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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Honduras

Proposed indicative UNFPA assistance: \$18 million: \$7.5 million from regular resources and \$10.5 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2012-2016)

Cycle of assistance: Seventh

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	3.4	5.5	8.9
Population and development	1.7	2.5	4.2
Gender equality	1.7	2.5	4.2
Programme coordination and assistance	0.7	-	0.7
Total	7.5	10.5	18.0

I. Situation analysis

1. In June 2009, a political crisis interrupted the economic growth and political stability of Honduras. The Government that took office in January 2010 has expressed its commitment to revitalize economic growth and to promote political reconciliation and respect for human rights.

2. The population, estimated at 8 million, is divided almost equally between urban and rural areas. Nearly 57 per cent of Hondurans are younger than 25. Indigenous people represent approximately 6 per cent of the population, and people of African descent represent approximately 1 per cent. The 2010 national report on the Millennium Development Goals confirmed that the country faces major challenges in achieving its targets. Honduras had a per capita gross national product estimated at \$1,818 in 2009. Nearly 60 per cent of households lived below the poverty line in 2010, and 39 per cent lived in extreme poverty.

3. The annual population growth rate declined from 3.1 per cent in 1988 to 2.1 per cent in 2010. The total fertility rate declined from 4.9 children per woman in 1995 to 3.3 children per woman in 2006. The estimated HIV prevalence rate is 0.7 per cent. More than 28,000 people are registered as living with HIV and AIDS, with the majority of new infections occurring among young people. The proportion of women among new infections is increasing. The ratio of men to women living with HIV reached 1:1 in 2010.

4. The maternal mortality ratio was 108 deaths per 100,000 live births in 1997, the latest date for which data are available. Despite recent indicators suggesting that there is some reduction in maternal mortality,

reducing maternal mortality remains a priority. There are significant gaps in emergency obstetric care. The contraceptive prevalence rate increased from 50 per cent in 1996 to 65 per cent in 2006. However, family planning services are still limited, particularly in rural areas and low-income urban areas. Increasing access to sexual and reproductive health for youth is a particular concern, since nearly 22 per cent of girls aged 15-19 have been pregnant at least once.

5. Violence, including domestic violence as well as common and organized crime, has had an increasing impact in Honduras. Security is a high priority for the Government. Since young people are particularly vulnerable to violence, expanding comprehensive youth programmes is urgent.

6. Social and cultural barriers to gender equity are a challenge. Gender-based violence is reflected in the increasing number of recorded cases of domestic and sexual violence and the murder of women. These murders increased from 181 in 2004 to 307 in 2009.

7. Hondurans are also vulnerable to natural disasters, particularly to flooding and landslides during the hurricane season. The Government established a new disaster management system in 2010, but recent emergency events have illustrated the challenges involved in implementing it.

II. Past cooperation and lessons learned

8. UNFPA assistance to Honduras began in 1978. The country programme for the period 2006-2011 was approved for \$12.5 million (\$6 million from regular resources and \$6.5 million from other resources). By December

2010, UNFPA had mobilized over \$5.6 million for the programme.

9. According to the evaluation of the programme, a number of lessons were learned during the implementation of the programme. Alliances with national counterparts and other cooperating organizations allowed UNFPA to effectively support the policy formulation process. Achievements included the official adoption of: (a) the third national HIV/AIDS strategy (2008); (b) a guide, issued by the Attorney General's office, on sexual crime cases (2009); (c) the national plan for maternal and infant mortality reduction (2009); (d) the second plan for gender equality and equity (July 2010); (e) the school system guides on health and violence prevention (November 2010); and (f) the national youth policy (December 2010).

10. UNFPA also strengthened partnerships with non-traditional partners, such as the Attorney General's Office, the national police, faith-based organizations, the private sector, local governments and journalist networks. Synergy with bilateral and multilateral donors proved crucial for resource mobilization and for improving coordination to mainstream the Programme of Action of the International Conference on Population and Development (ICPD). The consistent use of mass media was instrumental in the success of the country programme.

11. The programme expanded access to sexual and reproductive health services for women, men and adolescents in public and non-governmental sectors. Strategies included addressing the reproductive health needs of men, young people and indigenous people, and improving preparedness for emergency situations. The programme also

supported the incorporation of census and survey analyses into poverty eradication and development plans and into preparations for the 2012 census. In cooperation with the Ministry of Women's Affairs and women's organizations, the programme continued to promote gender equity, with an emphasis on addressing gender-based violence.

12. Joint programming, regional initiatives and South-South cooperation in the areas of maternal health, gender and youth strengthened results in these areas. The programme forged partnerships with other United Nations organizations, including the Food and Agriculture Organization of the United Nations, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund, UNDP, the Pan American Health Organization/World Health Organization, United Nations Volunteers, and the United Nations Development Fund for Women.

13. The evaluation of the programme confirmed that building the capacity of implementing partners requires UNFPA to address not only programme issues, but also administrative constraints.

III. Proposed programme

14. The proposed programme is based on the national development plan, 2010-2021; the United Nations Development Assistance Framework (UNDAF), 2012-2016; the Millennium Development Goals; the ICPD Programme of Action; and the UNFPA strategic plan, 2008-2013. In accordance with the UNDAF, the programme will focus on capacity-building, using a rights-based and gender-sensitive approach. The programme will consist of three components: (a)

reproductive health and rights; (b) population and development; and (c) gender equality.

Reproductive health and rights component

15. Based on the UNDAF outcome related to health, the programme outcome for the reproductive health and rights component is: to increase the demand for sexual and reproductive health services, promote reproductive rights, and integrate essential services into public policies. There are three inter-related outputs under this component.

16. Output 1: The health system has strengthened capacity to increase the demand for, access to and utilization of high-quality maternal health services. To achieve this output, UNFPA will support the national plan to reduce maternal and infant mortality by: (a) training service providers to improve the quality of antenatal and post-natal care and obstetric services, including for indigenous communities; (b) providing equipment and commodities for antenatal and post-natal care and obstetric services; and (c) advocacy and technical assistance for health-sector reform that facilitates access to, and improves the quality of, services.

17. Output 2: The health system has strengthened capacity to increase the demand for, access to and utilization of high-quality, voluntary family planning services. This will be achieved by: (a) training service providers to improve the quality and coverage of the national family planning programme; and (b) advocating and providing assistance for Government efforts to ensure reproductive health commodity security.

18. 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.

Within the framework of the third national HIV/AIDS strategy, this will be achieved by: (a) increasing the coverage and quality of services to prevent HIV and sexually transmitted infections, including youth-friendly health services; (b) expanding support to these services through educational materials, training to service providers, medical equipment and minor facility renovations; and (c) supporting the Ministry of Education in training teachers, school counsellors and students nationwide, using the recently approved curriculum materials on this matter.

Population and development component

19. The expected outcomes of this component are based on two UNDAF outcomes related to national planning capacity and democratic governance. The two programme outcomes are: (a) data on population dynamics, gender equality and reproductive health are analysed and incorporated into development and disaster management policies and plans; and (b) the rights of young people and their multisectoral needs are incorporated into the implementation of public policies.

20. Output 1: 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. This will be achieved within the framework of the national planning system by: (a) strengthening the national statistical system through training and the transfer of technology; (b) supporting the inclusion of sociodemographic analysis in the design and

implementation of development and disaster management plans; and (c) providing technical assistance and support for the funding, design, analysis and use of the 2012 census and the 2011 demographic and health survey.

21. Output 2: Government and civil society have improved their capacity to implement, monitor and evaluate the national youth policy. This will be achieved by: (a) providing technical support to design and implement a monitoring system for the national youth policy; and (b) increasing the capacity of civil society to advocate and monitor investments in youth.

Gender equality component

22. The expected outcome of this component is to integrate gender equality and the human rights of women and adolescent girls into the implementation of national policies, development frameworks and laws. This outcome is based on two related UNDAF outcomes: one pertaining to human rights and the other to democratic governance.

23. Output 1: Government and civil society have improved their capacity to implement, monitor and evaluate the national plan on gender equality and equity. This will be achieved by: (a) helping national and local governments and civil society to incorporate the national plan on gender equality and equity into their respective programmes; and (b) supporting training for government and non-governmental organization (NGO) staff on advocacy, planning and budgeting with a gender perspective.

24. Output 2: Government and civil society have improved capacity to prevent and address gender-based violence and care for survivors. This will be achieved by: (a) supporting

training for justice and health systems staff on preventing violence against women and caring for survivors; and (b) supporting advocacy training on gender-based violence for journalists, members of civil society, and male organizations.

IV. Programme management, monitoring and evaluation

25. UNFPA and the Government will apply a results-based approach to implementing and monitoring programme performance, including programme and administrative aspects. This will be done in accordance with the recommendations of the current programme evaluation, and the new country programme and UNDAF monitoring and evaluation plans. UNFPA staff and national counterparts will make supervisory visits to project sites at least twice a year. The Government and UNFPA will conduct annual country programme reviews.

26. The programme will utilize the national execution modality whenever possible. The country office will strengthen collaboration with NGOs, taking into account their comparative advantages in programme execution. UNFPA will also strengthen the harmonized cash-transfer approach.

27. The UNFPA country office consists of a representative, an assistant representative, an operations manager and programme and administrative personnel. UNFPA will continue resource mobilization efforts with bilateral and multilateral donors. The UNFPA regional office for Latin America and the Caribbean, in Panama City, Panama, will facilitate the provision of technical and programmatic support.

RESULTS AND RESOURCES FRAMEWORK FOR HONDURAS

<p>National priority: within the framework of social rights and the Millennium Development Goals, to contribute to an educated and healthy Honduras, free of extreme poverty and with strong social protection systems</p> <p>UNDAF outcome: the health of the population, particularly those living in vulnerable situations, has improved on the basis of a human rights and a health-determinant approach, with an emphasis on communicable and non-communicable diseases, HIV/AIDS and sexual and reproductive health</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome 1:</u> To increase the demand for sexual and reproductive health services, promote reproductive rights, and integrate essential services into public policies</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Maternal mortality ratio Baseline: 108 maternal deaths per 100,000 live births (1997); Target: 70 maternal deaths per 100,000 live births • Contraceptive prevalence rate Baseline: 65 per cent; Target: 80 per cent • Fertility rate of girls aged 15-19 Baseline: 102 births per 1,000 women in this age group; Target: 85 births per 1,000 women in this age group • HIV prevalence rate Baseline: 0.7 per cent; Target: 0.4 per cent 	<p><u>Output 1:</u> The health system has strengthened capacity to increase the demand for, access to and utilization of high-quality maternal health services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of maternal health service providers trained to provide high-quality services. Baseline: 450; Target: 600 • Number of health service delivery points supported by UNFPA with equipment and commodities for maternal health Baseline: 8; Target: 20 • Number of UNFPA-supported public hospitals that guarantee 24-hour emergency obstetric care. Baseline: 5; Target: 10 <p><u>Output 2:</u> The health system has strengthened capacity to increase the demand for, access to and utilization of high-quality, voluntary family planning services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of health service providers trained to provide high-quality family planning services. Baseline: 210; Target: 400 • Number of health service staff trained in commodity security strategy. Baseline: 30; Target: 150 <p><u>Output 3:</u> 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</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of youth-friendly health services to prevent HIV and sexually transmitted infections Baseline: 19; Target: 50 • Number of teachers who have received training and materials about life skills, including sex education, reproductive health education, HIV prevention and violence prevention, in line with the national curriculum Baseline: 1,500; Target: 20,000 	<p>Honduran Institute of Social Security Ministries of: Education; Health</p> <p>Faith-based organizations; Honduran Family Planning Association; NGOs</p> <p>Bilateral and multilateral donors; United Nations organizations</p>	<p>\$8.9 million (\$3.4 million from regular resources and \$5.5 million from other resources)</p>

<p>National priority: within the framework of civil and political rights, to contribute to: (a) democracy, security and a nation free from violence; and (b) a modern, transparent, responsible, efficient and competent Government</p> <p>UNDAF outcomes: (a) within the framework of the national planning system, national and local governments and civil society have the capacity and the best tools for planning, monitoring and evaluating development policies; and (b) to establish legal and institutional frameworks for strengthening participatory democracy</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Data on population dynamics, gender equality and reproductive health are analysed and incorporated into development and disaster management policies and plans</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Data from 2012 census and 2011 demographic and health survey collected, analysed and utilized in policy formulation <p>Baseline: 2001 census and 2006 demographic and health survey data analysed and utilized; Target: 2012 census and 2011 demographic and health survey data used to monitor national development plan and formulate 8 local development plans</p> <p><u>Outcome:</u> The rights of young people and multi-sectoral needs are incorporated into the implementation of public policies</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of national institutions including youth participation. Baseline: 1; Target: 6 	<p><u>Output 1:</u> 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</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of government and non-governmental organization staff trained to collect, analyse and use data <p>Baseline: 68; Target: 100</p> <ul style="list-style-type: none"> Number of theme-specific and region-specific studies conducted. Baseline: 10; Target: 20 Number of local governments supported in incorporating population and risk management issues into development plans. Baseline: 0; Target: 8 <p><u>Output 2:</u> Government and civil society have improved capacity to implement, monitor and evaluate the national youth policy</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Monitoring system of the national youth policy established <p>Baseline: No system; Target: 3 reports of the monitoring system</p>	Alliance for Children, Adolescents and Youth; bilateral and multilateral donors; Ministries of: Planning; Youth; national statistics institute; national university; local governments; United Nations organizations	\$4.2 million (\$1.7 million from regular resources and \$2.5 million from other resources)
<p>National priority: within the framework of civil and political rights, to contribute to: (a) the development of democracy, security and a nation free from violence; and (b) a modern, transparent, responsible, efficient and competent Government</p> <p>UNDAF outcomes: (a) to establish legal and institutional frameworks for strengthening participatory democracy; (b) within the framework of national and international instruments on human rights, the Government and the population implement policies and practices that strengthen the rule of law and reduce violence, especially among the most vulnerable groups</p>				
Gender equality	<p><u>Outcome:</u> To integrate gender equality and the human rights of women and adolescent girls into the implementation of national policies, development frameworks and laws</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of national institutions with a budget including the implementation of the national plan on gender equality and equity <p>Baseline: 1; Target: 8</p>	<p><u>Output 1:</u> Government and civil society have improved capacity to implement, monitor and evaluate the national plan on gender equality and equity</p> <p><u>Output indicators:</u></p> <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. Baseline: 1,515; Target: 2,000 <p><u>Output 2:</u> Government and civil society have improved capacity to prevent and address gender-based violence and care for survivors</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of government staff trained to prevent gender-based violence and care for survivors. Baseline: 9,280; Target: 10,000 Number of journalists and staff of civil society organizations trained to advocate ending gender-based violence <p>Baseline: 1,075; Target: 2,000</p>	Attorney General's Office; bilateral and multilateral donors; local governments; national police; Ministry of Women's Affairs; NGOs; United Nations organizations	\$4.2 million (\$1.7 million from regular resources and \$2.5 million from other resources) Programme coordination and assistance: \$0.7 million from regular resources