

Country Programme Performance Summary

A. Country Information		
Country name: Honduras		
Category per decision 2013/31: Orange	Current programme period: 2012-2016	Cycle of assistance: 7

B. Country Programme Outputs Achievement			
Output 1 The health system has strengthened capacity to increase the demand for, access to and utilization of high-quality maternal health services			
Indicators	Baseline	Target	End-line data
• Number of maternal health service providers trained to provide high-quality services.	<i>450</i>	<i>600</i>	<i>1950</i>
• Number of health service delivery points supported by UNFPA with equipment and commodities for maternal health	<i>8</i>	<i>20</i>	<i>28</i>
• Number of UNFPA-supported public hospitals that guarantee 24-hour emergency obstetric care.	<i>5</i>	<i>10</i>	<i>15</i>
Key Achievements The targets of the three indicators were achieved in the first two years of the programme. Under the realignment process, this output was merged with output 2. In subsequent years, the emphasis was on training staff on a variety of topics , which is why the target was largely superseded			
Output 2 The health system has strengthened capacity to increase the demand for, access to and utilization of high-quality, voluntary family planning services			
Indicators	Baseline	Target	End-line data
• Number of health service providers trained to provide high-quality family planning services.	<i>210</i>	<i>400</i>	<i>1710</i>
• Number of health service staff trained in commodity security strategy.	<i>30</i>	<i>150</i>	<i>350</i>

Key Achievements Since 2013, a great emphasis was placed in the centralized purchasing of contraceptive methods. Between 2013 and 2015, UNFPA mobilized nearly US \$ 3 million for this activity. In addition, the Ministry of Health substantially increased contraceptive procurement with own resources. Two results not initially foreseen have been of great strategic value: a) the support given to the Ministry of Health for the formulation and approval of the Master Plan on Health Commodities. Some of the components of the Plan were already implemented, including the estimates of health commodities needs, the review and updating of the National List of Essential Medicines, the design and implementation of a rapid procurement modality, the developing of an effective logistics management information system for health commodities and the training of personnel involved in Health Commodities; b) the development of the National Pharmaceutical Assistance Program (PRONAF).

As already mentioned in the output 1, the strong emphasis placed on training and the resource mobilization to fund it, resulted in the CO's surpassing of original targets of this output.

Output 3: The health and education systems have strengthened capacity to increase the demand for, access to and utilization of high-quality services to prevent HIV and sexually transmitted infections, especially among women and young people

Indicators	Baseline	Target	End-line data
• Number of youth-friendly health services to prevent HIV and sexually transmitted infections	<i>19</i>	<i>50</i>	<i>75</i>
• Number of teachers who have received training and materials about life skills, including sex education, reproductive health education, HIV prevention	<i>1500</i>	<i>20000</i>	<i>12345</i>

Key Achievements Key strategic results were achieved in this area that go beyond the original set indicators. These achievements will pave the way for the work of the country office during the next programming cycle, as outlined below:

- a) The formulation, approval and initiation of the implementation of the first government Multisector Plan for the Prevention of Adolescent Pregnancy, under the leadership of the First Lady Office. The formulation and approval of this Plan, occurred between 2013 and 2014, was an inclusive process that involved more than 40 organizations, including government institutions, academia, civil society, faith-based organizations and private sector. The Plan was launched by the President and First Lady at the end of 2014. It underscores the need to work within and between institutions through coordinated central and local mechanisms and a results-based framework. Implementation of the plan is underway through the work of different government institutions (i.e. Ministry of Health, Ministry of Education, Division of Youth of the Ministry of Social Development and Inclusion, National Autonomous University of Honduras) and international cooperation agencies and NGOs, including UNFPA's work with its government and non-government implementing partners. To this end, UNFPA, under the framework of the Alliance for the Dry Corridor Programme has mobilized public funding to implement strategies contained in the Multisector Plan for the Prevention of Adolescent Pregnancies. The Country Office has also signed a co-financing agreement with the Canadian government to: a) expand coverage for the establishment of youth-friendly health services for the delivery of comprehensive health services for this population group as a way to prevent early pregnancies; b) expand coverage of comprehensive sexual education within high schools and through non-formal education programmes aimed at adolescents, teachers and parents and; c) develop and enhance laws, national policies and guidelines for the protection of sexual and reproductive rights and services for adolescents and youths. These initiatives will strengthen institutional capacities at central and local levels; it will also support community youth networks that complement the work of the government.
- b) The approval and institutionalization by the Ministry of Education of a mandatory virtual training on Comprehensive Sexuality Education for teachers, which has been included in the continued education and professional development online platform of the Ministry of Education has facilitated scaling up training and certification of teachers who then replicate knowledge to their students as part of the national education curriculum. A specialized unit of the Ministry monitors the completion of the course by the teachers. In addition, UNFPA has supported the Ministry of Education in the design and roll-out of comprehensive sexual education for parents as a module of the nationwide School for Parents Program.
- c) Design and launch of a partnership initiative of the health and education sectors that aims to increase access of adolescents and youth to health services through the establishment of youth-friendly clinics in high schools, as a strategy to prevent adolescent pregnancies, HIV/STI and gender-based violence (GBV). This innovative activity has begun in a small number of schools, resulting in the reduction in the number of adolescent pregnancies. Consequently, the government has requested assistance from UNFPA to continue this effort and expand it to other areas in the country. To this facilitate this, the Ministry of Education and Ministry of Health will soon sign an agreement to make this an official government strategy.
- d) Approval by the National Congress of a reform in the Family Code, specifically the Responsible Paternity Act that will safeguard the rights of adolescent mothers, promoting their health and education rights. Other laws that were introduced into Congress include one on the prohibition of child marriage and a second for the delivery of comprehensive sexuality education in all schools in the country. Review and discussion is underway in Congress.

During the implementation of the country programme, UNFPA mobilized resources of the Government of Canada and the Government of Honduras for the establishment of comprehensive and youth-friendly clinics, delivery of comprehensive sexual education within the formal and non-formal education sectors, targeting teachers, adolescents, and parents. The amount of resources mobilized exceeded initial expectations and thanks to that, more service units were created as compared to those originally scheduled. In relation to the target of trained teachers in comprehensive sexuality education, when the change of government occurred in 2014, the Ministry of Education and UNFPA defined a new strategy, which consisted in replacing the classroom teacher training for a virtual course placed in a training platform of the Ministry, already referred to above. The design and implementation of the virtual course took a little longer than originally planned and that meant a delay in the training process, which affected the achievement of the target. However, by 2015, the situation improved significantly and 5,009 teachers were trained through the virtual module.

Output 4: National and local governments and civil society have enhanced capacity to incorporate analyses on population, gender and reproductive health data into development and disaster management policies and plans

Indicators	Baseline	Target	End-line data
• Number of government and non-governmental organization staff trained to collect, analyze and use data	68	100	203
• Number of theme-specific and region-specific studies conducted	10	20	31
• Number of local governments supported in incorporating population and risk management issues into development plans.	0	8	2

Key Achievements 1) Preparation of a Population Situation Analysis with participation of specialists trained in the Master of Demography and Development; 2) Technical assistance to the Government to formulate a draft of a National Population Policy, which is in the approval process. This assistance reflects a shift in the emphasis on moving public policy from the local level to a national level and priority. Consequently, the target related to municipal policies was redirected and the target was not achieved; c) Creation of the National Population Council through an Executive Decree approved by the Government in 2013. This Council, coordinated by the Ministry of the Interior, is composed of representatives from 17 government institutions and 18 civil society organizations and has been conceived as an advisory body to the government whose main task is the preparation, presentation to the Cabinet of Ministers and subsequent coordination of the implementation of the National Population Policy; d) Positioning of the ICPD Action Plan in political and social agenda, which resulted in the support and ratification, without reserves, of the Honduran government to the Montevideo Consensus. Additionally, the CO supported the participation of civil society organizations at Regional Population Conferences in 2013 and 2015 and the General Assemblies of 2014 and 2015, as awareness-raising and advocacy measures. These actions were essential to shaping the favorable position of the government at these summits; e) Creation of the University Demographic Observatory within the National Autonomous University of Honduras. The Observatory has been conceived as a research center of excellence for tracking a core set of socio-demographic indicators and conduct research on issues related to the SDGs and Montevideo Consensus; f) Strengthening the National Statistical Institute in the preparation phase of the census conducted in 2013, through capacity building of personnel, support in updating the mapping, and technical assistance for census-related analysis limitations, including the design and implementation of a statistical software to deal with census imputation.

Output 5: Government and civil society have improved capacity to implement, monitor and evaluate the national youth policy			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Monitoring system of the national youth policy established 	<i>No system</i>	<i>3 reports of the monitory system published</i>	<i>This indicator was eliminated in the realignment process.</i>
<p>Key Achievements This output was removed in the process of realigning the Country Programme, due to a change of priorities of the new government from 2014 onwards, and the related prioritization exercise conducted by the CO. As a results, the CO concentrated its efforts heavily in the area of comprehensive adolescent health and comprehensive sexual education, themes that were covered thought other outputs. However, the CO continued to perform some actions on the subject and an important milestone was the creation of the Young Parliamentary Network, which has supported the laws to protect adolescents sexual and reproductive health and rights that have been introduced in the National Congress.</p>			
Output 6: Government and civil society have improved capacity to implement, monitor and evaluate the national plan on gender equality and equity			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of staff in government and non-governmental organizations trained on advocacy, planning and budgeting with a gender perspective 	<i>1515</i>	<i>2000</i>	<i>3263</i>
<p>Key Achievements The main achievement in this product has been promoting models of municipal budgets that include a plan of equality and gender equality, which are being implemented in 11 municipalities. Another important achievement has been the creation of a national men’s network to work on sensitizing and educating on new masculinities, aimed at behavior change that reduces gender-based violence and promotes women’s rights.</p>			
Output 7: Government and civil society have improved capacity to prevent and address gender-based violence and care for survivors			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of government staff trained to prevent gender-based violence and care for survivors 	<i>9280</i>	<i>10000</i>	<i>12084</i>
<ul style="list-style-type: none"> Number of journalists and staff of civil society organizations trained to advocate ending gender-based violence 	<i>1075</i>	<i>2000</i>	<i>1485</i>

Key Achievements The main achievement in this output was the official endorsement and adoption of the comprehensive care for victims of gender-based violence model (MAI) by the General’s Attorney’s Office, included also in its institutional Strategic Plan. Thus far the model is implemented in 7 municipalities of the country. The institutionalization of this model is a fundamental to ensure its sustainability, since it is incorporated as an ongoing process with a budget allocation for its implementation and progressive expansion throughout the country.

Other important achievements are: a) the elaboration of a training manual for health service providers on comprehensive care for women who suffer gender-based violence; b) the developing of capacities in 45 health units, for the identification and recording of cases of gender-based violence; c) the strengthening of 48 care centers for women survivors of violence, which were equipped and its staff trained.

It is noteworthy that the targets set forth for this output in terms of staff training, were largely surpassed. This was the result of an effective coordination between the institutions involved in the training implementation and the mobilization of additional resources allocated for these activities.

C. National Progress on Strategic Plan Outcomes¹	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	78.2	2013	81.5	2015	
Contraceptive prevalence rate (total)	73%	2012	n.a.	2016	Updated data will be available when the Government makes a new DHS
Proportion of demand for contraception satisfied (total)	89%	2012	n.a.	2016	Updated data will be available when the Government makes a new DHS
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	n.a	2012	20.7%	2015	
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	100	2012	100	2016	

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

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					
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)	n.a.	2012	n.a.	2016	
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	No	2012	Yes	2015	

Summary of National Progress: Monitoring national progress of this outcome has been a challenge because the government has yet to update some of the indicators that are measured through periodic surveys (i.e. DHS). However, the fact that the government is increasing the budget allocated for the procurement of reproductive health commodities, and implementing improvement mechanisms that include a Master Plan on Health Communities, the update of the National Essential Medicine List (that includes contraceptives and maternal lives saving medicines), an integrated logistics information systems and the National Pharmaceutical Assistance Program, evidences of the existence of strong commitment to this issue.

UNFPA's Contributions UNFPA contribution includes mobilizing resources from global thematic funds (UNFPA Supplies) for donation of contraceptives and provision of technical assistance to the development of essential tools that include the Master Plan on Health Communities, an integrated logistics information systems and the National Pharmaceutical Assistance Program. UNFPA has also ensured family planning commodities and supplies through TPP mechanisms. A crucial assistance provided by UNFPA to the Ministry of Health includes the yearly estimation of family planning commodities and supply needs, along with building local capacity in this matter. This has improved the availability of also these commodities in the country.

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)	Identify ways of preventing: 66%/78%. Reject major misconceptions: 44%/40%	2012	n.a.	2016	Updated data will be available when the Government makes a new DHS
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?					

Summary of National Progress In terms of indicators, the situation is similar to the previous outcome. However, two achievements clearly reflect the level of progress that has been achieved. The first is the development, approval and implementation of the Multisector Plan to Prevent Teen Pregnancy, which has a very important significance as it is the first time that this subject is given a high level of relevance and is designing an approach with such broad participation. The second is the creation of the virtual course on comprehensive sexuality education and its inclusion in the continued education/training platform of the Ministry of Education. These strategies has allowed the scaling up of access to CSE among teachers, students and parents. The law has been introduced into Congress for the legal mandatory implementation of CSE in school settings. The law was introduced by a parliamentarian that is a member of the young parliamentarians group that is putting forth a young g people’s agenda within Congress.

UNFPA’s Contributions

In the last three years UNFPA has worked to help a group of young parliamentarians organize into a group with a defined agenda to protect the rights of adolescents and young people. UNFPA contributed to the training of young parliamentarians through a Diploma programme on political negotiations and incidence skills, which included the development of bills aimed at protecting the rights of youths, including their sexual and reproductive rights. By concentrating on disseminating the issue of the Demographic Dividend among various audiences, including Congress, academia, private sector, and social society, and its impact on the economic and social development of the country, UNFPA has facilitated the dialogue and consequent development of advocacy and policy tools. UNFPA facilitated the development of advocacy and awareness raising activities that brought together young parliamentarians and youth networks to discuss issues affecting this population and strategies to overcome some of their problems. Other tools that were developed through UNFPA’s technical and financial assistance and that complement these efforts are the Multisector Plan for the Prevention of Adolescent Pregnancies and the online CSE courses.

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?	Yes	2012	Yes	2016	
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	2012	11	2016	
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	12.4%	2012	n.a.	2016	Updated data will be available when the Government makes a new DHS

Summary of National Progress The Honduran government continued to implement the Plan of Equality and Gender Equity during the period. Through its own budget the National Women’s Affairs Institute has worked to measure the investment in gender strategies implemented by different Ministries (executive offices). There has also been some progress in terms of legislation related to gender issues. The most important achievement is the official endorsement and adoption of the comprehensive care model for victims of gender-based violence within the Strategic Plan of the General Attorney’s Office, which guarantees its sustainability. The model involves an integrated case management that reduces the re-victimization of affected women and girls who suffer this type of violence. It establishes a mechanisms of coordination and information sharing among health staff, justice operators, district attorney’s offices and police.

UNFPA’s Contributions UNFPA has provided technical and financial assistance for the design and implementation of a comprehensive care model, and has become the lead agency in the country in this area.

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)?	No	2012	Yes	2016	
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	2016	
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2012	No	2016	
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	100%	2012	100%	2016	

Summary of National Progress. The last census was made in 2013. Its results were made public in 2015. The last DHS was made in 2012. There is a national development plan - The Nation Plan, Country Vision 2010-2032, approved in 2009 - which address population dynamics and is still in place. One of the aspects included in the Plan is the formulation of a National Population Policy. To date, the government has prepared a draft of the policy and created, through an executive decree a specific instance - the National Population Council - to coordinate the process of preparation, approval and implementation of the policy

UNFPA's Contributions During the 2007-2011 country programme, UNFPA strongly endorsed the census preparation activities and provided technical assistance for the preparation of the DHS and the elaboration of the National Plan. During the 2012-2016 country programme, UNFPA gave some specific technical assistance in census preparation activities (carrying out the pilot census, cartography, development of software for census imputation). However, the focus of the cooperation of UNFPA was placed on the technical and financial assistance for the preparation of the National Population Policy and the creation of the National Population Council, since UNFPA believes that these two issues are elements of a strategic nature that will have significant impact on the progress of the agenda of the ICPD, the Montevideo Consensus and the Sustainable Development Goals.

D. Country Programme Resources: The UNFPA Country Programme in Honduras 2012-2016 was approved in 2011 for a total amount of USD 18.0 million, USD 7.5 million from regular resources and USD 10.5s million form other funds. On that date, the UNFPA's Strategic Plan 2014-2017 had not yet been approved and the distribution of resources was not done by the strategic plan outcome but by programme area. The area of Reproductive Health and Rights had an allocation of USD 3.4 million from regular resources and USD 5.5 million from other funds for a total of USD 8.9 million; the Population and Development, USD 1.7 million from regular resources and USD 2.5 million from other funds for a total of USD 4.2 million; the Gender Equity area had an allocation equal to the Population and Development, with the same distribution; finally USD 0.7 million from regular resources were allocated for Programme Coordination and Assistance. In 2013, the Country Office conducted a realignment process to adjust the Country Programme outputs to the outcomes of the new UNFPA strategic plan. In addition, the Office conducted an adjustment of Country Programme budget, in order to adapt it to the changes that had occurred in the availability of funds, both regular and other resources. The budget framework derived from this process of realignment, compared to the use of resources by 2015, is shown in the table presented below.

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	1.2	0.9	5.7	2.4	7.6	3.3
Youth policies and programmes, and increased availability of comprehensive sexuality education	0.4	1.0	0.2	3.3	0.6	4.5
Advanced gender equality, women's and girls' empowerment, and reproductive rights	1.7	1.2	1.6	0.7	3.3	1.9

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	1.7	1.6	---	0.2	1.7	1.8
Programme coordination and assistance	0.7	0.7	---		0.7	0.7
Total	5.7	5.4	8.2	6.6	13.9	12.0

- * Data on the planned amounts was taken from the exercise of realigning conducted in 2013. In that year, the friendly services for adolescents were originally placed in outcome 1, but in later years the criteria was modified and those services have been placed as part of outcome 2
- ** Amounts from 2012 to 2015