductive Health as a relevant component of the humanitarian response and there are now better expectations for the implementation of the Minimal Initial Service Package

UNFPA advocated for a human rights and gender approach in the Ministry of Health´s regulatory frameworks and provided technical assistance for the modernization of regulations according to international standards, to improve the quality in the delivery of SRH services at the primary and secondary levels of care. Some of the regulations supported are: Honduran Health Sector Standard for Adolescent Care (2017); Protocol for Comprehensive Care for Adolescents at the Primary Level of Care (2018); Protocol for Care in Family Planning (2019); Guide to Operationalize Family Planning Services in the Ministry of Health (2019); Guidelines for the Care of Pregnant Women, in Labor and Puerperium in the Context of COVID-19 (2020); Guide to the Application of Standards to Improve the Quality of Adolescent Health Care Services (2019); National Guidelines to Ensure Access to Family Planning Services (2021); Guidelines for the Training and Follow-up of Community Family Planning Monitors (2021); Instructions for Community Family Planning Monitors (2021).

UNFPA supported the Ministry of Health on the implementation of the Logistics Management Information System (SALMI PF), an institutional management tool for estimating, programming and monitoring modern family planning methods, designed to support real-time managerial decision-making on contraceptive inputs and methods. The system was set up in 48 health services, where it contributed to improve their capacities for the generation and use of information. Also, UNFPA Supported the Ministry of Health in the design an and launching of a telemedicine platform in Sexual and Reproductive Health and in the design and setting up of the National Agency of Sanitary Regulation.

UNFPA supported the Ministry of Health with the donation of contraceptives, provided technical assistance in estimating requirements for the Ministry procurement with its own resources and supported the introduction of a new two-rod subdermal implant, providing training to health personnel for its placement. In addition, UNFPA supported the preparation of two studies of availability of contraceptive methods and Sexual and Reproductive Health supplies as well as an assessment of the logistics system.

UNFPA supported the establishment of 50 adolescent-friendly health services in prioritized municipalities in eight departments of the Dry Corridor, equipped for the care of adolescents, with adequate infrastructure and trained human teams and educational and information materials. In addition, it supported the continuous improvement of these services with a certification process and a Roadmap for the implementation of the WHO Global Quality Standards in Adolescent Care. The friendly-adolescent health services contributed to improve access to sexual and reproductive health for approximately 200,000 adolescents living in the prioritized municipalities, including indigenous and Afro-Honduran populations.

UNFPA supported the Ministry of Health in training staff on new methodologies for adolescent care, the Honduran Health Sector Standard for Adolescent Care and the Protocol for Comprehensive Care for Adolescents at the First Level of Care. UNFPA supported the development of managerial capacities of health personnel, with the Diploma "Health Services Management with emphasis on Sexual and Reproductive Health for adolescents and young people in the context of the Health Sector Reform". Overall, UNFPA contributed to creating a critical mass of health providers at different levels of care trained in new technologies with a human rights approach, with an emphasis on adolescents.

UNFPA supported the humanitarian response to emergencies created by COVID19 and hurricanes Eta and Iota. UNFPA advocated for the creation of a sexual and reproductive health sub-cluster in the Humanitarian Country Team Health Cluster, which is still active. In terms of field actions, UNFPA supported The Ministry of Health in the development of technology platforms and the organization of SRH services in affected areas and provided protective and biosecurity supplies and equipment for health personnel, as well as dignity kits for adolescents. Within the framework of emergency response, UNFPA has contributed to the rehabilitation and continuity of essential sexual and reproductive health services, including family planning and maternal health. The following are the main achievements: a) 9,000 couples protected with modern family planning methods; b) 250 service providers and 100 community volunteers trained in SRH and Family Planning; c) 2,050 service providers and 1,500 service users supported with Personal Protective Equipment (PPEs) and hygiene kits; d) key staff of 20 health regions trained in Family Planning services; e) establishment of maternal mortality monitoring committees in 11 health regions and 14 hospitals.

Output 2: Increased capacity of government institutions and young people to advocate for the incorporation of adolescents and youth human rights and needs, including sexual and reproductive health and comprehensive sexuality education, into national laws, policies, and programmes.

Indicators	Baseline	Target	End-line data
• Number of local platforms created in the municipalities of intervention, with the support of UNFPA, for the prevention of adolescent pregnancy, with the participation of local governments, civil society organizations, the MOH, the MOE and Better Families	***0***	***1***	***48 (local platforms)***
• Number of formal and non-formal institutions that implement specialized and customized curricula on comprehensive sexuality education aimed to families, including marginalized girls developed by UNFPA	***1***	***4***	***3***

Key Achievements *(input also from the last CP evaluation)*

UNFPA promoted the human, generational and gender rights approaches to advance the Sexual and Reproductive Rights of young people and to implement Comprehensive Sexuality Education, in the formal and non-formal educational sectors. One of the greatest achievements is the positioning of the sexual and reproductive rights of young people at the local level, with adolescent-friendly health services as a reference. In addition, UNFPA promoted inter-sectoral spaces for debate and agreements, with emphasis on the territorial and community level. UNFPA also supported the strengthening of youth leadership from an inter-sectional perspective, giving visibility to indigenous and Afro-Honduran. Among the main achievements in this output are the non-formal comprehensive sexuality education initiative "Adolescents who Dream, Families Which Support" that reached more than 60,000 adolescents and the campaign "This Municipality Says Yes to The Prevention of Adolescent Pregnancies" which involved local governments and key actors in 50 municipalities. In the area of Comprehensive Sexuality Education, achievements were less than expected, because, even though the Ministry of Education showed advances in its implementation, comprehensive sexuality education is still not fully institutionalized. Besides, in 2019 UNFPA initiated an approach with the National Pedagogical University – which is an institution of university education for teachers – to include comprehensive sexuality education in the curricula, but the process was stopped when the University was closed due to COVID19.

UNFPA supported the creation of 48 local structures linked to the prevention of adolescent pregnancy in the intervention municipalities, with the participation of direct actors.

UNFPA supported the initiative “Adolescents who dream, families that support" and developed the “Better Families Programme” of the Ministry of Development and Social Inclusion, through which UNFPA strengthened the implementation of comprehensive sexuality education programmes in the non-formal sector, thanks to the adoption of a methodology designed by UNFPA to ensure dissemination of comprehensive sexuality education among the most vulnerable households. Within the framework of this initiative, 2,300 field technicians from the Better Families Programme were trained and more than 60,000 adolescents were reached. Building on the good results achieved by this initiative, the Ministry of Development and Social Inclusion (SEDIS) and UNFPA signed a USD 2.5 million Co-Financing Agreement for the implementation of the project "Support for the Strengthening of Multi-Sectoral Responses for Poverty Reduction in 275 Municipalities of Honduras through the Implementation of the Components of the Better Families Programme with Emphasis on SDGs 1,2,3,4,5,6,10,12 and 17". Within the framework of this project, UNFPA became the implementing agency of the Better Families Sub-Platform, which belongs to the Better Life Platform, developing an innovative community model, with a "learning-by-doing" approach on issues of: (i) women's self-esteem; (ii) monitoring of the state of health and nutrition; (iii) promotion of community self-management and; (iv) a nutrition programme for adolescents. The project was implemented in households in 275 selected municipalities living in extreme poverty, medium poverty and exclusion. 2,093 technicians of the Better Families Programme were trained in the different thematic of the 4 components of the programme, including printing of training materials, the development and acquisition of kits of materials and complementary supplies, the acquisition of info-technological equipment and technical assistance for the systematization of the experience. Thanks to UNFPA support, the Better Family Programme reached 300,000 families all over the country

With the National Commission of Alternative and Non-Formal Education (CONEANFO), a decentralized public institution for non-formal education, a comprehensive sexuality education curriculum was developed. This curriculum is available to more than 300 organizations which perform non-formal education under the Commission guidelines.

UNFPA also worked with 6 faith-based organizations (FBOs), which are members of the Interreligious Committee of Honduras and with whom a Manual called "Adolescents with Purpose" was developed to be used in the training of religious leaders in the prevention of teenage pregnancy.

As far as comprehensive sexuality education in the formal sector is concerned, UNFPA strengthened the Ministry of Education´s tools (guidelines, intervention routes), supported the training of teachers and strengthened the capacities of the Tripartite Inter-Institutional Board of Education of the Association of Municipalities of Honduras (AMHON), involving Municipal Technicians and Directors of Education. Although the full institutionalization of comprehensive sexuality education in the Ministry of Education is yet to be completed, a few achievements were made, such as the training of a national team of 29 trainers and the on-line certification of 2,000 teachers in the use of the Ministry of Education´s Guidelines on Comprehensive Sexuality Education, which were approved since 2011 but had not been fully implemented. In addition, a sexuality education module was developed for the School Program for Parents, Guardians and Caregivers. Furthermore, UNFPA, jointly with the National Autonomous University of Honduras, designed a curriculum on the prevention of gender-based violence in university context, which will be implemented in 2022.

UNFPA-supported Information, Education and Communication campaigns as a strategic tool for removing stereotypes about youth and sexuality. Through Youth Fairs and Camps, local youth participation was encouraged and local authorities and households were involved. The campaign "This Municipality says Yes to the Prevention of Pregnancy in Adolescence", developed jointly with the prioritized municipalities and the Association of Municipalities of Honduras, within the framework of the cooperation agreement signed, raised awareness about sexual and reproductive health and rights to adolescents and developed innovative awareness-raising initiatives, such as the Football Cup for the Prevention of Pregnancy in Adolescents, in which 3,000 male adolescents and 3,000 female adolescents participated. UNFPA supported the "Youth Leadership Camps" of the LACRO initiative "Juventudes Ya". From these camps youth leaders emerged, who then participated in the ICPD+25 Summit in Nairobi and the Regional Preparatory Meeting held in Puebla, Mexico.

UNFPA produced the Television Series "Es Cosa De Dos", aimed at empowering adolescents on the prevention of teenage pregnancy, Sexual and Reproductive Health and Rights and Gender-based Violence. In its first season, the Series was broadcast on channels with national coverage and seen by a significant number of people. In addition, the MOE incorporated it as an educational tool. In 2021, UNFPA has carried out 6 journeys of community cinema with the transmission of the series in the “Ciudad Mujer” Centers of Choluteca, San Pedro Sula and La Ceiba, in the Municipalities of San Juan and Santiago Puringla and in the Garifuna community of Travesía with the participation of 1,500 adolescents.

Jointly with the National Youth Institute (INJ), UNFPA developed and promoted the mobile application "Yo Decido" that provides friendly information for the prevention of teenage pregnancy and has had more than 4,000 downloads.

Youth empowerment has an intersectional perspective. From the "Meeting of Indigenous and Afro-Honduran Youth on Education, Employment and Pregnancy in Adolescents" in 2017, a Joint Declaration was issued by youths from various peoples on issues related to the UNFPA mandate. In partnership with the Ethnic Community Development Organization (ODECO), UNFPA promoted youth community leadership with a gender perspective. In turn, these leaders participated in international afro-descendant rights events.

UNFPA provided technical assistance to the Family Commission of the National Congress in the preparation of the Draft Law on the Prevention of Adolescent Pregnancy and also supported the holding of the "Children's Congress" in several years, contributing to the training of young leaders at the national level on Sexual and Reproductive Health and Rights and Gender-based Violence issues.

UNFPA, in coordination with The National Youth Institute (INJ), UNDP and FAO, supported the National Institute of Youth in updating the National Youth Policy, ensuring technical and financial assistance for the preparation of a draft document, the carry-on of validation and consultation workshops, with the participation of young people from different regions of the country, to ensure that the vision and expectations of rural youth, urban-marginal, indigenous and Afro-Honduran areas, are included in the Policy.

Output 3: Strengthened capacity of government institutions and civil society to advance reproductive rights and address gender-based violence, with emphasis on sexual violence against young girls and adolescents, including in humanitarian settings.

Indicators	Baseline	Target	End-line data
● Number of norms and protocols prepared or harmonized to respond to violence against women	***1***	***3***	***1***
● Number of civil society organizations supported by UNFPA that advocate to eliminate discriminatory gender and sociocultural norms that affect women and girls and their sexual and reproductive rights	***6***	***9***	***12***
● Enhanced knowledge and capacities of national authorities to deliver quality and coordinated essential services, including violence against women, especially sexual violence	***No***	***Yes***	***Yes***

Key Achievements *(input also from the last CP evaluation)*

Advocacy and political dialogue promoted by UNFPA supported regulations and public policies that advance the rights of women and girls. Interventions with an inter-sectional approach made it possible to support Afro-descendant and indigenous women, fostering spaces for democratic dialogue between the State and social organizations. In addition, the interventions contributed to a prioritize gender-based violence in institutions that previously did not consider it, such as the Ministry of Education, the Ministry of Social Development and Inclusion and local governments.

UNFPA advocated for a ban on child marriage. In partnership with UNICEF, Plan International and UN Women, UNFPA succeeded in promote and amendment to the Family Code that raised the age of marriage from 16 to 18, and prepared a study named "Adolescent Girls in Early and Forced Child Marriages and Unions in Honduras" (2019) to support the implementation of the law. UNFPA also succeeded advocating for the reform of the Law on Responsible Maternity and Paternity that incorporated the gender perspective. During the COVID-19 pandemic, UNFPA advocated for the approval of a Law containing "Special measures for the dissemination, prevention and attention of violence against women and actions to guarantee gender equality, during the validity of the national emergency declared as a result of the COVID-19 pandemic", which was approved by the National Congress.

UNFPA adopted an intersectional gender approach, supporting the National Institute of Women and the Network of Indigenous and Afro-Honduran Women of Honduras (REDMIAH) in the preparation of the "Public Policy on the Rights of Indigenous and Afro-Honduran Women" and its Action Plan. During the preparation, UNFPA promoted a participatory discussion framework, bringing together 4,000 women from the nine indigenous and Afro-Honduran peoples. The Policy has been presented to the General Secretariat of Government Coordination for final approval.

Within the framework of the Spotlight Initiative, UNFPA contributed to positioning Gender-based Violence care and prevention in the Ministry of Education, supporting the development and approval of specific regulations on the subject, one on the approach to child sexual abuse and others for the prevention of sexual harassment, which will allow the Ministry of Education to define reporting and attention channels, as well as promoting Gender-based Violence-free educational centers. In addition, educational material on Gender-based Violence was prepared to be used in the School for Parents, Guardians and Caregivers, material that was approved by the Ministry of Education. UNFPA also integrated Gender-based Violence prevention and care in non-formal education by Strengthening the capacities of 1,546 technicians of the Better Families Programme of the Ministry of Social Development and Inclusion, for the implementation of a Toolbox that addresses the issue of sexual violence in the community sphere.

UNFPA contributed to the capacity-building of national institutions linked to gender equality. In the case of the National Institute for Women (INAM), UNFPA supported the development of cross-cutting coordination strategies, as well as the elaboration of the Institutional Strategic Plan (PEI) 2019-2022 and the evaluation of the Second Plan for Gender Equality and Equity in Honduras (II PIEGH 2010-2021). UNFPA collaborated with the Institute municipal strategy by supporting capacity-building in the Gender-Responsive Budget at the local level. This action strengthened networks of Municipal Women's Offices in 16 departments. In the framework of the Spotlight Initiative, UNFPA developed comprehensive care routes for Gender –based Violence survivors in 5 municipalities, and a proposal for a Comprehensive Reparation Programme for Victims and Families.

In the framework of the cooperation agreement signed with the Association of Municipalities of Honduras in 2017, UNFPA implemented activities to develop capacities of local authorities of 50 prioritized municipalities and technicians on gender equality and positive masculinities. Also, UNFPA provided technical support for the preparation of the Gender Policy of the Association.

Under the Spotlight Initiative, UNFPA supported the Attorney-General's Office in the preparation of a "Training Manual on Gender, Violence and Human Rights" to facilitate staff awareness-raising. In addition, justice operators and police officers in prioritized municipalities were trained in Sexual and Reproductive Health and Rights.

UNFPA, together with other donors, contributed to the creation and strengthening of the Ciudad Mujer Programme, which has contributed to improving the quality of life of women and adolescents, having served 917,385 users in 5 centers nationwide since its creation in 2017, including 10,153 adolescents in 2019 alone. Specifically, UNFPA supported the implementation of the Adolescent Care Module of Ciudad Mujer, with equipment, staff training and educational and information materials, including technological innovations, such as interactive virtual reality cabins and the "Seguras" mobile application. Also, UNFPA provided technical assistance for the developing and launching the Platform "Ciudad Mujer Digital" to support knowledge management activities of the "Ciudad Mujer" Programme.

UNFPA supported the creation and strengthening of the "Space for Dialogue on Population and Development of Honduras", a civil society platform created in 2017, with twelve civil society organizations. The platform prepared and shared a document "Summary on the Report of Progress and Setbacks of the State of Honduras regarding the Fulfillment of its Commitments Established in the Montevideo Consensus on Population and Development". In addition, the Spacet was actively involved in the process towards the ICPD+25 Summit, taking up the selection of representatives of civil society organizations at the Regional Preparatory Meeting for Latin America and the Caribbean and in the ICPD+25 Summit.

UNFPA has promoted communication campaigns to raise awareness regarding GBV prevention and care, as the campaign "The Other Pandemic" supported by the Spotlight Initiative, including 5 documentaries, 10 podcasts and a 5-chapter animated series.

Within the framework of the humanitarian response to COVID-19 and hurricanes Eta and Iota, UNFPA supported affected Afro-Honduran and indigenous women, providing biosecurity kits to health services in areas where these populations live and carrying out prevention and care actions in Gender-based Violence, in partnership with the Organization of Community Ethnic Development and the Network of Indigenous and Afro-Honduran Women of Honduras. In addition, UNFPA donated biosecurity kits to staff at 100 Municipal Women's Offices and the staff of the National Institute of Women at six Ciudad Mujer centers and at the central level. Besides, UNFPA is coordinating the Gender-based Violence Sub-Cluster of the Humanitarian Country Team and, through the sub-cluster, has contributed to the Strengthening of the capacities of humanitarian actors in the emergency response in Gender-based Violence, including the capacities of Gender-based Violence care providers in therapeutic care and case management and the creation of 4 safe spaces for women in the north of the country, which implement case management, psychosocial support, cash transfers and telemedicine

Output 4: Strengthened national capacity to generate, analyze, use and disseminate quality, and disaggregated data on population and development issues to guide evidence-based policies on socio-demographic inequalities, including in humanitarian settings

Indicators	Baseline	Target	End-line data
• Number of national institutions using data and evidence generated by UNFPA	***0***	***7***	***12***
• Number of databases with population-related data accessible by users through web-based platforms that facilitate mapping of socio-demographic disparities	***0***	***1***	***2***
• National Population Policy approved and updated with UNFPA support	***No***	***Yes***	***Yes***

Key Achievements *(input also from the last CP evaluation)*

UNFPA engaged with high-level advocacy for data generation and supported the country in meeting international development commitments. By the end of the programme cycle, through the support provided to the preparation and launching of the Demographic and Health Survey (ENDESA/MICS), UNFPA contributed to the updating of fundamental statistical information to measure progress in achieving the Transformative Results and the SDGs. UNFPA succeeded in promoting dialogue around the ICPD Programme of Action and convened social organizations. It resulted in new public policies relevant to the macro-social challenges of Honduras, including the "National Population Policy", approved in 2018, which proposes to "guarantee the exercise of reproductive rights, including access to SRH, particularly in the poorest and most vulnerable groups, who face the greatest challenges in terms of demographic composition of families".

UNFPA provided technical assistance to the Government of Honduras in updating and presenting country reports to the international commitments of the ICPD and the 2030 Agenda, including national reports for the Regional Conference on Population and Development in Latin America, the National SDG Agenda and the ICPD+25 national voluntary commitments, providing also technical assistance for the participation of Government and civil society participants in the Nairobi Summit. Besides, provided technical assistance to the National Institute of Women in the preparation of follow-up reports to Belem do Para, CEDAW and the CSW.

UNFPA supported the establishment of a National Technical Team, with participation of the National Institute of Statistics, The Ministry of Social Development and Inclusion, General Secretariat of Government Coordination, the National Center of Social Information, UNDP and UNFPA, which prepared an analysis of the underlying causes of teenage pregnancy, with emphasis on gender and intergenerational relations. The document provides a "comprehensive policy strategy" with a roadmap agreed between the parties and a pilot project in 22 municipalities, although the initiative was delayed by COVID-19.

UNFPA supported the preparation of the 2019 Demographic and Health Survey (ENDESA-MICS), which was launched in October 2021. The ENDESA-MICS database is already available and accessible to the public in the National Statistics Institute web-page.

UNFPA supported the National Autonomous University in the creation of the University Demographic Observatory, which collect, analyze and disseminate socio-demographic information and analysis through its web-page.

UNFPA is providing technical assistance to the National Institute of Statistics in the preparatory activities for the new National Population Census, which is preliminarily scheduled for 2023.

At the territorial level, UNFPA advocated the inclusion of sexual and reproductive health, Gender-based Violence and adolescent pregnancy prevention in municipal planning. Currently, UNFPA is working with the Ministry of Interior in the development of Municipal Demographic Observatories and a socio-demographic indicators platform.

As part of its humanitarian assistance in the emergency response to Eta and Iota, UNFPA with the support of LACRO, worked to ensure that high-quality subnational population projections at the departmental level (ADM-2) were used for the situation analysis. These population data, which are disaggregated by sex and 5-year age groups and referred to in humanitarian circles as the Common Operational Data Set on Population Statistics (COD-PS), provided an up-to-date snapshot of the resident population across the country, including the affected areas. Population data was overlaid with geospatial visualizations to identify affected populations within the top 102 municipalities that were likely to have the most substantial impact.

C. National Progress on Strategic Plan Outcomes[1]	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	N.A.		N.A.		Data not available in the country
Contraceptive prevalence rate (total)	73% (64% modern methods)	2012	69% (67% modern methods)	2019	
Proportion of demand for contraception satisfied (total)	73%	2012	69%	2019	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	43.8%	2016	54.9%	2018	Data not available in the country
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	89%	2012	94%	2019	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	1	2016	4	2021	
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	40.7%	2012	31.2	2019	Data not available in the country
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	N.A		N.A		Data not available in the country

[1] The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Summary of National Progress

Sexual and Reproductive Health indicators have improved slightly over the years. According with the National Demography and Health Survey 2019 (ENDESA/MICS 2019) Global Fertility Rate was 2.6 child per woman compared with 2.9 in 2012; 66.5 percent of married women were using modern contraceptive methods (64 percent in 2012); 92 percent of the deliveries were attended by qualified personnel (83 percent in 2012). However, some indicators do not show a positive trend. The most relevant case is the percentage of women who have unmet needs for family planning which increased from 11 percent in 2012 to 12.9 percent in 2019.

National averages hide relevant regional and other inequalities. There are differences according to the area of residence (2.9 children per woman in rural areas and 2.3 children in urban areas), level of education (4 among women without schooling and 1.4 among those who have completed higher education) and wealth quintile (3.8 among women in the poorest quintile and 1.7 among those that are in the richest). The departments with high values of the total fertility rate are: Gracias A Dios (4), Olancho (3.6), Colón (3.1) and Intibucá (3). The ENDESA/MICS made an estimate of the Global Fertility Rate for some ethnicities, finding that Garífunas (3.1) lencas (2.6) and misquitos (3.5) are above the national average.

The ENDESA/MICS 2019 presents for the first time the Specific Fertility Rate for the age group between 10 and 14 years, and places it at a value of 4 live births per 1,000 women in this age range. This data indicates the presence of pregnancies in childhood, pointing to situations of sexual violence and abuse. For the 15-19 age group, the Specific Fertility Rate is 97 live births per 1,000 women in that age range, which represents a 4 points reduction compared to 2012, when the rate was 101. However, the rate of reduction of the Specific Fertility Rate between 15 and 19 years is much slower to other age ranges and below that of the General Fertility Rate, which fell by 18.3 points within the same period. Adolescent Fertility Rate is higher in rural areas (115) than in urban areas (77), but it is in rural areas that it has fallen at a faster rate in recent years, of 6.5 percent, compared to urban areas, where the reduction has been 4.9 percent. However, it is still necessary to deepen interventions in the departments with the largest rural population, since they are among those with the highest rates, with Olancho (147), Gracias a Dios (125), Colón and Yoro (124), Intibucá (122), Lempira (115) and Atlántida (114) being above the national average.

An estimated 22.9 percent of adolescent women aged 15 to 19 were pregnant once; while, in men of the same age, 3 percent have a child and 0.4 percent have had a child before the age of 15. The above reveals the gender inequality that exists around this topic. The percentage of adolescent girls who are already mothers or pregnant with their first child is higher among rural women than among urban women (28 and 16.5 percent, respectively); in women with basic education (55 per cent), compared with those with higher education (3 per cent); and adolescents in the poorest quintile (34 percent) than in the richest quintile (8 percent). The Departments with the highest percentages of adolescents who are mothers or pregnant are Olancho (33.2), Intibucá (32.1), Lempira (28.3), Colón (27.8) and Yoro (27.3). Compared with 2012,). Besides, 23.2 percent of garífuna women aged 15 to 19, 23.3 percent of the lencas and 27.4 percent in the case of misquitos, were once pregnant.

An estimated 69 percent of women 15 to 49 currently married or in union use (or their partner uses) contraceptives. Of this group of women, 67 percent used modern methods and 3 percent used traditional methods. In 2012, 73 percent of women in union were using birth control (64 percent modern methods and 9 percent traditional methods). Even though the data indicates a reduction in use, the use of modern methods increased by 3 percentage points. The most commonly used modern methods among women currently married or in union are: female sterilization (22 percent), injections (20 percent) and oral contraceptives (11 percent). The Departments with the lower use of contraceptives are Lempira (60.6), Copán (65.2), Gracias a Dios (65.7), Santa Bárbara (66.4) and Olancho (66,9). The use of contraceptives for garífunas is 76.7 percent, lencas 63.9 percent and misquitos 66.5 percent.

The availability of contraception in health services has been gradually improving in recent years. Data from annual studies on "Availability of Life-Saving Contraceptive Methods and Reproductive Health Medicines", prepared

jointly by the Ministry of Health and UNFPA, show that the percentage of health facilities of the primary level offering at least three contraceptive methods grew from 67.7 percent in 2015 to 92.6 percent in 2018. In the case of second-level establishments, between the same years there was a slight reduction in the provision of at least 5 methods, from 100 percent to 95.7 percent. In addition, in 2018, 54.9 percent of primary level establishments had not experienced any stock-out in the past three months compared to 43.8 percent in 2016, as well as 39.1 percent of second-level establishments compared to 14.3 percent in 2016.

Of the women aged 15 to 49 currently married or in union, 12.9 percent have an unmet need for family planning (6.4 percent for birth spacing and 6.5 for contraception). Compared with 2012, unmet needs have increased by two percentage points. Lempira (17.7), Santa Bárbara (15.1), Gracias a Dios (14.8), Intibucá (14.7) and Copán (14.4) are the Departments with the highest percentages of unmet needs. Maya-chortis (18.5) and lencas (15.8) show also values over national averages.

Limited access to contraception is an important factor leading to adolescent pregnancies. The use of contraceptives by married adolescent women aged 15-19 is 56.8 percent, 12.2 percentage points lower than the national average The Unmet Need for Family Planning for women between 15 and 19 years old is 19.7 percent, 6.8 percentage points above the national average.

Another determinant that contributes to adolescent pregnancies is the phenomenon of early unions. According to data from ENDESA/MICS 2019, 34 percent of women between the ages of 20 and 24 were in a union before age 18 (9 percent before age 15). Early unions are more common in rural areas (42 percent) than in urban areas (25 percent). Regarding education levels, 65 percent of women before age 18 with lower education levels (primary 1-3 or without education) were in union, compared with the 5 percent in women which had initiated superior education. 55 percent of women in the lower quintile of income were in early union, compared with 15 percent of the higher quintile.

The sexual and reproductive health of women and adolescents has been affected by COVID19, and the Eta and Iota hurricanes. Preliminary estimates by UNFPA indicate that, in the areas affected by humanitarian emergencies, the percentage of pregnant adolescents may have risen to 30 per cent and unmet family planning needs may have reached 23 per cent due to discontinuity of services.

The normative framework for Sexual and Reproductive Health in Honduras has been consolidated since 1999, when the Ministry of Health issued the first National Sexual and Reproductive Health Policy as a conceptual, strategic and operational framework for implementation. Other laws and policies linked to the area were subsequently approved, including the Special Law on HIV/AIDS of 1999 and its reforms in 2015, the National Health Plan to 2021 approved in 2005, the Youth Framework Law of 2006 and the National Youth Policy of 2010, the Second Plan for Gender Equality and Equity of Honduras of 2010, the First Public Policy on Human Rights of 2012, the National Strategy for the Prevention of Pregnancy in Adolescents (ENAPREAH) of 2012, the National Policy on HIV and AIDS in the World of Work (2013), the Multi-sectoral Plan for Adolescent Pregnancy of 2015, the National Strategic Plan for Response to HIV and AIDS-Pensida IV-2015-2019, the Framework Law of the Protection System and the National Model of Health of 2013. UNFPA contributed with the preparation and implementation of most of these legal and policy frameworks.

The policy was updated in 2016 and a new National Policy on Sexual and Reproductive Health was issued. The overall goal of the policy is to promote the improvement of Sexual and Reproductive Health through the informed, free and responsible exercise of sexual and reproductive rights throughout the course of life, in the context of the Framework Law on the Social Protection System. Key specific objectives are: a) strengthen the network of services for comprehensive sexual and reproductive health care, taking into account the most vulnerable populations; b) promote universal access to comprehensive sexual and reproductive health education for institutional and community personnel that include formal and non-formal education; c) strengthen accountability mechanisms and

inter-institutional and community coordination for the fulfillment of sexual and reproductive rights; d) develop a research agenda on priority issues, with emphasis on most vulnerable populations; e) update the information system with variables related to social determinants in health, linked to sexual and reproductive health; f) promote the elimination of discrimination based on HIV, sexual orientation or gender identity or any other condition.

The implementation of sexual and reproductive health policies and regulations has faced barriers, linked with limitations in the allocation of resources, weak capacities of health staff, weak coordination in the health system, slow progress of the health reform process, and the presence of social norms and patterns which discriminate against some population groups, like adolescents, indigenous and Afro-Honduran, people with disabilities, LGTBI population.

In conclusion, despite improvements in sexual and reproductive health and rights indicators during recent years, there are still important gaps in full access to sexual and reproductive health and full exercise of rights, especially for vulnerable populations.

Despite the significant progress made in reducing the maternal mortality ratio, the pace of decline has slowed. Between 1990 and 1997, the ratio fell from 182 to 108 for an average annual reduction of 10.6 deaths per 100,000 live births; between 1997 and 2010 the ratio fell from 108 to 73, equivalent to an annual reduction of 2.7; and between 2010 and 2015, the reduction was 2.4 per year, from 73 to 61 deaths per 100,000 live births. If this pace continues, there is a risk that the target set in the Sustainable Development Objectives (24 deaths per 100,000 live births by the year 2030) will not be reached.

The two main causes of maternal deaths during pregnancy, childbirth, and the postpartum period are hemorrhage (37 percent) and hypertensive disorders in pregnancy (27 percent). The most critical period is during the delivery and postpartum stages, when 71 percent of deaths occur. Eighty-eight percent of deaths in the postpartum stage occur during the first 48 hours after giving birth.

National aggregated data hide territorial and other inequalities. the Maternal Mortality Ration in rural areas is 79 maternal deaths per 100,000 live births, while for the urban area it is 45. In relation to the Maternal Mortality Ratio by age group, between 10 and 19 years the value is 57, between 20 and 34 years 50 and for 35 years and above is 146. The Departments with the highest Maternal Mortality Ratios are Santa Bárbara (150), Gracias a Dios (122), Valle (103), Choluteca (83) and Comayagua (75). 48.4 percent of the maternal deaths occurred in women with only primary education, compared to 2.5 percent in women with superior education. The maternal mortality rate among women in community childbirth was 75 per 100,000 live births compared to 39 per 100,000 among women assisted at a health care facility.

Some of the conditions affecting the levels of maternal mortality are: (i) limited coverage and challenges related to of family planning services; (ii) low quality of care during childbirth and obstetrical complications at health care facilities; and (iii) poor problem-solving capacity at basic and general hospitals.

Maternal mortality in Honduras points to a large gap in access to reproductive and family planning services, particularly in the lowest income quintile, where the frequency of the use of birth control methods is 55 percent compared to 69 percent nationally. This means that deaths occur, mainly among women who have had multiple pregnancies (55 percent), women over 35, and girls under 19. This last situation is conditioned or exacerbated by the high percentage of teenage pregnancies (22.9 percent).

Since a larger percentage of institutional deliveries take place in public hospitals, the majority of maternal deaths occur there as well, mainly for problems associated with the quality of care. One problem with quality is failure to follow standards of care. In the baseline measurement of the Mesoamerica Health Initiative taken at hospitals in 2013, just 11 percent of obstetrical complications and 67 percent of postpartum patients were treated up to the

standard of care, jeopardizing the lives of mothers and newborns. Another problem with the quality of care for obstetrical complications is limited 24/7 obstetrical coverage in hospitals, with just 48% offering such coverage.

Honduras adopted the conceptual model of the "three delays" to identify the determining factors in obstetrical complications or deaths. The first delay occurs when the woman or her family fail to recognize signs of obstetrical risk and do not seek medical help. The second delay occurs between the time the risk is identified and the time taken to access a health care facility (financial and transportation barriers). The third delay is not receiving adequate and timely care once reaching a facility (depends on enough trained personnel, availability of medications, equipment, and infrastructure). According to the 2015 Reproductive Age Maternal Mortality Survey (RAMOS), 18.8 percent of maternal deaths occur in the first delay, while 27.4 percent occur during the third. This indicates that the problem with the greatest impact on maternal mortality is the quality of care and the weak response capacity of the hospital system. Root conditioning factors of maternal deaths continue to be the low level of education, low economic income, extreme ages and multi-parity.

There are not most recent data for the MMR. However, there are data for maternal deaths produced by the Health Surveillance Unit of the Ministry of Health[2]. According with the data, maternal deaths increased by 10.7% between 2019 and 2020, being this increase related with the impact of humanitarian emergencies. Adolescent maternal deaths almost doubled and grew from 7.5% to 12.6% (out of the total maternal deaths), which reflects the differentiated impact of COVID19 and tropical storms on this age group.

The reduction of maternal mortality has been a critical components of health policies frameworks for several years and is a priority in the National Plan of Health, the National Policy of Sexual and Reproductive Health and the Decentralized Management Model, which is at the center of the health sector reform process. The "Policy for the Accelerated Reduction of Maternal and Child Mortality (RAMMI)", approved in 2008, is being updated with the technical assistance of international donors, included UNFPA. Main objectives of the Policy are: a) Develop and expand the coverage of health services at the national level, especially reaching out to excluded populations, through the development of new models of care that favor universal access and quality of care for mothers and their newborns and children; b) Improve the quality of health care through the implementation at the national level of strategies and initiatives that ensure the integrated application of standards, provision of trained human resources, equipment, medicines and biologics; c) Reduce unmet family planning needs and early initiation of unprotected sex, risk of pregnancy, and sexually transmitted infections; d) Increase, through integrated actions, the participation of individuals, their families and communities in the protection and maintenance of maternal and child health; e) Improve the management of services aimed at the continuing mother, newborn and childhood, promoting the generation and use of evidence, particularly arising from the surveillance and monitoring system.

The RAMMI policy has facilitated improvement of Maternal Mortality indicators, but the initial targets have not been achieved. Furthermore, inequalities persist in access to sexual and reproductive health services, including maternal health. The humanitarian emergencies have caused interruptions in the provision of services, which is reflected in maternal mortality indicators.

UNFPA's Contributions

In the area of sexual and reproductive health, the main contributions of UNFPA are: a) establishment of 50 Adolescent-Friendly Health Services in poor municipalities of the rural area with a relevant indigenous population; b) capacity development of service providers on sexual and reproductive health care, with emphasis on adolescent care; c) preparation and approval of regulations and protocols in Sexual and Reproductive Health, including the "Honduran Standard of the Health Sector for Adolescent Care", the "Protocol of Comprehensive Care for Adolescents in the Primary Level of Care", the "Protocol for Family Planning Care", the "Guide to Operationalize

Family Planning Services in the Ministry of Health" and the "Tool for Contraceptive Needs Forecasting"; d) the implementation of a Logistic Management Information System (SALMI-PF) for Family Planning Supplies.

UNFPA contributions had an impact on the evolution of contraceptive prevalence and the fertility rate, especially through the reduction of adolescent pregnancy. Adolescent Fertility Rate is higher in rural areas (115) than in urban areas (77), but it is in rural areas where it has fallen at a faster rate in recent years (6.5 percent vs 4.9 percent). UNFPA interventions targeted at adolescent pregnancy prevention have contributed to this result, as they have heavily focused on rural areas. Furthermore, they contributed to reduce both the overall percentage of adolescents once pregnant from 24 percent to 22.9 percent and the specific percentages of the Departments of Copán (33.4 percent to 18.1 percent), Choluteca (21.5 percent to 18.1 percent), La Paz (26.1 percent to 25.0 percent), Lempira (30.1 percent to 28.3 percent), Valle (25.7 percent to 24.7 percent) and Atlántida (26.3 percent to 23.0 percent.

In the case of the implementation of the LMIS (SALMI-PF), the health services that are using the system experienced a reduction in the stock-out of contraceptives, having an impact on national indicators. Thanks to the results achieved, the Ministry of Health has implemented by his own the SALMI PF in several service units and is interested in its scaling-up to all health regions, including hospitals.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health					
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	N.A		N.A		
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2016	Yes	2021	

[2] Ministry of Health: Maternal Mortality Surveillance report 2019-2020.

Summary of National Progress

An estimated 60% of the Honduran population is under 30 years old. Despite some improvements in recent years, Honduran adolescents and young people face interrelated challenges. The adolescent fertility rate is 97 births per 1,000 women aged 15-19 years (101 in 2012) and 22.8% of adolescents between 15 and 19 years old have been pregnant at least once (24% in 2012). Even though formal comprehensive sexuality education is being imparted since 2011, it is not fully implemented in the education system. The School Coverage Rate for the population between 15 and 17 years old is only 35.7%. The youth unemployment rate (11.2 per cent) is more than twice the national average. Youth and adolescents are disproportionately affected by the high levels of crime and violence; 30 per cent of homicide victims are young people (aged 15-24 years). Adolescent girls and children account for the 79.1% of the complaints of sexual offenses. Youth are often overrepresented in the migrant population, pushed by lack of opportunities, extreme poverty and violence.

The Government has implemented some actions to improve adolescents and youth living conditions, including the updating of the National Youth Policy, employment and entrepreneurship programmes for youth – the Project "Building the Future" and preferential access to other government projects like "Credito Solidario", "SENPRENDE" and "Empleate"-, volunteering programmes of the INJ with NGOs, training programmes designed by the INJ and NGOs, non-formal educative programmes which contain components of CSE have been implemented, especially the initiative "Adolescents Who Dream, Families Which Support", developed by the Ministry of Social Development and Inclusion, the "Ciudad Mujer Joven" programme, and the Multi-sectoral Plan for the Prevention of Adolescent Pregnancy, which include actions aimed to reduce gender equality, improve SRH for adolescents and promote opportunities for adolescent girls. However, the coverage of these initiatives is still low and their results are not being measured.

UNFPA's Contributions

UNFPA has played a very relevant role in some of the initiatives listed above. The advocacy and technical assistance provided by the Country Office, were a key input for the design, approval and implementation of the Multi-Sectoral Plan for the Prevention of Adolescent Pregnancy. In the framework of this Plan, UNFPA has contributed with the establishment of adolescent-friendly health services, the Initiative "Adolescents Who Dream, Families that Support", in which more than 60,000 adolescents have been trained, the "Ciudad Mujer Joven", the provision of technical assistance to the Ministry of Education for the improvement of CSE, and communication and awareness-raising campaigns at national and local level, aimed at the promotion of adolescent and youth SRHR. The measurement of the impact of these activities on key indicators is still in process.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2016	No	2021	There is a gender equality national action plans that integrate reproductive rights with specific targets, but it does not include national public budget allocations
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	N.A		89%	2021	
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	15.2%	2012	6.2%	2019	

Summary of National Progress

Gender-Based Violence is a concern in the country. Honduras has one of the highest rates of violence against women and femicide in Latin America and the Caribbean. Between 2005 and 2017, there were over 5,000 victims of femicide. In 2018, the country recorded the violent deaths of 383 women, equivalent to a woman being murdered every 22 hours. Impunity, socioeconomic disparities and corruption, lack of a comprehensive data collection system to guide policy development and to monitor progress in the field of violence against women are the key challenges that foster the spread of violence in the country.

An estimated 20 percent of women aged 15-49 have been beaten or physically abused at least once since the age of 15. The percentage of women who have experienced physical violence since the age of 15 is higher in rural areas (23 per cent) than in urban areas (18 per cent). The highest percentages of physical violence are observed in women aged 45 to 49 (29 percent), divorced women (36.5 percent) and women without schooling (29 percent). Among women aged 15-49 years who have ever been married or in union, 16 percent have experienced some form of violence (psychological, physical, or sexual) by the husband/partner. When disaggregated by type of violence, 14.5 percent have experienced psychological violence, 6 percent physical violence and 2 percent sexual violence. 4 percent of women aged 15-49 have experienced sexual abuse since the age of 12. Of this group, the person who exercised the abuse was an acquaintance in 28 percent of cases, an unknown person in 25 percent, another relative in 20 percent of cases, the current partner/ex-partner in 12.5 percent, the parent/stepfather in 6 percent, and the ex-husband/partner in 5 percent of cases. This type of abuse is most reported in the urban area. In addition, 2 percent of women aged 15-49 have experienced sexual abuse before the age of 12. Compared with 2012, violence by an intimate partner has reduced by six percentage points, from 22 per cent to 16 per cent.

In 2018, the Directorate-General for Forensic Medicine of the Attorney General's Office conducted 12,156 physical assessments of women. Of that total, 45.1 percent were injuries, 25.4 percent were assaulted women and 21.3 percent were sexual offences. In the case of the latter, 79.1 percent of reported cases were for girls and adolescents between the ages of 5 and 19, with 41 percent concentrated in the age range between 10 and 14 years, indicating that adolescents are the most vulnerable group likely to experience sexual violence.

Access to justice for women victims of violence is another challenge for gender equality. In 2017 a total of 126 cases of violent deaths and femicides were admitted to the criminal courts at national level. This means that only 26.9 percent of all violent deaths of women and femicides in the country in that year passed the second stage of the judicial process. Only 96 (20.5 percent) of the cases resulted in a verdict, but only 72 (15 percent) in a guilty verdict, which means that the percentage of impunity was 85 percent. 67.3 percent of the cases of domestic violence admitted are declared “lapsed”, i.e. they are cases where the complainant did not appear, or the necessary procedures were not followed to allow its continuation. This is connected to the lack of support and referral services for women survivors of violence in the country. Of the total verdicts, only 26 percent resulted in a judgment of “upheld”, i.e. in favor of the woman who filed the complaint.

Moreover, lesbian, bisexual and transgender women constitute a part of the population with challenges and needs in terms of violence and citizen security. They are a traditionally marginalized population group and excluded, often victims of hate crimes and discrimination based on sexual orientation and gender identity. In Honduras, from 2011 to 2014, 119 homicides of members of the LGTBI community have been registered.

Migrant women and girls face structural and conjunctural risks. They experience disproportionately high rates of sexual violence and can be victims of smugglers (coyotes), gangs and the police. In a 2017 survey, 68.3 percent of migrants and refugees entering Mexico reported being victims of violence during their transit to the United States. Nearly a third of the women surveyed had been sexually abused during their journey (31.4 percent). Considering rape and other forms of direct sexual violence alone, 10.7 percent of women were affected during their transit through Mexico. Unaccompanied migration and apprehension of children and adolescents represent another crucial

problem, because involve severe violations of the best interests of the child. In recent years there is a change in the migration pattern, as the number of complete family groups is increasing, but also that of unaccompanied minors. Another group of women who are most vulnerable to situations of violence and discrimination are rural women, especially those in poverty and even more if they are indigenous and Afro-descendant.

Honduras regulates violence against women through laws, public policies, plans, strategies, standards and protocols, as well as manuals and guidelines. These provides the basis for regulatory framework to address the problem at national level, within the framework of international commitments. Especially since the 90s, an effort has been made to adapt local legislation in line with international instruments, such as CEDAW and the Belem do Pará Convention. Important milestones in this regard include:

- the Law against Domestic Violence (1997), its reforms (2005, 2013) and its application protocol;
- the reforms of the Penal Code with a view to typifying/criminalizing intra-family violence (1996), increasing the penalization of sexual crimes and typifying/criminalizing types of violence that disproportionately or exclusively affect women, girls, adolescents and young people, such as trafficking, commercial sexual exploitation, femicide; and
- the Law on Equal Opportunities for Women (2000), the First National Plan for Equal Opportunities (2000-2007), the first and second National Plans against Violence against Women (2006-2010 and 2014-2022, respectively), the first and second Gender Equality and Equity Plan of Honduras (PIEGH II and II PIEGH 2010-2022, respectively), with specific actions for addressing violence against women.

However, the country has not ratified the CEDAW optional protocol, despite recommendations made on several occasions in the framework of international human rights instruments, such as the Universal Periodic Review (UPR). Also, a Comprehensive Law against Violence Against Women is being drafted, but it was not yet presented in the National Congress. Abortion, same-sex marriage and emergency contraception are banned in Honduras.

Honduras has an institutional framework to combat VAWG, since the normative development has also generated a set of institutions responsible to protect and promote the human rights of women, in particular the right to a life free of violence. Among them include the National Institute for Women (INAM), the Municipal Women's Offices in each municipality, Family Consultancies, the Special Courts for Domestic Violence in SPS and the Central District, gender units in different institutions, the Gender Commission in Congress, the Inter-institutional Commission against Commercial Sexual Exploitation and Trafficking of Persons (CICESCT), the comprehensive assistance model (MAI) of the General Attorney Office (in the Central District, San Pedro Sula and La Ceiba) and the Presidential Programme “Ciudad Mujer” which consists of comprehensive service centers specialized for women’s assistance in six municipalities, the Special Prosecutor for Women (in the Central District, San Pedro Sula and La Ceiba) and the Investigation Unit of Violent Deaths of Women and Femicides of the Attorney General. Finally, other relevant entities include the DINAF- the government entity responsible for childhood policies and responsible for hearing cases of violation of rights in the administrative area -, the Office of the Child Prosecutor, as the responsible institution in cases of violations of rights of girls and the Ministry of Health, among others.

However, access to essential services to respond to violence against women and femicide is limited, since a comprehensive, coordinated, interdisciplinary and participatory response by the institutions responsible for providing the necessary protection framework has not been developed yet, although there have been advances in this regard, such as the implementation of the “Ciudad Mujer” Programme. Also, the coordination between the government and civil society is insufficient, especially the coordination with women’s organizations and women human rights defenders, who work tirelessly, but with limited resources, to contribute to address this phenomenon in Honduras.

In addition to limited institutional capacities, the level of insecurity generated by organized crime and drug trafficking represents a major challenge for service delivery, as a significant number of neighbourhoods in the different municipalities are directly controlled by gangs and organized crime.

There are also considerable socio-cultural barriers, which hamper full access to essential services, especially for women and girls who suffer from intersecting forms of discrimination, those in rural areas, and indigenous and Afro-Honduran, and women and girls with disability, migrants and those subject to discrimination because of their different sexual orientation and gender identity.

In the wake of the crisis generated by COVID-19 and subsequently exacerbated by the Eta/Iota emergency, all pre-existing situations of gender-based violence were increased in depth and reach. Multiple cases of sexual violence, physical and psychological assaults and situations of sexual exploitation were reported in the shelters. Furthermore, women discontinued the use of contraceptive methods, due to the COVID-19 context, which contributed to increase the number of unplanned pregnancies.

UNFPA's Contributions

UNFPA has contribute to develop national capacities for gender-sensitive budgeting and is providing technical assistance for the preparation of the Strategic Implementation Plan of the National Institute of Women (INAM) and for the Evaluation of the II PIEGH, with a view to ensuring the inclusion of the issue of budget allocations.

In the context of the humanitarian emergencies caused by COVID19, Eta and Iota, UNFPA contributed to avoid a further deterioration of GBV prevention and care services, both through the coordination of the GBV Sub-Cluster and through the implementation of response actions aimed at strengthening the capacities of service providers and meeting the needs of the affected population.

Through the actions implemented with the Ministry of Education and the National University, tools have been developed to address GBV in the educational system, which will contribute to changes in discriminatory social and gender norms.

In the area of service provision, UNFPA has contributed to strengthening the capacities of the Ministry of Health, the National Institute of Women, the General Attorney Office, the Ministry of Security, the Judiciary, the "Ciudad Mujer" Programme and several local governments for the provision of quality GBV prevention and care services. Despite progress, such as the design of the attention routes in five municipalities, additional efforts still need to be made to improve interinstitutional coordination, in order to design a multi-sectoral approach.

Massive awareness-raising campaigns have been useful to place GBV prevention and care in the public agenda, which may have contributed to decrease the "percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances".

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2016	Yes	2021	Last census was in 2013. The next one is scheduled for 2023

Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2012	Yes	2021 (data of 2019)	
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2016	No	2020	
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	100%	2016	100%	2021	The National SDG Agenda was approved in 2019, and includes SDG indicators related with UNFPA mandate

Summary of National Progress

The national statistics system has limited capacity to generate and use sociodemographic data for the formulation and implementation of public policies. This situation hampers a broader analysis and the design of effective capacity building and development programmes and policies. In the framework of the SDGs National Agenda, the Government has prioritized the strengthening of the information and statistical systems. UNFPA, as well as other international and UN organizations have been supporting the Government to address the overall lack of data in all key socio-economic areas. The last Population and Housing Census took place in 2013. A new DHS was launched in October 2019.

There are three population groups for which a greater lack of data is observed:

- Indigenous and Afro-Honduran population - limited up-to-date disaggregated information is available for this group, specifically on their health and education status, risk and prevalence of violence, as well as poverty level and economic activity;
- People with disabilities - there is virtually no up-to-date data. The most recent source of information dated 2009 (Labor Survey) and 2002 (Household Survey)
- LGQTBI+ population – this group is not factored in the national statistics.

Despite collection of disaggregated data and information, the level of disaggregation may vary. For example, the health information system, led by the Ministry of Health, does not have full disaggregation by age (i.e. adolescents) and ethnic groups (i.e. indigenous and Afro-Honduran population groups).

The University Institute of Peace and Democracy has made an important effort to improve the quality of information on gender-based violence, but significant gaps remain, especially in the case of variables, such as ethnicity and disability.

There are also weaknesses in national capacity to use sociodemographic data for needs analysis, gap identification and development of arguments for the formulation and implementation of public policies, both at the national and local levels.

UNFPA's Contributions

The most relevant contribution of UNFPA in this area has been the financial and technical support provided, jointly with other donors (i.e. UNICEF, EU), to the preparation of the ENDESA-MICS, which was launched in October 2021. The new ENDESA updates SRH and GBV data, which had not been updated since 2012, as well as presents disaggregated data by ethnicity and disability for some indicators. Thanks to the ENDESA, it will be possible to follow-up the progress of key SDG indicators and carry-on an in-depth analysis to inform the design and implementation of health and gender policies. Other important contribution is the work that the CO is doing with the support of LACRO, for the preparation of a new population census.

D. Country Programme Resources

SP Outcome **Choose only those relevant to your CP**	**Regular Resource (Planned and Final Expenditure)**		**Others (Planned and Final Expenditure)**		**Total (Planned and Final Expenditure)**	
Increased availability and use of integrated sexual and reproductive health services	0.5	1.6	5.5	8.7	6.0	10.3

Youth policies and programmes, and increased availability of comprehensive sexuality education	0.5	1.0	5.4	6.0	5.9	7.0
Advanced gender equality, women's and girls' empowerment, and reproductive rights	1.7	1.2	2.0	2.8	3.7	3.0
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	2.0	0.8	1.5	0.3	3.5	1.1
Programme coordination and assistance	0.8	0.8	-	-	0.8	0.8
Total	**5.5**	**5.4**	**14.4**	**17.8**	**19.9**	**22.2**