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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Honduras**

Proposed indicative UNFPA assistance:	\$20 million: \$5 million from regular resources and \$15 million through co-financing modalities or other resources
Programme period:	Five years (2022-2026)
Cycle of assistance:	Ninth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026

## I. Programme rationale

1. The population of Honduras is 9.7 million. An estimated 8.5 per cent are indigenous (Lenca, Maya Chorti, Tolupan, Pech, Nahua, Tawakha, Miskitu) and Afro-Hondurans (Garifunas and English-speaking Black and Creoles), although the real figures may be higher (Census 2013). The country is in a demographic transition, with 60 per cent of the population under the age of 30 and 21 per cent aged 10-19 years. Realizing the benefits of the demographic dividend will depend on the implementation of health, education and employment policies for adolescents and youth over the next two decades.

2. High levels of poverty and inequality, are linked to exclusion and discrimination. In 2020, Honduras had a GDP of \$2,453.7 per capita. An estimated 59.3 per cent of households live in poverty and 38.7 per cent in extreme poverty (Permanent Multi-Purpose Household Survey, 2019). Poverty in rural areas is double that in urban areas (60.1 per cent versus 38.4 per cent). The Gini coefficient (52.1 in 2018) on inequality is one of the highest in the region. Poverty, inequalities and exclusion correlate with significant levels of crime and violence. Despite declining trends, Honduras has one of the highest homicides rates in the world (44.8 homicides per 100,000 inhabitants in 2019).

3. Inequalities, exclusion and discrimination particularly affect women, adolescents and youth living in the rural departments, with a high concentration of indigenous peoples, Afro-Hondurans, migrants, members of lesbian, gay, bisexual, transgender, gender diverse, intersex and queer (LGBTIQ+) communities as well as people with disabilities. Levels of unemployment and informality are significantly higher among these populations. An estimated 26.2 per cent of young people aged 12-30 years don't attend school or work. This percentage doubles among women in the same age range (55.4 per cent) in rural areas, especially indigenous and Afro-Honduran women, and women with disabilities, who lack equitable access to public services and income-generating opportunities. Indigenous and Afro-Hondurans have a per capita income of only 36.8 per cent of the national average and face serious unemployment challenges (UNICEF, 2012). One-third of indigenous and Afro-Honduran adolescents have dropped out of school. According to the latest available data, people with disabilities are 20 percentage points below the national average for labour participation and have an illiteracy rate 20 percentage points higher than the national average (National Institute of Statistics, 2009).

4. Almost a third of the population (2.8 million people) needs humanitarian assistance (Humanitarian Response Plan, 2021). The compounded effects of multiple crises deepen the cycles of poverty, inequality and violence, and drive displacement and migration. Successive droughts, hurricanes and floods, exacerbated by climate change, have led to increased food insecurity, particularly in the "dry corridor" of the country. In 2020, the impact of the COVID-19 pandemic and hurricanes Eta and Iota further increased poverty and displacement. An estimated 149,000 people have left the country since 2018, a significant number moving in caravans for safety along the migratory route to Mexico and the United States. There is a need to build the resilience of the health and protection systems and strengthen national and subnational capacities for the integration of sexual and reproductive health (SRH) and gender-based violence (GBV) priorities in humanitarian action.

5. The National Policy on Sexual and Reproductive Health, the Policy for the Accelerated Reduction of Maternal and Child Mortality and other public policies aimed at the fulfilment of the rights and the inclusion of indigenous people, Afro-Hondurans and people with disabilities form the basis of an enabling legal and policy framework for the ICPD agenda. However, persistent implementation gaps limit access to sexual and reproductive health and rights and hinder advancements in gender equality, especially for women and girls from the furthest left behind populations. Furthermore, the design and implementation of evidence-based public policy are impeded by a lack of disaggregated data on marginalized population groups. The Government has prioritized the strengthening of the national statistical system for the generation, analysis and use of socio-demographic data, to take advantage of the

Population Census in 2023. This will require the capacity building of government institutions and targeted investment in statistical systems.

6. The maternal mortality ratio decreased between 1990 and 2015, down from 182 to 61 maternal deaths per 100,000 live births, but it remains almost double in rural areas compared to urban areas (79 versus 45 per 100,000 live births); and among adolescents aged 15-19 years, it is 7 percentage points higher than among women aged 20-39 years (Ministry of Health, 2015). Maternal deaths mainly occur among women age 35 and older and among girls under 19, who are poor, with lower levels of education, and have had multiple pregnancies (Ministry of Health, 2015). The data point to large gaps in coverage and access to sexual and reproductive health services, including family planning, particularly in the lowest income quintile, where the use of contraceptives is 55 per cent, compared to the national average of 69 per cent. Institutional birth is 87.3 per cent in public health facilities; only an estimated 39 per cent of pregnant women had at least eight antenatal care visits, following WHO standards.

7. In the context of the COVID-19 pandemic, maternal deaths increased by 10 per cent in 2020. In 2021, there has been a 74 per cent increase in maternal deaths, compared to 2020, with 65 per cent directly associated with COVID-19 (Ministry of Health, 2021). Weaknesses in the health information system affect the quality and timeliness of maternal mortality data. Underreporting of maternal deaths, estimated at 45 per cent, is a major limitation. The main, mostly indirect, causes of maternal deaths in 2020 were COVID-19 (45 per cent); hemorrhage (25 per cent); and hypertensive disorders (25 per cent). Unsafe abortion is also an important cause of maternal deaths, although this may go underreported due to the legal prohibition of abortion in Honduras. Only 48 per cent of hospitals offer emergency obstetric care. Approximately 18.8 per cent of maternal deaths occur due to delays in deciding to seek medical care for an obstetric emergency while 27.4 per cent occur due to inadequate care when a facility is reached. These factors are the most frequent and disproportionately impact adolescents and indigenous and Afro-Honduran women, due to social norms and cultural beliefs and the poor implementation of standards of care.

8. The unmet need for family planning among married women aged 15-49 years is 12 per cent, with 69 per cent using modern contraceptives. The lowest use of contraceptives is recorded in rural departments with a high concentration of indigenous and Afro-Honduran populations, particularly among Garífunas (76.7 per cent), Lencas (63.9 per cent) and Misquitos (66.5 per cent) (ENDESA/MICS 2019). Availability of contraceptives has improved in recent years but gaps persist in the supply chain due to weak personnel capacities in family planning and logistics management, and the lack of standard operating procedures and monitoring mechanisms. The unmet need among adolescents married or in a union is 6.8 percentage points higher than the average, with the contraceptive prevalence being 12.2 percentage points lower. The age-specific fertility rate is among the highest in the region (97 per 100,000 women aged 15-19 years), with rates up to 30 per cent higher in poor rural areas with a high concentration of indigenous people or Afro-Hondurans. In 2014, the Government launched the Multisector Plan for the Prevention of Adolescent Pregnancy, which has contributed to reducing the percentage of adolescents aged 15-19 years who have been pregnant at least once (from 24 per cent in 2012 to 22.9 per cent in 2019). However, the implementation of the Plan needs to be strengthened, particularly to reach rural communities with indigenous and Afro-descendant populations. In areas affected by humanitarian crises in 2020, UNFPA estimates that adolescent pregnancy may have reached 30 per cent (the national average is 22.9 per cent) and the unmet need for family planning may have reached 23 per cent (the national average was 12 per cent in 2019).

9. Adolescent pregnancy is a multi-causal phenomenon, with limited access to contraceptives being a major determinant, often linked to outdated regulations and gaps in coordination and service delivery. Access to services is strongly correlated with low levels of knowledge among adolescents and youth about their sexual and reproductive health and reproductive rights, due to the limited implementation of comprehensive sexuality education and youth empowerment programmes. The high incidence of early unions and sexual

violence are also critical factors. An estimated 34 per cent of women aged 20-24 years were in a union before age 18 and 79 per cent of the 2,590 sexual violence cases recorded in 2018 involved an adolescent or a child (41 per cent aged 10-14 years) (IUDPAS Bulletin, 2018). Improving access to modern contraception and promoting informed choices, as part of a comprehensive package of sexual and reproductive health services for adolescents and youth, are key pathways for reducing adolescent pregnancy. These need to be integrated with strategies to reduce sexual violence and early unions. Over the current cycle, UNFPA has supported the establishment of 53 high-quality adolescent health services under the Multisector Plan, and it has the potential for scaling up.

10. Gender-based violence is pervasive in Honduras, which records the highest femicide rate in Latin America (6.2 femicides per 100,000 women) (CEPAL, 2019). An estimated 20 per cent of women aged 15-49 years have been physically abused and 16 per cent have experienced violence by an intimate partner (ENDESA/MICS 2019). In 2020, in the context of the COVID-19 pandemic and humanitarian crises, over 100,000 calls were recorded by the 911 emergency hotline reporting domestic and intra-family violence. Women and girls in situations of human mobility are particularly exposed to the risks of sexual violence and human trafficking. A Doctors Without Borders study (2017) showed that 31.4 per cent of women surveyed had suffered sexual abuse along the migratory route. The lesbian, gay, bisexual, transgender, gender diverse, intersex and queer (LGTBIQ+) populations are also particularly subject to discrimination and hate crimes. During 2011-2014, 119 homicides of LGTBIQ+ community members were recorded (Spotlight Initiative, 2018). Although a law against domestic violence is in place, a comprehensive law on violence against women has yet to be approved. Low prioritization of GBV in national policies and programmes, limited coordination for a multisector response, weak technical capacities for the provision of survivor-centred services and GBV information systems as well as social and gender norms that limit women's bodily autonomy and discriminate against the furthest left behind populations are all causal factors.

11. The country programme is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Honduras, 2022-2026, which has three strategic priority areas: (a) renewing trust in the country and its institutions; (b) laying the groundwork for taking advantage of structural opportunities in the future; and (c) building the social capital of the next generation, with gender equality, equity and human rights-based approaches. UNFPA will contribute to strategic priorities 1 and 3, based on its comparative advantages: (a) high-level advocacy and support for the design and implementation of evidence-based public policies for adolescent pregnancy prevention and promotion of the sexual and reproductive health of adolescents and youth; (b) leadership in the incorporation of SRH and GBV in humanitarian preparedness and response plans; and (c) ability to leverage multi-stakeholder partnerships with government and civil society organizations, including youth, indigenous and Afro-Honduran organizations.

12. The programme will build on the lessons learned from the previous cycle: (a) coordinated, inclusive and participatory approaches that engage multiple partners, including civil society and community organizations, academia and professional institutions, are effective in achieving sustainable results; (b) advocacy and high-level political dialogue are key to creating an enabling environment to advance the ICPD Programme of Action; (c) working at national and subnational levels increases the effectiveness and sustainability of interventions; and (d) leveraging resources for the ICPD mandate requires dedicated human resources and a communication strategy targeting a range of different donors.

## **II. Programme priorities and partnerships**

13. The programme is aligned with the: Honduras Country Vision, 2010-2038; Honduras National Plan, 2010-2022; Government National SDG Agenda; Agenda 2030; the UNSDCF, 2022-2026; ICPD Programme of Action, Montevideo Consensus and ICPD+25 national voluntary commitments; and the UNFPA Strategic Plan, 2022-2025. The programme will contribute to the Sustainable Development Goals 1, 3, 4, 5, 10, 16 and 17 and the three

transformative results by reducing: (a) maternal mortality (from 60 deaths to 42 per 100,000 live births); (b) the unmet need for family planning by reducing the percentage of women aged 15-19 years who were ever pregnant (from 24 per cent to 20 per cent); and (c) gender-based violence and other harmful practices by reducing the percentage of women aged 15-49 years who have experienced violence at the hands of their intimate partner (from 39 per cent to 15 per cent).

14. The proposed programme will support strategic interventions to tackle the identified equity gaps for each of the transformative results. “Leaving no one behind” will be an overarching principle applied in a crosscutting manner through interventions and indicators. It will focus on women, adolescents and youth in rural departments with high levels of poverty and a high concentration of indigenous populations (Copán, Santa Bárbara, Lempira, Ocotepeque, Intibucá, La Paz, Choluteca, Valle, Olancho) and departments that have a higher concentration of Afro-Honduran populations and been particularly affected by humanitarian emergencies (Cortés, Yoro and Atlántida). It will also address the specific needs of migrants, LGBTIQ+ groups and people with disabilities. Interventions will be implemented through synergic and intersectional approaches, which highlight the complementarity of the outputs, focusing on the strengthening of national capacities to address the elimination of discriminatory social norms affecting women and adolescents, while also strengthening national capacities to improve access for the furthest left behind populations to comprehensive high-quality services of sexual and reproductive health and gender-based violence prevention and care, including in humanitarian situations, and the implementation of innovative comprehensive sexuality education initiatives in formal and non-formal sectors. Complementarity will be particularly sought among the outputs under outcomes 1 and 2, which will build on the synergies among maternal health and family planning interventions under the comprehensive package of sexual and reproductive health services.

15. The programme will use the full range of modes of engagement, including service delivery (especially linked to humanitarian response), and will employ six accelerators: (a) leaving no one behind and reaching the furthest behind first; (b) human rights and gender transformative approaches; (c) coordination and partnerships, especially with humanitarian actors; (d) data and evidence; (e) resilience and adaptation, ensuring the complementarity between development and humanitarian interventions; and (f) innovation and digitalization, scaling-up digital solutions tested in emergency response, including telemedicine, remote psychosocial support and mobile applications, to provide access to essential SRH and GBV services. New communications technologies and social media will be leveraged for advocacy and transformation of social and gender norms, reaching adolescents and youth. Innovative solutions for data collection and analysis will also be supported, including advanced software for data recording and analysis, including specialized studies with the National Autonomous University of Honduras.

16. The programme will support the efforts of the Government to implement the priority measures of the Montevideo Consensus and ensure the integration of the national ICPD+25 voluntary commitments in key interventions under each programme outcome area. The commitments span different categories: maternal mortality reduction, prevention of adolescent pregnancy, HIV/STIs, comprehensive sexuality education, and gender-based violence legislation, and prevention and care services.

#### **A. Unmet need for family planning**

17. UNFPA will contribute to UNFPA Strategic Plan outcome 1 as well as to UNSDCF outcomes 3.3 (full exercise of human rights), output 3.3.3 (institutional capacities to advance access to universal health coverage), as well as UNSDCF outcome 1.3 (improved government effectiveness and efficiency), output 1.3.4 (strengthened national capacities for knowledge management and data generation, dissemination, and use), through two outputs.

18. *Output 1 (UNFPA-specific): policies and services. Enhanced national capacities to implement laws, policies, plans and accountability mechanisms to increase coverage and equitable access of women, adolescents and youth, particularly the furthest left behind to*

*integrated, high-quality family planning services, in development and humanitarian settings (aligned with Strategic Plan outputs 1 and 2).*

19. In partnership with the Ministry of Health and the Association of Municipalities of Honduras, as well as United Nations organizations (the Pan American Health Organization (PAHO/WHO), UNICEF), donors, and other organizations participating in the health cluster, UNFPA will contribute to achieving universal coverage and equitable access to family-planning services and supplies, including long-acting reversible contraceptives, as part of the comprehensive sexual and reproductive health services package. This will include updating sexual and reproductive health regulations and protocols, particularly on adolescent health; strengthening the offer and demand for contraceptives; strengthening the supply chain and network of services available to women, adolescents and youth from the furthest left behind groups, especially at the primary healthcare level.

20. Strategic interventions – advocacy and policy dialogue, capacity development, coordination and partnerships, knowledge management and service provision (where needed) – aim to (a) support the development of a reorientation strategy for health services provision, with a focus on the primary healthcare level, including scaling-up of community-based services in rural and remote areas, through the use of innovative technologies; (b) promote the design of a Law for the Prevention of Adolescent Pregnancy to ensure continuity to the Multisector Plan 2015-2020; (c) support the design and implementation of a National Strategy for Sexual and Reproductive Health Supply Chain Management, focusing on the logistics management information system and ‘last-mile’ assurance; (d) strengthen the provision of high-quality, accessible sexual and reproductive health services, particularly counseling and modern contraception for adolescents and youth, using community-based, culturally-sensitive approaches to reach the furthest left behind populations, particularly low-income indigenous, Afro-descendants, and youth with disabilities; and (e) promote the inclusion of SRH in humanitarian action and in climate change adaptation initiatives, using culturally-sensitive approaches for the provision of family planning methods in crisis affected areas.

21. *Output 2 (UNSDCF joint output): data and evidence. Strengthened capacities of the public administration for knowledge management, and the generation, dissemination, and use of verifiable and transparent disaggregated data to improve planning and monitoring of public policies with a human rights approach (aligned with Strategic Plan output 4).*

22. In partnership with the National Institute of Statistics, the Ministry of Health, the Ministry of Interior, the Permanent Commission of Contingencies, the Association of Municipalities of Honduras, local governments and the National Autonomous University of Honduras, UNFPA will contribute to ensuring the availability of high-quality disaggregated data by key stratifiers (age, ethnicity, gender, sexual diversity, migration and disability status) to support the formulation and monitoring of public policies, plans and programmes on sexual and reproductive health, particularly family planning and contraception. Emphasis will be placed on strengthening the capacities of statistical and data systems to make the situation of the furthest left behind populations more visible.

23. Strategic interventions – advocacy, technical assistance, coordination and partnerships and knowledge management – aim to (a) support the preparation and implementation of the Census 2023, promoting South-South cooperation with countries that recently conducted the Census; (b) promote the analysis, dissemination and use of the results of demographic and health surveys (DHS) and multiple indicator cluster surveys (MICS), including data for the most left behind populations; (c) strengthen the use of administrative records of adolescent health services, to obtain a characterization of users by key stratifiers; (d) strengthen the capacities of local governments to include population dynamics in municipal development plans and the collection, analysis and use of disaggregated data, including in humanitarian settings; and (e) promote the generation of evidence on population dynamics, including in-depth analysis of the DHS/MICS database and analysis of progress on the ICPD+25 national voluntary commitments.

## B. Preventable maternal deaths

24. UNFPA will contribute to UNFPA Strategic Plan outcome 2 as well as to UNSDCF outcome 3.3 (exercise of human rights), output 3.3.3 (institutional capacities to advance access to UHC).

25. *Output 3 (UNFPA specific output): policies and services. Enhanced national capacities to implement laws, policies, plans and accountability frameworks to increase coverage and access of women, adolescents and youth particularly the furthest left-behind to integrated, high-quality maternal health services, in development and humanitarian settings (aligned with Strategic Plan outputs 1 and 2).*

26. This output will contribute to achieving universal health coverage and equitable access to high-quality maternal health services, as part of the comprehensive package of sexual and reproductive health services. UNFPA will use a combination of strategic pathways, from strengthening capacities of healthcare providers to improving the quality of care, including by addressing cultural and accessibility barriers, strengthening the health system response at community levels, and scaling up the informed demand for family planning, as key accelerators for reducing preventable maternal deaths.

27. Strategic interventions – advocacy, technical assistance and knowledge management with the Ministry of Health – aim to (a) expand and strengthen the provision of basic and emergency obstetric and neonatal care, including strengthening the capacities of health teams for management of obstetric complications, according to international standards; (b) strengthen high-quality maternal health services in prioritized municipalities, including respectful maternity care, with an intercultural approach; (c) strengthen the capacity of health service providers to scale-up informed demand for services by pregnant women from left behind populations through the implementation of community interventions focused on improving women’s ability to identify signs of obstetric complications, promoting the take-up of skilled antenatal and childbirth care and exclusive breastfeeding, including the training and deployment of traditional birth attendants and community health workers in rural communities; (d) support the creation of regional and municipal epidemiological surveillance committees for maternal mortality and an integrated reference and response system between the primary and secondary care services; (e) support cervical cancer screening and preventive interventions, including promotion of the human papillomavirus vaccine; (f) strengthen the capacities of service providers in post-abortion care, with a comprehensive approach that includes treatment of complications, counseling and post-partum family planning; (g) support implementation of pre-conceptional interventions targeting at-risk populations (adolescents, women with preexisting medical conditions); and (h) promote the vaccination of pregnant women against COVID-19.

## C. Gender-based violence and harmful practices

28. UNFPA will contribute to UNFPA Strategic Plan outcome 3 as well as UNSDCF outcome 3.1 (violence reduction), output 3.1.3 (strengthened national capacities and policies for GBV prevention and care). UNFPA will also contribute to UNSDCF outcome 1.2 (civil society participation), output 1.2.2 (capacity development of civil society organizations); UNSDCF outcome 3.2 (gender equality), output 3.2.3 (strengthened national capacities for the protection of women’s rights); and UNSDCF outcome 3.3 (exercise of human rights), output 3.3.2 (strengthened national capacities to change social norms), under UNSDCF strategic priorities 1 and 3, through the following outputs, whose interventions are complementary among them and with all programme outputs.

29. *Output 4 (UNSDCF joint output): policies and services. Strengthened public policies and capacities of institutions, civil society and the private sector in gender-based violence prevention, care, protection, and restitution, especially against women and young girls, LGBTIQ+ people and people in situations of human mobility (aligned with Strategic Plan outputs 1 and 2).*

30. This output will contribute to strengthening capacities of government institutions and civil society organizations to provide a multisectoral response to GBV through the formulation and implementation of relevant public policies, enhanced inter-institutional coordination, and implementation of survivor-centred essential services for GBV prevention and care, ensuring access for the most left behind populations, and empowerment strategies for survivors. UNFPA will do so in partnership with the National Institute of Women, the Attorney General's Office, the Presidential programme "Ciudad Mujer", the Ministry of Health, the Association of Municipalities of Honduras, civil society organizations, and other United Nations organizations, including within the framework of the Spotlight Initiative and the gender-based violence sub-cluster.

31. Strategic interventions – advocacy, capacity development, coordination and partnerships, knowledge management, and service provision (where needed) – aim to (a) support the formulation of the Comprehensive Law on Violence Against Women, the Third Plan of Gender Equity and Equality in Honduras and the Policy of Indigenous and Afro-Honduran Women's Rights, and advocate for the approval of the Optional Protocol of the Convention on the Elimination of all Forms of Discrimination against Women; (b) strengthen the capacity of civil society and community organizations, including Afro-Hondurans and indigenous people, to advocate for the approval and implementation of legal and regulatory frameworks that promote gender equality and inclusion, including reform of the Family Code, which increased the legal age for marriage from 16 years to 18 years; (c) strengthen the implementation of the Essential Services Package for GBV prevention and care, using human rights-based and culturally sensitive approaches, including specific protocols of care for indigenous people and Afro-Hondurans, women with disabilities, LGTBIQ+ groups, migrants and returnees; (d) ensure, as lead of the GBV sub-cluster, the inclusion of GBV prevention and care in humanitarian preparedness and response and in climate change adaptation initiatives; (e) strengthen the capacities of national and local actors for humanitarian response, including women's and youth-led organizations and local governments of prioritized municipalities; and (f) strengthen information and data systems for the generation of high-quality disaggregated data on GBV and early unions.

32. *Output 5 (UNFPA-specific): social norms, adolescents and youth. Strengthened national capacities to change discriminatory gender and social norms for a more inclusive society that guarantees the rights of women and adolescent girls, particularly those from the most left behind population groups, including their right to bodily autonomy, leadership and participation (aligned with Strategic Plan outputs 3 and 6).*

33. UNFPA will contribute to addressing the root causes of gender-based violence and other harmful practices, including early unions, by strengthening national capacities to promote the transformation of discriminatory social and gender norms, as the basis for a more inclusive and peaceful society. Strategic interventions will range from advocacy and policy work to the engagement of communities and grassroots organizations, working in partnerships with a broad range of stakeholders, including government institutions (National Institute of Women, Ministry of Education, Ministry of Social Inclusion and Development, National Institute of Youth, the Association of Municipalities of Honduras, the National Commission of Alternative and Non-Formal Education), civil society and community organizations, and other United Nations organizations.

34. Strategic interventions – advocacy and policy dialogue, capacity development, coordination and partnerships, and knowledge management – aim to (a) strengthen the implementation of innovative comprehensive sexuality education programmes in school and out-of-school settings, according to international standards; (b) strengthen leadership and advocacy capacities of civil society organizations, including women's and youth-led organizations, and community organizations from the most left behind groups (particularly indigenous people and Afro-Hondurans, LGTBIQ+ groups and people with disabilities), to promote the transformation of discriminatory social and gender norms and to build resilience to address humanitarian crises; (c) convene multi-stakeholder dialogues and platforms with a broad range of traditional and non-traditional partners (Interreligious Committee),



community leaders, parliamentarians, academia, the private sector, local governments and the media (including social network influencers), to promote the transformation of discriminatory gender and social norms and to build resilience to address humanitarian crises; and (d) develop strategic communication and awareness-raising strategies, at national and subnational levels, to promote gender equality, bodily autonomy, positive masculinities, violence prevention and the elimination of early unions.

### **III. Programme and risk management**

35. The proposed programme will be implemented in coordination with the Vice-Ministry of International Cooperation and Promotion, through implementing partners and other stakeholders, using a results-based management approach. Efficiencies will be gained through the implementation of the harmonized approach to cash transfers and a joint United Nations business operations strategy.

36. UNFPA will leverage partnerships with governmental and non-governmental entities, including regional integration mechanisms such as Sistema de la Integración Centroamericana (SICA); civil society and community organizations; parliamentarians; academia; professional associations; donors; the private sector; United Nations organizations and development partners; and the media. Coordination will be strengthened with United Nations organizations, particularly PAHO (on sexual and reproductive health), UNICEF and UN-Women (on adolescent health and GBV prevention and care); UNDP (on population dynamics); and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the humanitarian country team (on the humanitarian response). While continuing to leverage government co-financing, UNFPA will explore new funding sources, including the private sector, multilateral banks and humanitarian funding, and seek opportunities for joint resource mobilization through the multi-partner trust funds.

37. The following programme risks were identified: (a) reduced domestic resources and official development assistance, including for humanitarian assistance; (b) increased humanitarian needs due to the impact of the COVID-19 pandemic and other emergencies; (c) deterioration of institutional governance, in the context of heightened levels of crime and violence; (d) limited space for civil society organization activities in the area of sexual and reproductive health and rights. Risk mitigation measures include: (a) developing a robust resource mobilization and partnership strategy and expanding partnerships; (b) generation and use of evidence to demonstrate the positive impact of investing in the transformative results for sustainable development; (c) strengthening emergency preparedness, building the resilience of health and protection systems, and integrating SRH and GBV into climate change adaptation plans; and (d) promoting innovative programme delivery, with a focus on efficiency, impact and strengthened local capacities.

38. The country office will be reprofiled to ensure UNFPA positioning within the UNCT as a team of highly-skilled professionals and a champion of the “leaving no one behind” principle. In addition, UNFPA will strengthen its capacities for more effective resource mobilization and humanitarian response. Support will be sought from the regional office and headquarters, as needed.

39. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarter levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

### **IV. Monitoring and evaluation**

40. UNFPA and the Government of Honduras, through the Vice-Ministry of International Cooperation and Promotion, will oversee the country programme, following the procedures agreed upon in the UNSDCF guidance, UNFPA policies and procedures, results-based management principles and standards, and a jointly agreed monitoring and evaluation plan.

41. The monitoring and evaluation plan for the country programme will be aligned with the UNSDCF monitoring and evaluation system. UNFPA will participate in UNSDCF monitoring, including revisions, annual reports and the final evaluation. The progress of the indicators will be reported through the UNinfo platform.

42. The monitoring and evaluation plan will include monitoring meetings with implementing partners; field visits; risk assessment and corrective measures; periodic financial performance reviews; and annual progress reports. UNFPA will provide training to implementing partners to ensure high-quality programme management and reports.

43. UNFPA will conduct an end-of-cycle evaluation and contribute to the final evaluations of the UNSDCF and the Spotlight Initiative.

44. UNFPA will contribute to strengthening national capacities on monitoring and reporting on the ICPD, 2030 Agenda (including voluntary national reports), Montevideo Consensus and the ICPD+25 voluntary commitments.

## RESULTS AND RESOURCES FRAMEWORK FOR HONDURAS (2022-2026)

<b>NATIONAL PRIORITY:</b> A Honduras without extreme poverty, educated and healthy, with consolidated social security systems.				
<b>UNSDCF OUTCOME:</b> The Government improves its effectiveness and efficiency, applying a territorial approach, as well as gender and human rights approaches. The Honduran population, especially those furthest left behind, fully exercise their economic, social, cultural, environmental, civil and political rights.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Unmet need for family planning.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicators:</u> <ul style="list-style-type: none"> <li>Percentage of women aged 15-19 years who were ever pregnant <i>Baseline: 24;(2012)</i> <i>Target: 20 (2026)</i></li> </ul>	Output 1. (policies and services): Enhanced national capacities to implement laws, policies, plans and accountability mechanisms to increase coverage and equitable access of women, adolescents and youth, particularly the furthest left behind to integrated, high-quality family planning services, in development and humanitarian settings.	<ul style="list-style-type: none"> <li>Number of policies, standards and protocols to increase coverage and access to SRH services, supported by UNFPA <i>Baseline: 4 (2021); Target: 8 (2026)</i></li> <li>Number of health facilities supported by UNFPA that implement high-quality health services for adolescents, according to international standards <i>Baseline: 53 (2021); Target:100(2026)</i></li> <li>A fully functioning national logistics management information system for sexual and reproductive health commodities is in place <i>Baseline: No; Target: Yes</i></li> <li>MISP is integrated into national humanitarian preparedness and response frameworks, with UNFPA technical support <i>Baseline: No (2021); Target:Yes (2026)</i></li> </ul>	Ministry of Health; Association of Municipalities of Honduras (AHMON); health cluster organizations; UN organizations	\$6.5 million (\$1.5 million from regular resources and \$5.0 million from other resources)
	Output 2. (joint UNSDCF output): Strengthened capacities of the public administration for knowledge management, and the generation, dissemination, and use of verifiable and transparent disaggregated data to improve planning and monitoring of public policies with a human rights approach.	<ul style="list-style-type: none"> <li>Number of Government institutions supported by UNFPA with capacities strengthened for generation, dissemination and use of disaggregated data <i>Baseline: 0 (2021); Target: 10 (2026)</i></li> <li>Produced and disseminated key population data outputs, disaggregated by key stratifiers including subnational population data, with technical support of UNFPA <i>Baseline: No (2021); Target:Yes (2026)</i></li> <li>Number of national and sectoral development plans that include data and/or analysis on SRH, GBV, human mobility or climate change vulnerability, with UNFPA technical support <i>Baseline: 4 (2021); Target:10 (2026)</i></li> </ul>	National Institute of Statistics; Ministry of Health; Ministry of Interior; Permanent Commission of Contingencies; local governments; AMHON; academia	\$2.3 million (\$0.8 million from regular resources and \$1.5 million from other resources)
<b>NATIONAL PRIORITY:</b> A Honduras without extreme poverty, educated and healthy, with consolidated social security systems.				
<b>UNSDCF OUTCOME:</b> The Government improves its effectiveness and efficiency, applying a territorial approach, as well as gender and human rights approaches. The Honduran population, especially those furthest left behind, fully exercise their economic, social, cultural, environmental, civil and political rights.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> Preventable maternal deaths.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources

<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio per 100,000 live births <i>Baseline: 60; (2015)</i> <i>Target: 42(2026)</i></li> </ul>	<p>Output 3. (UNFPA specific) policies and services: Enhanced national capacities to increase universal coverage and access of women, adolescents and youth, particularly the furthest left behind, to integrated, high-quality maternal health services, in development and humanitarian settings.</p>	<ul style="list-style-type: none"> <li>Number of health service networks equipped with functioning emergency obstetric and newborn care, according to international standards <i>Baseline: 0 (2021); Target: 10 (2026)</i></li> <li>Number of municipalities that have in place the package of essential maternal health interventions to address the needs of women in rural and poor areas, with UNFPA technical support <i>Baseline: 0 (2021); Target:30 (2026)</i></li> <li>Percentage of maternal deaths notified in the surveillance system, disaggregated by key stratifiers <i>Baseline: 55% (2019); Target:75% (2026)</i></li> </ul>	<p>Ministry of Health; AMHON; health cluster organizations; UN organizations</p>	<p>\$3.0 million (\$0.5 million from regular resources and \$2.5 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> A Honduras democratic, safe and without violence.</p>				
<p><b>UNSDCF OUTCOME:</b> Civil society, especially groups that are excluded, actively participates in favour of the exercise of their rights, leaving no one behind. Honduras reduces violence and conflict, with particular attention to violence against women. The Government implements policies, strategies and programmes, at the local and national levels, that promote Gender Equality and the empowerment of women and girls.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 3. Gender-based violence and harmful practices.</p>				
<p><b>UNSDCF outcome indicators, baselines, targets</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of mechanisms established, with the participation of civil society, to influence human rights issues <i>Baseline: 0; (2021)</i> <i>Target: 7(2026)</i></li> <li>Percentage of women aged 15-49 years who have experienced violence at the hands of their intimate partner <i>Baseline: 39 %;(2012)</i> <i>Target: 15% (2026)</i></li> </ul>	<p>Output 4. (UNSDCF joint output) policies and services: Strengthened public policies and capacities of institutions, civil society and the private sector in gender-based violence prevention, care, protection and restitution, especially against women and young girls, LGBTIQ+ people and people in situations of human mobility.</p> <p>Output 5. (UNFPA-specific) social norms, adolescents and youth Strengthened national capacities to change discriminatory gender and social norms for a more inclusive society that guarantees the rights of women and adolescent girls, particularly those from furthest left behind population groups,</p>	<ul style="list-style-type: none"> <li>Number of government institutions with strengthened capacities to implement the essential services package for GBV survivors <i>Baseline: 0 (2021); Target: 10 (2026)</i></li> <li>Number of municipalities with a community GBV prevention strategy, including prevention of early unions <i>Baseline: 0 (2021); Target:10 (2026)</i></li> <li>Minimum standards on GBV in emergencies is integrated into national humanitarian preparedness and response frameworks, with UNFPA technical support <i>Baseline: No (2021); Target:Yes (2026)</i></li> </ul> <ul style="list-style-type: none"> <li>Number of civil society organizations (women, youth, furthest left behind populations) with strengthened capacities to advocate for women’s and youth sexual and reproductive rights, with UNFPA support <i>Baseline: 1 (2020); Target: 10 (2026)</i></li> <li>Number of regional learning centres of the Ministry of Education, certified as trainers on CSE, following international standards <i>Baseline: 0 (2021); Target:4 (2026)</i></li> </ul>	<p>National Institute of Women; General Attorney’s Office; Presidential programme “Ciudad Mujer”; Ministry of Health; AMHON; National AIDS Forum; Center for Women’s Rights; civil society and community organizations; UN organizations; GBV sub-cluster</p> <p>National Institute of Women; Ministry of Education; Ministry of Social Inclusion and Development; National Institute of Youth; AMHON; National Commission of Alternative and Non-Formal Education; Civil Society and community organizations; Spotlight Initiative</p>	<p>\$4.3 million (\$0.8 million from regular resources and \$3.5 million from other resources)</p> <p>\$3.2 million (\$0.7 million from regular resources and \$2.5 million from other resources)</p> <p>Programme coordination and assistance: \$0.7 million</p>

	<p>including their right to bodily autonomy, leadership and participation.</p>	<ul style="list-style-type: none"> <li>• Intersectoral mechanism on CSE for the non-formal education sector, established with UNFPA support <i>Baseline: No (2021); Target:Yes (2026)</i></li> <li>• Number of information, education and communication initiatives supported by UNFPA that promote sexual and reproductive rights and GBV prevention <i>Baseline: 2 (2021); Target:6 (2026)</i></li> </ul>	<p>Reference Group; UN organizations</p>	<p>from regular resources</p>
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