
National Strategic Plan to Reduce Human Rights- Related Barriers to HIV Services: Honduras 2019-2023

APRIL 2019

HONDURAS
Reducing Human-Rights Related
Barriers to HIV Services

Five-Year Plan 2019-2023

I. Overview of interventions in the Five-Year Plan

Program Area 1: Stigma and discrimination reduction	
1.1	Information, education and communication strategies that address internalized stigma among PLHIV and key and vulnerable populations, and specific strategies on stigma, discrimination and human rights targeted at the general population
1.2	Strengthening human rights promotion and defense networks
1.3	Mechanism(s) to monitor stigma, discrimination, violence and other HIV-related human rights violations
1.4	Stigma and discrimination index [includes people living with HIV and key and vulnerable populations]
1.5	Study on the situation of people who use drugs and alcohol: prevalence of problematic use, the risk of HIV, human rights abuses and improved access to services
Program Area 2: Training for health care providers on human rights and medical ethics related to HIV	
2.1	Development and implementation of content focused on human rights and medical ethics within the health professional training system
2.2	Ongoing and routine training in health centers on human rights and HIV-related medical ethics
Program Area 3: Sensitization of law-makers and law enforcement agents	
3.1	Preservice human rights training for police
3.2	Ongoing human rights training for police
3.3	Routine measurement of police knowledge, attitudes and practices
3.4	Community advocacy, training and sensitization of prison personnel and authorities
3.5	Sensitization of judges and prosecutors
3.6	Sensitization of law-makers
Program Area 4: Legal literacy (“know your rights”)	
4.1	Capacity building for PLHIV & key and vulnerable populations on stigma and discrimination, human rights and support resources to enable them to defend their rights
Program Area 5: HIV-related legal services	
5.1	Community-based legal support to respond to abuse and human rights violations
5.2	Professional human rights legal support for CSOs working with PLHIV and key and vulnerable populations

Program Area 6: Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	
6.1	Protection and promotion of human rights at the municipal level
6.2	Incorporation of HIV policy and human rights protection into the world of work
6.3	Reforms to laws and policies that prevent young people from accessing HIV-related services
6.4	Protection and promotion of the rights of sex workers: legal recognition of independent sex work
6.5	Protection and promotion of the rights of transgender people
6.6	Protection and promotion of the human rights of PLHIV and key and vulnerable populations in the prison environment
6.7	Ensure access to treatments and other health technologies
6.8	Strengthen the government's commitment to human rights in the response to HIV: political advocacy for financial support from the government for the Five-Year Plan to protect human rights and improve access to HIV-related prevention, care and support services
6.9	Civil society management of cooperation resources for the continuation of the Five-Year Plan
Program Area 7: Reducing discrimination against women and girls in the context of HIV	
7.1	Collection and dissemination of data on gender-based violence as a key HIV risk factor
7.2	Mobilization at the community level to reduce gender-based violence, promote sexual and reproductive rights and improve access to services for survivors of violence
7.3	Stigma and discrimination index: women and girls living with HIV
7.4	Capacity building for women's groups on rights and responsibilities, the HIV Law, reporting and where to turn when their rights are violated
7.5	Protocol on sexual and reproductive health and rights of women in the context of HIV
7.6	Implementation of sex education guides

Costing for a five-year comprehensive plan to reduce human rights-related barriers to HIV services in Honduras

Global Fund (“counterpart funds – human rights”)	850,000.01
<i>Necessary funding from other sources</i>	569,415.44
Total	US\$ 1,419,415.45

II. Consolidated program areas, interventions, specific activities and costing

No.	Program area	Intervention		Total cost 3 Years In US\$		Increase 2 Years In US\$		Total cost 5 Years In US\$
1	1. Stigma and discrimination reduction	1.1 Information, education and communication strategies that address internalized stigma among PLHIV and key and vulnerable populations, and specific strategies on stigma, discrimination and human rights targeted at the general population		131,173.81		65,586.91		196,760.72
2	1. Stigma and discrimination reduction	1.2 Strengthening human rights promotion and defense networks		156,680.09		109,676.07		266,356.16
3	1. Stigma and discrimination reduction	1.3 Mechanism(s) to monitor stigma, discrimination, violence and other HIV-related human rights violations		35,393.21		24,775.24		60,168.45
4	1. Stigma and discrimination reduction	1.4 Stigma and discrimination index [includes people living with HIV and key and vulnerable populations]		49,750.10		-		49,750.10
5	1. Stigma and discrimination reduction	1.5 Study on the situation of people who use drugs and alcohol: prevalence of problematic use, the risk of HIV, human rights abuses and improved access to services		8,264.07		25,000.00		33,264.07
6	2. Training for health care providers on human rights and medical ethics related to HIV	2.1 Development and implementation of content focused on human rights and medical ethics within the health professional training system		1,239.13		867.39		2,106.52
7	2. Training for health care providers on human rights and medical ethics related to HIV	2.2 Ongoing and routine training in health centers on human rights and HIV-related medical ethics		4,968.90		3,478.23		8,447.13
8	3. Sensitization of law-makers and law enforcement agents	3.1 Preservice human rights training for police		14,460.61		10,122.43		24,583.03
9	3. Sensitization of law-makers and law enforcement agents	3.2 Ongoing human rights training for police		9,665.19		6,765.63		16,430.82
10	3. Sensitization of law-makers and law enforcement agents	3.3 Routine measurement of police knowledge, attitudes and practices		908.69		908.69		1,817.39

11	3. Sensitization of law-makers and law enforcement agents	3. 4 Community advocacy, training and sensitization of prison personnel and authorities		13,461.46		9,423.02		22,884.48
12	3. Sensitization of law-makers and law enforcement agents	3. 5 Sensitization of judges and prosecutors		7,761.06		5,432.74		13,193.81
13	3. Sensitization of law-makers and law enforcement agents	3.6 Sensitization of law-makers		1,115.21		780.65		1,895.86
14	4. Legal literacy (“know your rights”)	4.1 Capacity building for women's groups in rights and responsibilities, the HIV Law, reporting and where to turn when their rights are violated		10,637.08		5,318.54		15,955.61
15	5. HIV-related legal services	5.1 Community-based legal support to respond to abuse and human rights violations		10,958.11		7,670.67		18,628.78
16	5. HIV-related legal services	5.2 Professional human rights legal support for CSOs working with PLHIV and key and vulnerable populations		144,341.09		101,038.77		245,379.86
17	6. Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	6.1 Protection and promotion of human rights at the municipal level		30,507.30		30,507.30		61,014.60
18	6. Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	6.2 Incorporation of HIV policy and human rights protection into the world of work		54,866.05		54,866.05		109,732.10
19	6. Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	6.3 Reforms to laws and policies that prevent young people from accessing HIV-related services		10,648.30		10,648.30		21,296.60
20	6. Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	6.4 Protection and promotion of the rights of sex workers: legal recognition of independent sex work		12,065.39		12,065.39		24,130.78

21	6. Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	6.5 Protection and promotion of the rights of transgender people		6,400.83		6,400.83		12,801.65
22	6. Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	6.6 Protection and promotion of the human rights of PLHIV and key and vulnerable populations in the prison environment		8,315.17		8,315.17		16,630.35
23	6. Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	6.7 Ensure access to treatments and other health technologies		7,668.70		7,668.70		15,337.41
24	6. Monitoring and reforming laws, regulations and policies to protect and promote human rights and strengthen the HIV response	6.8 Strengthen the government's commitment to human rights in the response to HIV: political advocacy for financial support from the government for the Five-Year Plan to protect human rights and improve access to HIV-related prevention, care and support services		7,506.38		7,506.38		15,012.76
25	7. Reducing discrimination against women and girls in the context of HIV	7.1 Collection and dissemination of data on gender-based violence as a key HIV risk factor		18,992.42		-		18,992.42
26	7. Reducing discrimination against women and girls in the context of HIV	7.2 Mobilization at the community level to reduce gender-based violence, promote sexual and reproductive rights and improve access to services for survivors of violence		13,217.49		9,252.24		22,469.73
27	7. Reducing discrimination against women and girls in the context of HIV	7.3 Stigma and discrimination index: women and girls living with HIV		15,000.00		-		15,000.00
28	7. Reducing discrimination against women and girls in the context of HIV	7.4 Capacity building for women's groups on rights and responsibilities, the HIV Law, reporting and where to turn when their rights are violated		46,938.31		33,373.00		80,311.31
29	7. Reducing discrimination against women and girls in the context of HIV	7.5 Protocol on sexual and reproductive health and rights of women in the context of HIV		16,144.21		11,300.95		27,445.16

30	7. Reducing discrimination against women and girls in the context of HIV	7.6 Implementation of sex education guides		951.65		666.15		1,617.80
TOTAL				850,000.01		569,415.44		1,419,415.45

III. Components of a comprehensive program to reduce human rights-related barriers to HIV services in Honduras

PROGRAM AREA 1: STIGMA AND DISCRIMINATION REDUCTION								
Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (individual elements and total cost)	Source(s) of financing	Comments
Intervention 1.1: Information, education and communication strategies that address internalized stigma among PLHIV and key and vulnerable populations, and specific strategies on stigma, discrimination and human rights targeted at the general population								
1.1.1 Development of a campaign and educational and information materials on stigma, discrimination and the human rights of PLHIV and key and vulnerable populations.	Design of an information, education and communication strategy for the promotion of human rights for PLHIV and key and vulnerable populations completed. Populations targeted by the information strategy and materials are educated and sensitized.	Municipalities prioritized by the country.	<i>Indicators:</i> ☐ communication strategy designed ☐ number of copies of printed and distributed materials ☐ number of times materials are used in a formal training session (e.g. health workers, police, others)) ☐ numbers of civil society organizations and/or groups and government entities (National Human Rights Commissioner – CONADEH, the Ministry of Health, Human Rights Secretariat – SEDH]) reporting the use of materials ☐ number of target population receiving education and communication materials	Year 1: development of materials. Years 2-5: dissemination and use of materials (through the implementation of other activities in this plan).	Institutions and civil society organizations (CSOs) representing PLHIV and key and vulnerable populations, according to the outcome of the bidding process.	88,374.38 44,187.19	Global Fund Others	An Information, Education and Communication (IEC) committee will be established with the participation of PLHIV and key and vulnerable populations, for the development, validation and monitoring of the IEC Plan, in coordination with implementing entities SEDH, CONADEH, the Ministry of Health and the National AIDS Commission – CONASIDA..

PROGRAM AREA 1: STIGMA AND DISCRIMINATION REDUCTION								
Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (individual elements and total cost)	Source(s) of financing	Comments
			☐ agreements with National Commission of Telecommunications – CONATEL for the dissemination of communication material ☐ agreements with community media ☐ number of users visiting social networks where communication materials are available.					In addition to the dissemination of laws, policies, and/or protocols in user-friendly and formal formats, the communication strategy envisages a massive campaign in traditional and non-traditional media, using information and communications technology, as well as involvement in the champion/influencers campaign. Materials should be developed that (a) include several key populations, and (b) are also accessible to various audiences (taking into account issues such as illiteracy/semi-literacy, language

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								accessibility, people with disabilities). In addition to IEC materials, promotional materials will be included with messages that promote solidarity and non-discrimination and the promotion of human rights.
Intervention 1.2: Strengthening human rights promotion and defense networks								
1.2.1 Find out the evaluation results of the 20 networks that are already in operation.	Based on the results, make adjustments to improve the roles of the 15 new networks.	Fifteen networks in municipalities prioritized by the country.	☐ A document containing the work experience of the 20 existing networks.	Year 1: mapping and planning Years 2-3: establishment of new networks Years 1-5: strengthening networks and supporting their	Institutions and CSOs representing PLHIV and key and vulnerable populations, according to the outcome of the bidding process. Activities will be carried out in	156,680.09 109,676.07	Global Fund Others	The costs of this evaluation are in the continued funds. CONADEH will be able to provide the methodology that has been used with the 20 networks already in operation, and which will serve as a basis

PROGRAM AREA 1: STIGMA AND DISCRIMINATION REDUCTION

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (individual elements and total cost)	Source(s) of financing	Comments
				activities according to their plans (NB: number of networks and activities increasing over the years).	coordination with CONADEH, who have experience with the initial 20 networks that still work with their support.			for defining the roles and functions of the 24 new networks. The activities to be developed by the networks are contained in 1.3, 2.2, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 6.1, 6.2, 6.6 and 6.7.
1.2.2. Redefine the roles and functions of the 15 networks that will be created and design methodology for their operation.	Clear guidelines for the roles and functions of the 15 new networks that respond to the needs of PLHIV and key and vulnerable populations.	Fifteen networks in municipalities prioritized by the country.	☐ Methodology for the operation of the 15 new networks.					
1.2.3 Actions for the creation of 15 networks to implement activities defined in roles and functions.	Mapping and analysis of networks and what they need to be effective, and a plan for establishing new local networks. Workplans for each network to address the human rights challenges in their area (e.g. visits to	Fifteen networks in municipalities prioritized by the country.	☐ Number of local networks in operation and with a workplan.					

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	Integrated Treatment Services (SAIs)) to provide capacity building on human rights for users, dissemination of educational materials, community oversight.							
Intervention 1.3: Mechanism(s) to monitor stigma, discrimination, violence and other HIV-related human rights violations								
1.3.1 Community oversight to monitor stigma and discrimination, violence and other HIV-related human rights violations.	Networks, home-visiting community health workers, self-support groups, groups of key and vulnerable populations trained in community oversight. Identification of strategic lines for conducting community oversight. Regular monitoring of PLHIV, key population and vulnerable population experiences of stigma, discrimination, violence and other human rights violations and referral of those	Municipalities prioritized by the country. Networks, home-visiting community health workers, self-support groups, groups of key and vulnerable populations.	☐ Number of people trained in community oversight. ☐ Document with strategic lines established for community oversight. ☐ Number of reported cases of people who have experienced stigma, discrimination or other violations of human rights.	5 years	Institutions and CSOs representing PLHIV and key and vulnerable populations, according to the outcome of the bidding process.	32,088.87 22,462.21	Global Fund Others	Work in coordination with CONADEH, the Ministry of Health, and the Honduran National Association of People Living with HIV/AIDS – ASONAPVSI DAH.

PROGRAM AREA 1: STIGMA AND DISCRIMINATION REDUCTION

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (individual elements and total cost)	Source(s) of financing	Comments
	affected to services and legal care systems.							
1.3.2 Coordination between different complaint management systems to monitor and generate consolidated data.	Information on human rights violations and lessons learned are shared among the different complaint management systems, and the information is made available.	Municipalities prioritized by the country and the Global Fund. CSOs and state entities.	☐ Number of consolidated reports on human rights violations of PLHIV and key and vulnerable populations.	5 years	CSOs and state entities.			
1.3.3 Strengthening the Surveillance System for Violation of Human Rights of PLHIV and Key Populations – SIVIDEH platform to generate human rights information related to PLHIV and key and vulnerable populations.	CSOs implement SIVIDEH. Data are gathered on human rights violations of PLHIV and key and vulnerable populations, in real-time or at programmed intervals. SIVIDEH reports are used as a secondary source for stigma index reports on PLHIV and key and vulnerable populations. People identified through SIVIDEH are referred to relevant services (e.g. legal services).	Municipalities prioritized by the country and the Global Fund. Violations of human rights of PLHIV and key and vulnerable populations.	☐ Number of people and CSOs using the system. ☐ Number of reported cases and reports generated by the system.	1-3 years	CSOs.		Global Fund	

PROGRAM AREA 1: STIGMA AND DISCRIMINATION REDUCTION

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (individual elements and total cost)	Source(s) of financing	Comments
	Data generated by SIVIDEH helps reveal specific cases of human rights violations.							
Intervention 1.4: Stigma and discrimination index								
1.4.1 Use of stigma indexes generated in 2014 by the LLAVES Foundation and 2017 by the Center for Prevention, Treatment and Rehabilitation of Victims of Torture and their Families – CPTRT] to establish a baseline.	Data on the extent and manifestations of stigma and discrimination that can be used to (a) inform civil society advocacy efforts and (b) guide educational initiatives.	Municipalities prioritized by the country and the Global Fund.	☐ Baseline completed. Adequate inclusion of key populations.	3 years	CSOs.	4,721.76		
1.4.2 Compile a stigma index for PLHIV and key and	Have access to up-to-date information on the situation regarding stigma in PLHIV and key	Municipalities prioritized by the country.	☐ Report on stigma and discrimination in PLHIV and key and vulnerable populations.	3 years	Institutions and CSOs representing PLHIV and key	49,750.10	Global Fund	Coordinate with REDCA+, who will compile the index of PLHIV in Honduras in

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Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (individual elements and total cost)	Source(s) of financing	Comments
vulnerable populations.	and vulnerable populations, which guides efforts to reduce stigma in these populations.	PLHIV and key and vulnerable populations.			and vulnerable populations, according to the outcome of the bidding process.			2019. Coordination must take place with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the region, SEDH, CONADEH, the MoH, and other related actors.
Intervention 1.5: Study on the situation of people who use drugs and alcohol: prevalence of problematic use, the risk of HIV, human rights abuses and improved access to services								
1.5.1 Generation of information on the use and interaction of drugs and alcohol in relation to acquiring HIV, human rights violations against people who use drugs, the withdrawal of users from health services or the aggravation of the state of health of people living with HIV, and the	Evidence-based report that presents a more informed characterization of the extent to which problematic substance use plays a role in the epidemic in Honduras, and human rights concerns that affect access to HIV prevention, treatment and care services among people who use drugs.	Municipalities prioritized by the country. People who use substances (alcohol and illegal drugs).	☐ Report completed and disseminated to various audiences.	5 years	Academic or CSO researcher selected through a bidding process.	8,264.07 25,000.00	Global Fund Others	Review and summarize available data (from literature and key informants) to allow assessment in the national context of: (1) HIV prevention and treatment needs and damage to health related to problematic use of substances (alcohol and drugs); and

PROGRAM AREA 1: STIGMA AND DISCRIMINATION REDUCTION								
Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (individual elements and total cost)	Source(s) of financing	Comments
improvement of services and access to services for people who use drugs.	Increased awareness and knowledge of the needs of this population among CSOs, health service providers, law enforcement and authorities. Better programmatic decisions to ensure accessible services for people who use drugs and alcohol. Increased advocacy in defense of the human rights of this vulnerable population.							(2) Human rights violations against people who use illegal drugs and human rights barriers to HIV-related services for people who use drugs. Formation of a survey management group, involving PLHIV and key and vulnerable populations.

**PROGRAM AREA 2: TRAINING FOR HEALTH CARE PROVIDERS
ON HUMAN RIGHTS AND MEDICAL ETHICS RELATED TO HIV**

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financi ng	Comments
Intervention 2.1: Development and implementation of content focused on human rights and medical ethics within the health professional training system								
2.1.1 Political advocacy to make human rights classes mandatory within the academic environment with a focus on human rights relating to PLHIV & key & vulnerable pops	Students in careers related to the provision of health services, trained with a focus on the human rights of PLHIV and key and vulnerable populations.	National. Academia and careers related to the provision of health services.	☐ Number of trained service providers. ☐ Users of services referred to stigma-free care.	Q3-Q6	Civil society, centralized and decentralized organizations.	1,239.13 867.39	Global Fund Others	
2.1.2 Coordinate actions with the national bioethics committee for the implementation of bioethics with a human rights approach in the various faculties of the National Autonomous University of Honduras (UNAH).	Institutionalize bioethics with a human rights approach within the UNAH curriculum.	National.	☐ Incorporation of this topic into the curriculum of several faculties. ☐ Number of faculties incorporating this subject in their curriculum. ☐ Number of educational institutions per year. ☐ Number of students in various faculties receiving instruction in this area per year.	5 years	Civil society, centralized and decentralized organizations.			The National AIDS Forum is already involved in this initiative, so these actions must be coordinated with them.

Intervention 2.2: Ongoing and routine training in health centers on human rights and HIV-related medical ethics								
2.2.1 Disseminate and promote the <i>Guide and Implementation Manual for Service Provision Free of Stigma and Discrimination Toward Transgender and Intersex People, Sex Workers, Men who Have Sex with Men and People Living with HIV</i> (2016) to all health services.	Increased recognition by staff of good health practice, free from stigma and discrimination. Greater coherence between human rights-related skills and knowledge and ethical concerns on the part of staff in health centers. Greater recognition of the human rights issue as a component of health services. Reduced stigma toward PLHIV and key and vulnerable populations.	Municipalities prioritized by the country.	☐ Number of copies printed of the <i>Guide and Implementation Manual for Service Provision Free of Stigma and Discrimination</i>. ☐ Number of health services whose administrators support implementation of the Guide and Manual among their staff. ☐ Number of health workers who are familiar with the <i>Guide and Implementation Manual for Service Provision Free of Stigma and Discrimination</i>. Methods of data collection: short survey to measure stigma among health care providers.	5 years	Institutions and CSOs representing PLHIV and key and vulnerable populations, according to the outcome of the bidding process.	4,968.90 3,478.23	Global Fund Others	Coordinate actions with the Ministry of Health, CONADEH, CONASIDA, SEDH and other relevant actors.

PROGRAM AREA 3: SENSITIZATION OF LAW-MAKERS AND LAW ENFORCEMENT AGENTS

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Intervention 3.1: Preservice human rights training for police								
3.3.1 Institutionalize preservice human rights training for police to reduce stigma, discrimination, violence and other human rights violations against PLHIV and key and vulnerable populations.	Incorporate the topic of human rights with a focus on PLHIV and key and vulnerable populations into police training materials. Increased awareness of laws and policies that protect human rights. Improved police attitudes and practices with respect to PLHIV and key and vulnerable populations. Foster police practices that promote, protect and guarantee human rights.	National level -National Police University of Honduras (UNPH); El Ocotal, Comayagüela; -Police Officer Training Center – CCOP; -National Police Academy – ANAPO, Tamara; -Training Center for Non-Commissioned Police Officers – CCPCS; -Technological Police Institute – ITP, La Paz; -Criminal Investigation School – EIC.	☐ Agreement with the National Directorate of Police Education. ☐ Number of future police trained. ☐ Percentage of people trained indicating that this has increased their knowledge of human rights and applicable legal provisions on HIV and human rights. ☐ Number and frequency of reports of police violations of human rights of PLHIV, key populations and vulnerable populations. <i>Methods and data sources: short knowledge, attitudes and practices survey, pre- and post-intervention.</i>	Year 1: development of curricula, coordination with Ministries of Education and Justice, strategic coordination and logistical preparation. Years 2-5: full implementation.	CSOs, CONADEH, SEDH. Human rights networks. In collaboration with the National Directorate of Police Education.	14,460.61 10,122.43	Global Fund Others	National Directorate of Police Education: The body responsible for the planning, organization, management, evaluation and coordination of police education at all levels, plus other responsibilities established by Law 123. To carry out its functions, it will consist of a group of police training centers responsible for complying with the objectives, strategies and policies for the professional development of

PROGRAM AREA 3: SENSITIZATION OF LAW-MAKERS AND LAW ENFORCEMENT AGENTS

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
								police officers at the various educational levels, in accordance with the institutional needs and guidelines issued by the Directorate General of National Police.
Intervention 3.2: Ongoing human rights training for police								
3.2.1 Ongoing training for preventive, military and municipal police on HIV policies and human rights in the context of HIV and key and vulnerable populations.	Increased awareness of laws and policies that protect human rights. Improved police attitudes and practices with respect to PLHIV and key and vulnerable populations. Foster police practices that promote, protect and guarantee human rights.	Training workshops for preventive and military police in Tegucigalpa, San Pedro Sula, La Ceiba and Choluteca.	☐ Number of workshops. ☐ Percentage of people trained in these workshops indicating that training has increased their knowledge of human rights and applicable legal provisions on HIV and human rights. ☐ Percentage of people trained indicating that this has increased their support for legal provisions that protect human rights.	Years 1-2: development of curriculum, discussions with the Ministries of Education and Justice, strategic coordination and logistical preparation. Years 3-5: full implementation.	CONADEH. Human rights networks. Social organizations. In collaboration with the National Directorate of Police Education.	9,665.19 6,765.63	Global Fund Others	Five workshops lasting four hours per municipality per year, with the participation of 30 people in each workshop and five trainers from the key population.

PROGRAM AREA 3: SENSITIZATION OF LAW-MAKERS AND LAW ENFORCEMENT AGENTS

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Intervention 3.3: Routine measurement of police knowledge, attitudes and practices								
3.3.1 Actions to develop and apply monitoring tools for measuring police knowledge, attitudes and practices and to disseminate the results.	Generation of data used by civil society for advocacy actions to guide police authorities in actions to make improvements or reforms. Improved police attitudes and practices with respect to PLHIV and key and vulnerable populations. Foster police practices that promote, protect and guarantee human rights.	Tegucigalpa, San Pedro Sula, La Ceiba and Choluteca.	☐ Evaluations of each police education and sensitization intervention. ☐ Annual or twice-yearly evaluations, using a short survey. ☐ Complaints through SIVIDEH, the SIQUEJAS web-based system (or another consolidated system to measure and monitor violations, if implemented).	5 years	CSOs, with the collaboration of CONADEH, SEDH and the National Directorate of Police Education.	908.69 908.69	Global Fund Others	
Intervention 3.4: Community advocacy, training and sensitization of prison personnel and authorities								
3.4.1 Political advocacy, sensitization and education actions for prison officers and authorities.	Coordinate and strengthen the Prison Health Board with representatives from the National Penitentiary Institute authorities, the Human Rights	19 prisons. Tamara, Comayagua, La Paz, Choluteca, Gracias (Lempira), El Porvenir (Atlántida),	☐ Survey or focus groups with key populations to measure what percentage feels able to challenge harmful police practices. ☐ Number of cases of prison officer abuse reported per year by members	5 years	CSOs, with support from CONADEH, SEDH, prison officers.	13,461.46 9,423.02	Global Fund Others	The Prison Health Board is already operating in some municipalities. These should be identified and PLHIV and key and vulnerable

PROGRAM AREA 3: SENSITIZATION OF LAW-MAKERS AND LAW ENFORCEMENT AGENTS

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
	Secretariat, CONADEH and key populations to develop activities with prison officers. A guide to care for people deprived of liberty (PDL) with an emphasis on PLHIV and key and vulnerable populations. Improved prison officer attitudes and practices. Empowerment of the PDL population. Generation of information on prison officer attitudes and practices, as input for decision-makers (baseline).	Juticalpa, Puerto Cortes, El Progreso (Yoro), Olanchito (Yoro), Marcala, La Ceiba, Tela, Trujillo, Nacaome, Siria (El Provenir, Francisco Morazán), Moroceli (El Paraíso). Danli.	of PLHIV and key and vulnerable populations.					populations should be incorporated into the Board. It should also be taken into account that Center for Prevention, Treatment and Rehabilitation of Victims of Torture and their Families – CPTRT has extensive experience in the prison sector, and with other organizations of key and vulnerable populations.
Intervention 3.5: Sensitization of judges and prosecutors								
3.5.1 Development of sensitization activities for judges and prosecutors on the human rights of	Increase judges' awareness of HIV and key and vulnerable populations.	One event each year with the Judicial School of Honduras, delivering	<i>Indicators:</i> ☐ number of sensitization events for judges ☐ number of participants	Year 1: development of complementary materials for training legal professionals.	CONADEH, human rights networks, CSOs with the collaboration of	7,761.06 5,432.74	Global Fund Others	Basic educational materials developed as part of Intervention 1.1 above may be

PROGRAM AREA 3: SENSITIZATION OF LAW-MAKERS AND LAW ENFORCEMENT AGENTS

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
PLHIV and key and vulnerable populations.	Less stigma and discrimination experienced by PLHIV and key and vulnerable populations in their interaction with the courts. More sensitive court rulings and support for the human rights of PLHIV and key and vulnerable populations.	training to judges and magistrates.	☐ improved knowledge and changes in attitude. <i>Methods:</i> - Qualitative evaluations by event organizers of judges' improved knowledge and changes in attitude. - Evaluation of court judgements affecting human rights of PLHIV and key and vulnerable populations.	Years 2-5: workshops/sensitization and training events. Judges.	the Judicial School of Honduras (Judiciary).			used, but they must be supplemented with other more specific materials aimed at this audience (including more detailed material on law, the HIV Law, etc.).
Intervention 3.6: Sensitization of law-makers								
3.6.1 Sensitization activities for law-makers on HIV and human rights of key and vulnerable populations in support of proposed legislation.	Improved knowledge of HIV and key populations on the part of law-makers. Reduction in stigma and discrimination by law-makers against PLHIV and key and vulnerable populations.	Tegucigalpa. Health and Human Rights Committees and political parties.	☐ Number of events. ☐ Number of law-makers attending an event. ☐ Qualitative evaluations by SEDH, CONADEH and other participating groups, of the impact on law-makers' knowledge and attitudes.	5 years	CSOs, in collaboration with CONADEH and SEDH.	1,115.21 780.65	Global Fund Others	IEC material aimed at law-makers, included in Area 1. Intervention 1.

PROGRAM AREA 3: SENSITIZATION OF LAW-MAKERS AND LAW ENFORCEMENT AGENTS

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
	Support in the form of laws, policies and other decisions in the National Congress to protect and promote human rights for PLHIV and key and vulnerable populations.							

PROGRAM AREA 4: LEGAL LITERACY (“KNOW YOUR RIGHTS”)

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
<i>Intervention 4.1: Capacity building for PLHIV and key and vulnerable populations on stigma and discrimination, human rights and support resources to enable them to defend their rights</i>								
4.1.1 Training for home-visiting community health workers and self-support groups to incorporate the “know your rights” component of the guide.	Increased awareness of rights and laws. Multiplier effect of people who have received training on their users/clients. Use of platforms/systems for reporting human rights violations.	Municipalities prioritized by the country. PLHIV who carry out home visits and coordinate self-support groups.	☐ Number of workshops. ☐ Number of people who are reached through face-to-face activities (home visits). ☐ Increase in the number of complaints lodged in the different civil society reporting systems.	5 years	CSOs.	10,637.08 5,324.54	Global Fund Others	Remember that some national organizations already have material that could be revised and adapted to the need for human rights information relating to PLHIV and key and vulnerable populations. It is recommended that the IEC Committee researches this prior to designing this guide. E.g. Center for LGBTI Cooperation and Development – SOMOS CDC, LLAVES and others.
4.1.2 Training for leaders of key and vulnerable populations to enable them to integrate the “know your rights” component of the	Increased awareness of rights and laws. Multiplier effect of people who have received training on their users/clients.	Municipalities prioritized by the country. Leaders of key and vulnerable populations.	☐ Number of workshops. ☐ Number of people who are reached through face-to-face activities (home visits).	5 years	CSOs.		Global Fund	

PROGRAM AREA 4: LEGAL LITERACY (“KNOW YOUR RIGHTS”)

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
guide in their interventions.	Use of platforms/systems for reporting human rights violations.		☐ Increase in the number of complaints lodged in the different civil society reporting systems.					
4.1.3 Capacity building for people deprived of liberty on “know your rights”.	Multiplier effect of people who have received training on their users/clients.	Municipalities prioritized by the country. Persons deprived of liberty.	☐ Number of workshops. ☐ Number of people who are reached through face-to-face activities (home visits). ☐ Increase in the number of complaints lodged in the different civil society reporting systems.	5 years	CSOs.		Global Fund	

PROGRAM AREA 5: HIV-RELATED LEGAL SERVICES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Intervention 5.1: Community-based legal support to respond to abuse and human rights violations								
5.1.1 Capacity building for community health workers, human rights defenders and volunteers engaged in the HIV response.	Legal assistant course established, with a specific focus on the human rights of PLHIV and key and vulnerable populations. Members of the groups of PLHIV and key and vulnerable populations have the skills and knowledge to act as legal assistants. Existence of community legal support in community organizations and key population networks. Greater awareness of rights and improved capacity for finding solutions to abuse.	Tegucigalpa, San Pedro Sula, La Ceiba and Choluteca. PLHIV and key and vulnerable populations.	☐ Legal assistant course, tailored to the context of PLHIV and key and vulnerable populations. ☐ Number of people trained as legal assistants. ☐ Number of legal advice cases. ☐ Number of “know your rights” sensitization initiatives per year.	5 years	Local CSOs.	10,958.11 7,670.57	Global Fund	The Center for Research and Promotion of Human Rights – CIPRODEH has a legal assistant course. This only needs to be adjusted to the context of PLHIV and key and vulnerable populations, validated, and then implemented.

PROGRAM AREA 5: HIV-RELATED LEGAL SERVICES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Intervention 5.2: Professional human rights legal support for CSOs working with PLHIV and key and vulnerable populations								
5.2.1 Provide CSOs and CONADEH with continuous access to professional legal services dedicated to providing support, advice and legal representation to PLHIV and key and vulnerable populations.	Availability of free legal services. Increase in and support for complaints and reporting of human rights violations of PLHIV and key and vulnerable populations.	Tegucigalpa, San Pedro Sula, La Ceiba and Choluteca. PLHIV and key and vulnerable populations.	☐ Number of requests from CSOs (or users of their services) for legal support. ☐ Number of complaints referred to legal services.	5 years	Local CSOs.	144,341.09 101,038.77	Global Fund Others	A member of staff was assigned to CONADEH, but an agreement will be made with the implementing agencies so that this individual deals exclusively with complaints from PLHIV and key and vulnerable populations, and that this resource is absorbed by CONADEH at the end of the grant for the same purposes.

PROGRAM AREA 6: MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Intervention 6.1: Protection and promotion of human rights at the municipal level								
6.1.1 Political advocacy from PLHIV and key and vulnerable populations for the municipalization of the HIV response.	Reduction of stigma and discrimination and other human rights violations. Private enterprise involvement in the HIV response. Standardization of municipal policy through the Association of Municipalities of Honduras – AHMON and creation of open forums with the participation of PLHIV and key and vulnerable populations.	5 municipalities prioritized by the country.	☐ Number of municipalities adopting and implementing the municipalization of the HIV response. ☐ Number of municipal programs and policies that benefit PLHIV and key and vulnerable populations.	5 years	CSOs, in coordination with AHMON, CONASIDA and SEDH.	90,107.58 90,107.58	Global Fund	It is suggested that this activity be coordinated with National AIDS Forum – FOROSIDA, which has experience in the municipalization of HIV through its work in the municipality of San Pedro Sula.
Intervention 6.2: Incorporation of HIV policy and human rights protection into the world of work								
6.2.1 Dissemination, training and sensitization aimed at the Ministry of Labor and other relevant actors in the labor sector for the implementation of the HIV Law and	Reduction of HIV-related stigma and discrimination in the workplace. Reduction of cases of HIV-related human rights violations in the workplace. Strengthened Ministry of Labor response in the context of HIV among	Honduran Council of Private Enterprise – COHEP, CONASIDA, FOROSIDA, ASONAPVSI DAH, SEDH, Honduran Social Security Institute – IHSS, trade unions, chambers of commerce, the Ministry of Labor, port workers’	☐ Number of complaints of HIV-related abuse in the workplace. ☐ HIV Law and Labor Code harmonized. <i>Method: Reports gathered by SIQUEJAS, SIVIDEH and other platforms and</i>	1-3 years	CSOs, in coordination with CONASIDA, FOROSIDA, SEDH and CONADEH.	33,466.33 33,466.33	Global Fund Others	Resume this initiative promoted by UNAIDS, in coordination with the Ministry of Health and the Ministry of Labor, under the leadership of Dr Rudy Rosales de Molinero.

PROGRAM AREA 6: MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
HIV policy in the world of work.	PLHIV and key and vulnerable populations. Harmonization between the HIV Law and the Labor Code.	associations, the Maquiladora Association. Villanueva, Pimienta, Choloma and Puerto Cortes, San Pedro Sula, La Ceiba and Tegucigalpa.	<i>mechanisms for monitoring violations.</i>					
6.2.2 The Ministry of Labor will conduct workplace education and monitoring activities to ensure that HIV testing is not a requirement for obtaining or remaining in employment.	Human resources personnel from companies aware of and informed about the national policy for the protection of human rights of PLHIV.	COHEP, CONASIDA, FOROSIDA, CONADEH, ASONAPVSI DAH, SEDH, IHSS, trade unions, chambers of commerce, the Ministry of Labor, port workers' associations, the Maquiladora Association and implementing entities. Courts: Villanueva, Pimienta, Choloma and Puerto Cortes, San Pedro Sula, La Ceiba and Tegucigalpa.	☐ Number of people reached through education activities. ☐ Number of monitoring actions. ☐ Number of recruitment tools reformed to eliminate HIV testing as a requirement.	5 years	The Ministry of Labor (grant).		Global Fund	Information, training and awareness activities for Ministry of Labor personnel.
6.2.3 Petition National Congress via a citizens' initiative to amend Section 52 of the HIV Law to the effect that even requesting HIV testing – as a	PLHIV able to access formal employment without fear of being asked to undergo HIV testing as a requirement to enter or remain in employment.	National.	☐ Article 52 of the HIV Law reformed.	1-3 years			Global Fund	

PROGRAM AREA 6: MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
preemployment requirement or for continued employment – will constitute discrimination and evidence to the contrary will be inadmissible.								
Intervention 6.3: Reforms to laws and policies that prevent young people from accessing HIV-related services								
6.3.1 Petition National Congress via a citizens' initiative to amend relevant legislation (the Children and Adolescent's Code) to allow young people aged 15 and over to freely access sexual and reproductive health services without requiring the consent of their legal guardians.	Young people over 15 years of age able to access sexual and reproductive health services.	National.	☐ Number of organizations participating in the Inter-institutional Round Table advocating for the sexual and reproductive rights (SRR) of adolescents and young people living with HIV and of key and vulnerable populations. ☐ Number of young people participating in the Inter-institutional Round Table.	5 years	CSOs, in coordination with SEDH, CONADEH and related entities.	10,648.30 10,648.30	Global Fund Others	Establish a working group with human rights advocacy organizations, ensuring the participation of adolescents and young people living with HIV and key and vulnerable populations.

PROGRAM AREA 6: MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Intervention 6.4: Protection and promotion of the rights of sex workers: legal recognition of independent sex work								
6.4.1 Political advocacy actions for the legal recognition of independent sex work, with a rights-based approach.	Increased awareness among female sex workers (FSWs) of the proposed law for the legal recognition of independent sex work. Increased support for legal recognition of sex work as a legitimate form of employment. Increased legal protection of human rights.	National level FSWs.	☐ Development of proposed law. ☐ Number of advocacy initiatives supporting the bill. ☐ Number of law-makers supporting the bill. ☐ Final adoption of the proposed law.	5 years	CSOs, in coordination with SEDH, CONADEH and related entities.	12,065.39 12,065.39	Global Fund	
Intervention 6.5: Protection and promotion of the rights of transgender people								
6.5.1 Political advocacy actions for the adoption of a law on gender identity, equality and equity.	Greater support for people's ability to use the name they consider most appropriate. Systems established for facilitating name changes in official documents. Possibly, increased support for self-definition of gender in official documents.	National level (impact)	☐ Development of proposed law. ☐ Number of advocacy initiatives supporting the bill. ☐ Number of law-makers supporting the bill. ☐ Final adoption of the proposed law.	5 years	CSOs.	6,153.00 6,153.00	Global Fund Others	

PROGRAM AREA 6: MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Intervention 6.6: Protection and promotion of human rights of PLHIV and key and vulnerable populations in the prison environment								
6.6.1 Social oversight in prisons with respect to the implementation of aspects incorporated in the National Prison System Policy and Law, with the participation of institutions that are already working with this population on human rights and key and vulnerable populations.	Increased support for the human rights of PDL. Improved access to HIV services for prisoners.	19 prisons, in municipalities prioritized by the country. Tamara, Comayagua, La Paz, Choluteca, Gracias (Lempira), El Porvenir (Atlántida), Juticalpa, Puerto Cortes, El Progreso (Yoro), Olanchito (Yoro), Marcala, La Ceiba, Tela, Trujillo, Nacaome, Siria (El Provenir, Francisco Morazán), Moroceli (El Paraíso). Danli.	☐ Number of CSOs involved in oversight activities. ☐ Number of CSOs participating in the Prison Health Board. ☐ Number of HIV-related cases of human rights violations. <i>Methods:</i> - Qualitative evaluation by those involved in these activities at the level of human rights support and commitment of prison staff and authorities. - Reports from human rights CSOs, the stigma index and reporting platforms (e.g. SIVIDEH, SIQUEJAS).	5 years	Organizations working with the PDL population. CSOs, CONASIDA.	8,315.00 8,315.00	Global Fund Others	Oversight will be conducted through the Prison Health Board.

PROGRAM AREA 6: MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
6.6.2 Reform of the National Penitentiary System Act to include the human rights of PLHIV and key and vulnerable populations.	Reduction in illegal and harmful practices by prison staff.	19 prisons, in municipalities prioritized by the country. Tamara, Comayagua, La Paz, Choluteca, Gracias (Lempira), El Porvenir (Atlántida), Juticalpa, Puerto Cortes, El Progreso (Yoro), Olanchito (Yoro), Marcala, La Ceiba, Tela, Trujillo, Nacaome, Siria (El Provenir, Francisco Morazán), Moroceli (El Paraíso). Danli.	☐ Number of HIV-related cases of human rights violations reported by PDL per year (and by prison).	5 years	CSOs, in coordination with CONADEH, SEDH and CONASIDA.	6,866.07	Global Fund	Take into account that the Internment Act is in the process of being adopted.
Intervention 6.7. Ensure access to current treatments and other health technologies								
6.7.1 Planning and implementation of social oversight by CSOs.	Distribution chain efficiency. Rational use of drugs. Drugs suited to needs and pathologies. Formally established antiretroviral (ARV) committee, involving expert and experienced	National.	☐ People from CSOs in the supply chain. ☐ Twice-yearly reports on the provision of drugs and supplies. ☐ Number of ARV committee meetings.	5 years	CSOs.	7,668.70 7,668.70	Global Fund Others	Take into account <i>Case Study: Analysis of the supply chain and distribution of essential HIV drugs and clinical monitoring supplies</i>] as input for this action.

PROGRAM AREA 6: MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
	health staff, as well as CSOs working on the HIV response. Strengthened coordination and empowerment of health technology supply processes.							
Intervention 6.8 Strengthen the government's commitment to human rights in the response to HIV: political advocacy for financial support from the government for the Five-Year Plan to protect human rights and improve access to HIV-related prevention, care and support services								
6.8.1 Formation of a civil society group for civil society political advocacy.	Civil society plays a key role in the procurement and monitoring of the use of additional funds in order to implement and maintain activities to address human rights barriers.	Ministry of Finance. Law-makers. Government coordination.	☐ Number of meetings with law-makers and government officials that support the Five-Year Plan on Human Rights and HIV. ☐ Legislative decrees for the budget for the Plan on Human Rights and HIV.	5 years	CSOs.	7,010.73 7,010.73	Global Fund	The group will be formed by representatives of PLHIV and key and vulnerable populations and will have a political advocacy plan.
6.8.2 Participation of access to justice round tables in four regions of the country: Tegucigalpa, San Pedro Sula, La	PLHIV and key and vulnerable populations represented and actively participating in access to justice round tables to ensure sustainability of	National.	☐ Number of PLHIV and key and vulnerable populations participating in access to justice round tables.	5 years	CSOs.			PLHIV, key and vulnerable populations, networks, lawyers and legal assistants participate in the access to justice round tables.

PROGRAM AREA 6: MONITORING AND REFORMING LAWS, REGULATIONS AND POLICIES

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Ceiba and Choluteca.	actions and search for strategic partners.							
6.9 Civil society management of cooperation resources for the continuation of the Five-Year Plan								
6.9.1 Formation of a civil society group to seek cooperation resources.	Financial and technical support from cooperation agencies for actions contained in the Five-Year Plan on Human Rights and HIV.	National.	☐ Ongoing participation by the group in discussions with the Principal Recipient and other entities that fund activities to address human rights barriers, and implementing entities. ☐ Proposals approved by cooperation agencies that will finance the actions of the Five-Year Plan on Human Rights and HIV.	5 years	CSOs.			CSOs considered that implementation of this activity does not require funding from any source.

PROGRAM AREA 7: REDUCING DISCRIMINATION AGAINST WOMEN AND GIRLS IN THE CONTEXT OF HIV

Specific activities	Expected outcomes	Coverage Localities Target population(s)	Indicators Sources and methods of data collection	Time frame (years)	Implementing bodies	Cost (total)	Source(s) of financing	Comments
Intervention 7.1: Collection and dissemination of data on gender-based violence as a key HIV risk factor								
7.1.1 Conduct a survey of gender-based violence and women's sexual and reproductive rights in the context of HIV. Taking into account the historical data of existing studies.	Decrease in GBV. Increased ability of women to make decisions free of fear. Lower risk of HIV transmission among women.	National. Women in the context of HIV.	☐ A survey that shows the findings and recommendations on GBV and the sexual and reproductive rights of women in the context of HIV.	1 year	CSOs.	18,992.42	Global Fund	From the sector of women living with HIV, there are assessment surveys and the stigma index for HIV-positive women.
7.1.2 Mainstream the issue of GBV and women's sexual and reproductive rights in the context of HIV on the agendas of feminist organizations, state authorities and legislative initiatives.	Greater awareness and knowledge of GBV and women's SRR in the context of HIV within other sectors: feminist organizations, state authorities, and legislative initiatives.	National. Women in the context of HIV.	☐ Number of feminist organizations/groups that include GBV of women in the context of HIV in their agendas. ☐ Number of women's groups/organizations in the context of HIV participating in feminist platforms and/or collectives.	5 years	CSOs.		Global Fund	There are feminist platforms and collectives, such as Derechos Aquí y Ahora, Somos Muchas, among others. The actions of this intervention must be coordinated with them.

Intervention 7.2: Mobilization at the community level to reduce gender-based violence, promote sexual and reproductive rights and improve access to services for survivors of violence

7.2.1 Design a communication campaign to stop GBV and promote women’s sexual and reproductive rights in the context of HIV. Promote access to care services for survivors of violence and violation of women’s sexual and reproductive rights in the context of HIV.	Refer survivors of violence to existing systems and CSOs to facilitate access to support services. Increase awareness of GBV and its consequences at the community and national levels. Increased awareness of human rights and SRR of women in the context of HIV.	Municipalities prioritized by the country. Women in the context of HIV.	☐ Number of complaints of GBV and violation of women’s SRR in the context of HIV. ☐ Number of women linked to care services for survivors of violence and violation of women’s SRR in the context of HIV.	5 years	CSOs.	13,217.49 9,252.24	Global Fund Others	A steering committee for the campaign will be set up, with the participation of women in the context of HIV, SEDH, CONADEH, the Ministry of Health, CONASIDA and related cooperation agencies. They will establish terms of reference, and approve the campaign consultancy outcomes. Consideration should be given to mapping care locations for survivors of violence and violation of women’s SRR in the context of HIV.
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Intervention 7.3: Stigma and discrimination index: women and girls living with HIV

7.3.1 Generate data on the stigma and discrimination index for women and girls living with HIV by the end of 2021.	Accurate data that measures the prevalence and extent of discrimination among women with HIV, and	Tegucigalpa, San Pedro Sula, La Ceiba and Choluteca.	☐ Completed index. ☐ Use of government sector data for favorable public policies. ☐ Number of CSO political advocacy	Year 3	Consultant, in collaboration with CSOs (including women's groups).	15,000.00	Global Fund	
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	changes in these aspects. Consideration of data generated in public policy.		actions based on the results of the stigma index.					
Intervention 7.4: Capacity building for women's groups in rights and responsibilities, the HIV Law, reporting and where to turn when their rights are violated								
7.4.1 Capacity building for women's groups in the context of HIV, with thematic focus on human rights, stigma and discrimination, comprehensive care, organizational strengthening and psychosocial support for PLHIV and their families.	Women know their rights and are able to identify when their human rights and sexual and reproductive health rights are being violated. Women take action to report violations of their human rights and sexual and reproductive health rights.	Municipalities prioritized by the country. Women in the context of HIV.	☐ Number of meetings/workshops. ☐ Number of participants. ☐ Percentage of participants indicating that the workshop has increased (i) their knowledge of the topic and (ii) their ability to defend their human rights. ☐ Number of women who report taking action to report violation of their human rights and sexual and reproductive health rights.	5 years	CSOs (women's groups)	4,138.88 3,413.39	Global Fund Others	Establish a system for capacity building through the development of an information guide/kit specific to women and train self-support group coordinators and women's organizations to implement it in their groups and organizations.
Intervention 7.5: Protocol on sexual and reproductive health and rights of women in the context of HIV								
7.5.1 Promote comprehensive sexual and reproductive health care protocol for women in the context of HIV (women with	Health professionals have guidelines to address the	All HIV services and sexual and reproductive health services in the country.	☐ Completed care protocol. ☐ Number of women in the context of HIV	Year 1	The Ministry of Health, with the active participation of health authorities and	16,155.80 11,309.06	Global Fund	Formation of a management group, which will establish terms of reference for

HIV, FSWs, transgender people) with their participation.	specific needs of women in the context of HIV. Reduction in the implications of HIV.		who know and understand the protocol.		professionals, related cooperation agencies (United Nations Population Fund (UNFPA), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and others) and CSOs (including women's groups, FSWs, and transgender people).			consultancy and approve the outcomes of consultancy on the SRR protocol for women in the context of HIV. Development of educational materials relating to protocol and dissemination to health professionals who care for women in the context of HIV. Take into account that these care protocols already exist in the Latin America and the Caribbean (LAC) Region, e.g. Mexico.
7.5.2 Workshops to train health personnel and women in the context of HIV in the sexual and reproductive rights protocol for women in the context of HIV.	Improve linkages between SRR and comprehensive care for women with HIV.		☐ Number of health personnel trained in the protocol. ☐ Percentage of participants indicating that the workshop has increased (i) their knowledge of the topic and (ii) their ability to provide better service to women in the context of HIV.	5 years	CSOs, in coordination with the Ministry of Health (Directorate of Standardization), UNFPA, UN Women, and others.		Global Fund	

Intervention 7.6: Implementation of sex education guides

7.6.1 Resume the process of implementing the <i>Caring for my health and life</i> sex education guides.	Implementation of the <i>Caring for my health and life</i> sex education guides.	National.	☐ Number of actions in coordination with the Ministry of Education. ☐ Number of actions in coordination with civil society.	2-5 years	Ministry of Education Teachers' Council and members of the <i>Escuela para Padres y Madres</i> [Parent's School]. CSOs (women's groups, key populations).	892.17		To coordinate this action with other civil society groups, which have already begun this initiative.
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Annex: Monitoring and evaluation plan

Contents

1. Key anticipated outcomes and indicators
 2. Detailed evaluation framework
 3. Work Plan Tracking Measures
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1. Key anticipated outcomes and indicators

The interventions and activities in the 5-Year Plan can be characterized as addressing three key themes and contributing to three over-arching outcomes, which outcomes can be measured using some key indicators, as set out in the table below. It is proposed that the results of implementing the 5-Year Plan be measured primarily using these high-level outcomes and indicators. (A more detailed evaluation framework appears in the next section, should implementers of the activities, including the Principal Recipient and sub-recipients, be interested in preparing more detailed evaluation reports of the outcomes of various activities in the Plan.)

	Theme	Outcome	Key indicators (and data sources)
1	Experiences of HIV-related stigma, discrimination, violence and other human rights violations	People living with HIV and members of other key, vulnerable populations experience fewer instances of stigma, discrimination and other human rights violations	- Percentage of people who report discriminatory attitudes to people living with HIV (<i>Global AIDS Monitoring, indicator 4.1</i>) - Percentage of reports of human rights violations from people living with HIV and key populations that have occurred within the last 12 months (<i>Global AIDS Monitoring, Orientación adicional para los países de América Latina y el Caribe – GAM 2019, indicador LAC 5.1.1; 2019 and 2022 Stigma Indices; various reporting mechanisms</i>) - Percentage of people living with HIV who report experiences of HIV-related stigma and discrimination in healthcare settings in the last 12 months (<i>2019 and 2022 Stigma Indices; various reporting mechanisms</i>) - Percentage of members of key populations who report experience discrimination in health-care settings in the last 12 months (<i>Global AIDS Monitoring, Orientación adicional para los países de América Latina y el Caribe – GAM 2019, indicador LAC 2.3.1b (A-E); 2019 and 2022 Stigma Indices; various reporting mechanisms</i>) - Percentage of key populations reporting having avoided healthcare for fear of stigma in the past 12 months (<i>Global AIDS Monitoring, indicator 4.2; 2022 Stigma Index; Integrated Biobehavioural Survey</i>)
2	Access to justice	People living with HIV and members of other key, vulnerable populations know their rights and are aware of mechanisms and support available to defend their rights and seek redress for human rights violations	- Percentage of people living with HIV who are aware of their rights under the law (i.e., <i>Special Law on HIV</i> and any related regulations which may be in force) (<i>2019 and 2022 Stigma indices</i>) - Percentage of people living with HIV who attempted to seek legal redress among those who experienced a human rights violation (<i>2019 and 2022 Stigma indices; various reporting mechanisms</i>)

			• Percentage of people belonging to key population(s) who attempted to seek legal redress among those who experienced a human rights violation <i>(2019 and 2022 Stigma indices; various reporting mechanisms)</i>
3	Enabling environment for an effective HIV response	Legal, policy and social environment protects the rights of people living with HIV and key populations	• Percent of health facility staff that hold stigmatizing views about people living with HIV and/or key populations <i>(periodic surveys)</i> • Percent of serving police officers who hold stigmatizing views about people living with HIV and/or key populations <i>(periodic surveys)</i> • Law and policy protect people living with HIV against workplace discrimination (including involuntary HIV testing) <i>(qualitative assessment of the law)</i> • Law and policy protect the rights of sex workers, trans people and prisoners <i>(qualitative assessment of applicable law and policy)</i>

2. Detailed evaluation framework

The high-level outcomes and key indicators noted above may be supplemented, as capacity permits, by the more detailed results framework set out in the tables below. For each of the themes and outcomes, the tables below identify:

- several indicators for measuring progress toward the achievement of the outcome;
- the interventions in various programmatic areas of the plan that contribute to the anticipated outcome, while also identifying (*in italicized text*) that certain interventions are also ones that generate data useful related to the indicators of progress toward achievement of the outcome;
- baseline data where it is known and available, as well as the suggested sources of updated data;
- demographic categories on which the data should be disaggregated where possible (by ensuring that such demographic data is captured in the implementation of the activity); and
- additional notes providing some relevant commentary, where necessary.

Notes regarding data generation and collection

1. In some instances there is likely little or no baseline data currently available; in other cases, some further consultation with key informants is required to determine what data may already exist from some sources that could be used as at least a partial baseline against which to measure progress during and at the end of implementing the Plan. This is indicated in the matrix below.
2. It should also be noted that the data regarding the various indicators will largely be generated in the normal course of implementing the activities in the 5-Year Plan, and that certain of the Plan’s activities are themselves specifically aimed at gathering data (e.g., the Stigma indices). In a few instances, there is also reference to some data that is likely already to be gathered by the government as part of its *Global AIDS Monitoring* report (including the additional indicators suggested by UNAIDS for countries in Latin America and the Caribbean) and/or integrated bio-behavioural surveys (IBBS) that may be planned. However, these details need to be confirmed with relevant government bodies.
3. The feasibility and relevance of disaggregation of data on various grounds, including by key or vulnerable populations, will vary depending on the activity, expected outcome and indicator. The table below shows suggested disaggregation categories. UNAIDS has noted that “vulnerable populations” will depend on the epidemiological and social context of the country and includes at least includes women and girls, Indigenous peoples and peoples of African descent, migrants, prisoners and other people deprived of their liberty, adolescents and children, and people who use drugs (including but not limited to people who inject drugs).¹ Note as well that, in accordance with the preferences of country stakeholders, the Spanish-language version of this 5-Year Plan and its monitoring and evaluation framework use the term “poblaciones vulnerabilizadas” – i.e., populations *made* vulnerable – rather than “vulnerable populations,” in order to emphasize the link between the social context, including violations of human rights, and the risk that such populations face of acquiring HIV and of the infection’s progression among those living with HIV.

¹ ONUSIDA, *Orientación: Orientación adicional para los países de América Latina y el Caribe – GAM 2019, Indicadores regionales para medir el avance hacia la cero discriminación* (2018), p. 3, <http://www.unaids.org/es/resources/documents/2018/gam-lac-progress-zero-discrimination>.

Theme 1: Experiences of HIV-related discrimination, violence and other human rights violations

Outcome 1: People living with HIV and members of other key, vulnerable populations experience fewer instances of stigma, discrimination and other human rights violations

Relevant interventions in 5-Year Plan contributing to this outcome and/or *assisting in measuring achievement of the outcome*:

1.1 IEC strategies addressing internalized stigma among PLHIV and key, vulnerable populations and addressing stigma, discrimination and human rights among the broader public

1.2 *Strengthening of local networks for promotion and defence of human rights*

1.3 *Mechanisms to monitor stigma, discrimination, violence and other human rights violations*

1.4 *Stigma and discrimination index [includes PLHIV and key populations]*

1.5 *Study on drug use, HIV risk, human rights abuses against people who use drugs, and improving their access to services*

2.1 Incorporating human rights and medical ethics into professional training of health services providers

2.2 Ongoing routine training on human rights and medical ethics for service providers in health centres

3.1 Pre-service training on human rights of PLHIV and key populations for police

3.2 Ongoing in-service training on human rights of PLHIV and key populations for police

3.3 Community advocacy and training on human rights of PLHIV and key populations for prison staff and authorities

6.1 Protection and promotion of human rights at the municipal level

6.2 Incorporating HIV policy and human rights protection into the workplace setting

6.6 *Protection and promotion of human rights of PLHIV and key populations in prisons via community oversight*

7.2 Community mobilization to reduce gender-based violence, promote sexual and reproductive rights and improve access to services for women who experience violence or violation of sexual and reproductive rights

7.3 *Stigma and discrimination index: women and girls living with HIV*

7.5 Protocol on sexual and reproductive health and rights of women in the context of HIV

Indicator	Baseline value (national)/N	Source(s) of baseline data	Source(s) of updated data	Suggested level of disaggregation	Notes
1A: Self-stigma					
Percentage of people living with HIV who report any internalized (self) stigma	21.8% N= not shown	Stigma Index (2014)	Stigma Index (2019) among PLHIV (by REDCA+) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3)	Region; gender; age	An updated HIV Stigma Index was carried out in 2017, but the document has not been widely disseminated. <i>NB: Obtain and, where applicable, add data to baseline.</i> Under a separate grant, REDCA+ is conducting in 2019 an updated HIV Stigma Index among people living with HIV. Both will provide additional data against which to compare the results of the 2022 indices to be carried out under this grant (general Stigma Index under intervention 1.4 and Stigma Index among women living with HIV under intervention 7.3).
Percentage of people belonging to key populations who report any internalized (self) stigma regarding being a member of such a population	TBD with key informants	TBD	Stigma Index (2022) (intervention 1.4) Study regarding HIV, problematic drug use, and human rights of people who use drugs (intervention 1.5)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs	The Stigma Index to be carried out in 2022 under this grant is to include not only people living with HIV but also other key populations as well, and so can include questions about self-stigma, and other experiences of stigma, discrimination and human rights violations, among these populations as well. Note that the Program Continuation application to the Global Fund indicates that there is currently no data regarding HIV in relation to people who use drugs, especially those who inject; one objective of

					intervention 1.5 is to begin to gather such data in order to inform policy and programs as may be necessary.
1B: Societal stigma					
Percentage of people reporting discriminatory attitudes toward people living with HIV	Women: 48.7% N= 22,757 Men: 48.8% N= 7,120	DHS 2011	Population-based surveys Global AIDS Monitoring (indicator 4.1)		
Percentage of people who report experiencing negative manifestations of HIV-related stigma			Stigma Index (2019) among PLHIV (by REDCA+) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3) Study regarding HIV, problematic drug use, and human rights of people who use drugs (intervention 1.5) Population-based surveys		The 2019 Stigma Index will gather some such data from people living with HIV, as will the 2022 Stigma Index specifically among women living with HIV. The general 2022 Stigma Index, which includes both PLHIV and members of key populations, will also generate data, from both HIV-positive and HIV-negative people, about experiencing manifestations of HIV-related stigma (which is and can be experienced not only by people actually living with HIV, but also people perceived to be living with HIV or more generally associated with HIV because of their real or perceived membership in a key population). Finally, population-based surveys might be an opportunity to not only solicit data about discriminatory attitudes but also respondents' experiences of HIV-related stigma, including witnessing manifestations of such stigma, whether they are living with HIV or not. <i>NB: Needs to be discussed with national government institutions to determine whether any population-based</i>

					surveys will be conducted that could gather such data.
1C: Social exclusion					
Percentage of people living with HIV who report experiencing social exclusion, exclusion from places of worship, or family exclusion	Social exclusion: 10.9% Religious exclusion: 9.1% Familial exclusion: 8.4%	Stigma Index (2014)	Stigma Index (2019) among PLHIV (by REDCA+) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3)	Region; gender; age	
Percentage of people belonging to key populations who report experiencing social exclusion, exclusion from places of worship, or family exclusion	TBD with key informants	TBD	Stigma Index (2022) (intervention 1.4) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3) Study regarding HIV, problematic drug use, and human rights of people who use drugs (intervention 1.5)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs	

1D: Human rights violations (general)					
Percentage of reports of human rights violations from people living with HIV and key populations that have occurred within the last 12 months	9.2% (among PLHIV) N= 64	Stigma Index (2014)	Stigma Index (2019) among PLHIV (being conducted by REDCA+ under another grant) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3) Global AIDS Monitoring, Orientación adicional para los países de América Latina y el Caribe – GAM 2019, indicador LAC 5.1.1	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs	The goal here is to capture the widest possible picture of human rights violations experienced by people living with HIV and members of key populations – including stigma and discrimination manifesting in various settings (e.g., health care, receipt of other services, employment, housing, etc.) but also other abuses (e.g., violence, arbitrary arrest and detention, denial of access to treatment or other health care, breach of privacy, etc.). The broader Stigma Index (intervention 1.4), as well as the women-specific Stigma Index (intervention 7.3) should be designed to elicit information about a broad range of human rights violations in various settings. There are certainly already some data available, with regard to at least some key populations, of the prevalence and nature of stigma, discrimination and other human rights abuses (e.g., police violence).
1E: Discrimination specifically in health care settings					
Percentage of people living with HIV who report experiences of HIV-related stigma and discrimination in healthcare settings	TBD with key informants	Stigma Index (2014) (TBC)	Stigma Index (2019) among PLHIV (by REDCA+) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3)	Region; gender; age	The 2014 Stigma Index (and perhaps the 2017 Index) should include some data on this. TBC with key informants.

			Various mechanisms for monitoring and documenting human rights violations (intervention 1.3)		
Percentage of women living with HIV who were coerced into sterilization by health care workers	11.9%	Stigma Index (2014)	Stigma Index (2019) among PLHIV (by REDCA+) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3)	Region; age	The 2014 Stigma Index (and perhaps the 2017 Index) may include some data on this. TBC with key informants.
Percentage of people belonging to key populations who report experiences of HIV-related stigma and discrimination in healthcare settings within the last 12 months	TBD with key informants	TBD	Stigma Index (2022) (intervention 1.4) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3) Study regarding HIV, problematic drug use, and human rights of people who use drugs (intervention 1.5) Global AIDS Monitoring, Orientación adicional para los países de América Latina y el Caribe – GAM 2019, indicador LAC 2.3.1b (A-E)	Region; gender; age	There may be some existing data that has previously been gathered through research with members of key populations about such experiences.
Percentage of key populations reporting having avoided healthcare for fear of stigma in the past 12 months	TBD with key informants	TBD	Stigma Index (2022) (intervention 1.4) Global AIDS Monitoring indicator 4.2 Integrated Biobehavioural Survey	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs	<i>NB: To be discussed with relevant government institutions (e.g., health ministry) whether an IBBS will be conducted during this time frame and will include gathering of data</i>

1E: Experiences of violence					
Percentage of people living with HIV or people belonging to key populations who have experienced violence in the past 12 months (including gender-based violence or sexual violence)	TBD with key informants	TBD	Various mechanisms for monitoring and documenting human rights violations (intervention 1.3) Study regarding HIV, problematic drug use, and human rights of people who use drugs (intervention 1.5) Survey among key populations regarding experiences in prison (intervention 3.4) Integrated Biobehavioural Survey (see questions in Module 30: physical violence; Module 31: sexual violence) Global AIDS Monitoring, Orientación adicional para los países de América Latina y el Caribe – GAM 2019, indicador LAC 4.1.1 (Número de actos de violencia contra personas lesbianas, gais, bisexuales, transgénero e intersexuales reportados en los últimos 12 meses)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs; prisoner status	
1F: Policing practices					
Percentage of people living with HIV or people belonging key populations who report experiences of stigma, discrimination, arbitrary	TBD with key informants what data already exists	Various sources TBD	Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs	

detention, violence (physical, sexual), violation of privacy or other abuses by police			Various mechanisms for monitoring and documenting human rights violations (intervention 1.3) Study regarding HIV, problematic drug use, and human rights of people who use drugs (intervention 1.5) Integrated Biobehavioural Survey		
1G: Prison context					
Percentage of people living with HIV or people belonging key populations who report experiences of stigma, discrimination, violence (physical, sexual), violation of privacy or other abuses by prison authorities and staff	TBD with discussed with key informants what data may already exist regarding such abuses against PLHIV and key populations.	Various sources need to be identified and consulted for baseline data	Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3) Data received or proactively gathered on ongoing basis by various governmental and non-governmental entities, such as: - Comisionado Nacional de Derechos Humanos (CONADEH) - Mecanismo y Comité Nacional de Prevención de la Tortura y Otro Tratos Crueles, Inhumanos o Degradantes (CONAPREV) - Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus familiares (CPTRT) Study regarding HIV, problematic drug use, and human rights of people who use drugs (intervention 1.5) Survey among key populations regarding experiences in prison (intervention 3.4)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs	

Theme 2: Access to justice

Outcome 2: People living with HIV and members of other key, vulnerable populations know their rights and are aware of mechanisms and support available to defend their rights and seek redress for human rights violations

- Relevant interventions in 5-Year Plan contributing to this outcome and/or *assisting in measuring achievement of the outcome*:
- 1.1 IEC strategies addressing internalized stigma among PLHIV and key, vulnerable populations and addressing stigma, discrimination and human rights among the broader public
 - 1.2 *Strengthening of local networks for promotion and defence of human rights*
 - 1.3 *Mechanisms to monitor stigma, discrimination, violence and other human rights violations*
 - 1.4 *Stigma and discrimination index [includes PLHIV and key populations]*
 - 1.5 *Study on drug use, HIV risk, human rights abuses against people who use drugs, and improving their access to services*
 - 4.1 “Know Your Rights” training for PLHIV and key populations (including community outreach workers, self-support groups, community leaders, people in prison)
 - 5.1 Training of community legal workers on human rights promotion and defence among PLHIV, key population organizations
 - 5.2 Access to legal services for human rights defence of PLHIV, key populations
 - 6.1 Protection and promotion of human rights at the municipal level
 - 6.2 Incorporating HIV policy and human rights protection into the workplace setting
 - 6.6 *Protection and promotion of human rights of PLHIV and key populations in prisons via community oversight*
 - 7.2 Community mobilization to reduce gender-based violence, promote sexual and reproductive rights and improve access to services for women who experience violence or violation of sexual and reproductive rights
 - 7.3 *Stigma and discrimination index: women and girls living with HIV*
 - 7.4 Training for women’s organizations on HIV and related human rights issues
 - 7.6 Implementation of guide on sexual education

Indicator	Baseline value (national)/N	Source(s) of baseline data	Source(s) of updated data	Suggested level of disaggregation	Notes
2A: Human rights awareness and knowledge: people living with HIV and key populations					
Percentage of people living with HIV who are aware of their rights under the law (i.e., <i>Special Law on HIV</i> and any related regulations which may be in force)	51.0% N= not shown	Stigma Index (2014)	Stigma Index (2019) among PLHIV (by REDCA+) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs; prisoner status	
Percentage of people belonging to key populations who have basic familiarity with applicable legal protections, to the extent these exist, for their human rights as a member of the relevant key population(s)	TBD with key informants	TBD	Stigma Index (2022) (intervention 1.4) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3) Study regarding HIV, problematic drug use, and human rights of people who use drugs (intervention 1.5) Community oversight of rights in prison (intervention 6.3)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs; prisoner status	

2B: Human rights defense					
Percentage of people living with HIV who confronted, challenged or educated someone who was discriminating against or stigmatizing them	25.8% N= not shown	Stigma Index (2014)	Stigma Index (2019) among PLHIV (by REDCA+) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3)	Region; gender; age	
Percentage of people living with HIV who attempted to seek legal redress among those who experienced a human rights violation	25.0% N=16	Stigma Index (2014)	Stigma Index (2019) among PLHIV (by REDCA+) Program data reported by various local networks for the promotion and defence of human rights (intervention 1.2) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3)	Region; gender; age	
Percentage of people belonging to key population(s) who confronted, challenged or educated someone who was discriminating against or stigmatizing them	TBD with key informants whether any data available	TBD	Stigma Index (2022) (intervention 1.4)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs; prisoner status	

Percentage of people belonging to key population(s) who attempted to seek legal redress among those who experienced a human rights violation	TBD with key informants whether any data available	TBD	Program data reported by various local networks for the promotion and defence of human rights (intervention 1.2) Various mechanisms for monitoring and documenting human rights violations (intervention 1.3) Community oversight of rights in prison (intervention 6.3)	Region; gender; age Sexual orientation; gender identity; sex work involvement; use of illegal drugs; prisoner status	
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Theme 3: Enabling environment for an effective HIV response
Outcome 3: Legal, policy and social environment protects the rights of people living with HIV and key populations
Relevant interventions in 5-Year Plan contributing to this outcome and/or <i>assisting in measuring achievement of the outcome</i>: 1.1 IEC strategies addressing internalized stigma among PLHIV and key, vulnerable populations and addressing stigma, discrimination and human rights among the broader public 1.2 <i>Strengthening of local networks for promotion and defence of human rights</i> 1.3 <i>Mechanisms to monitor stigma, discrimination, violence and other human rights violations</i> 1.4 <i>Stigma and discrimination index [includes PLHIV and key populations]</i> 1.5 <i>Study on drug use, HIV risk, human rights abuses against people who use drugs, and improving their access to services</i> 2.1 Incorporating human rights and medical ethics into professional training of health services providers 2.2 Ongoing routine training on human rights and medical ethics for service providers in health centres 3.1 Pre-service training on human rights of PLHIV and key populations for police 3.2 Ongoing in-service training on human rights of PLHIV and key populations for police 3.3 Community advocacy and training on human rights of PLHIV and key populations for prison staff and authorities 3.5 Education for judges and public prosecutors 3.6 Education for legislators 6.1 Protection and promotion of human rights at the municipal level 6.2 Incorporating HIV policy and human rights protection into the workplace setting 6.3 Reforming laws and policies impeding access to HIV-related services for young people 6.4 Protecting and promoting the human rights of sex workers: legal recognition of sex work

6.5 Protecting and promoting the human rights of trans people 6.6 <i>Protection and promotion of human rights of PLHIV and key populations in prisons via community oversight</i> 6.7 Ensuring access to treatment and other health technologies 6.8 Strengthening government commitment to human rights in the HIV response: Political advocacy for financial support for the 5-Year Plan on HIV and human rights 7.2 Community mobilization to reduce gender-based violence, promote sexual and reproductive rights and improve access to services for women who experience violence or violation of sexual and reproductive rights 7.3 <i>Stigma and discrimination index: women and girls living with HIV</i> 7.4 Training for women’s organizations on HIV and related human rights issues 7.5 Protocol on sexual and reproductive health and rights of women in the context of HIV 7.6 Implementation of guide on sexual education					
Indicator	Baseline value (national)/N	Source(s) of baseline data	Source(s) of updated data	Suggested level of disaggregation	Notes
3A: Knowledge, attitudes and practices of health services providers					
Institutionalization of material on bioethics and human rights into required curriculum of various health professionals academic training	Not currently incorporated		Civil society advocates; documents of UNAH and Consejo Superior de Educación (as implementers, see intervention 2.1)	Not relevant	
Percent of staff in health centres providing HIV-related services who have been trained on human rights of PLHIV and key populations	? TBD with key informants what data is available regarding number of staff in health centres already trained previously	TBD	Program data from implementers of training (intervention 2.2) Program data from implementers of trainings on sexual and reproductive health and rights (contemplated in intervention 7.5) Administrative statistics from Health Ministry regarding number of staff in health centres providing HIV services		

Percent of health facility staff that hold stigmatizing views about people living with HIV <u>and/or key populations</u>	TBD with key informants what data has previously been gathered (and when) regarding attitudes of staff toward PLHIV and key populations	TBD	Periodic survey of knowledge and attitudes of health services providers (contemplated in intervention 2.2)	Region	
3B: Knowledge, attitudes and practices of police and prison staff and authorities					
Incorporation of material on HIV, key populations and human rights into pre-service training of police officers	TBD with key informants that such material is not currently incorporated across the board as part of pre-service training	Key informants	Civil society advocates; documents of police training institutions (see intervention 3.1)		
Percent of serving police officers who have received in-service training on human rights of PLHIV and/or key populations	TBD with key informants the most recent data regarding number of staff in health centres already trained previously	TBD	Program data from implementers of training (intervention 3.2)		Currently there are only <i>ad hoc</i> training interventions by certain CSOs. TBD with key informants what baseline state of training of police officers (which forces/municipalities, estimate of number of officers trained, etc.).
Percent of serving police officers who hold stigmatizing views about people living with HIV and/or key populations	TBD with key informants whether any data previously gathered regarding police officers' views	TBD	Periodic survey of knowledge and attitudes of police officers (contemplated in intervention 3.3)		
Degree of awareness and support of, and respect for, human rights of PLHIV and key populations among prison staff and authorities	Data not available (TBC)	n/a	Baseline assessment of attitudes and practices of prison staff (contemplated in intervention 3.4) Qualitative assessment by civil society organizations participating in community oversight of human rights of PLHIV and key populations in prisons (intervention 6.6)		

3C: Awareness, knowledge and attitudes of judges and legislators					
Percentage of judges and legislators receiving training about HIV and human rights who report improve knowledge of HIV and improve attitudes toward PLHIV and key populations	Data not available (TBC)	n/a	Pre-training and post-training assessment of the knowledge and attitudes of judges and legislators participating in educational sessions (intervention 3.5) Qualitative assessment of court/tribunal decisions affecting the rights of PLHIV and key populations (intervention 3.5)		
3D: Legal recognition and protection of the rights of PLHIV and key populations					
Number of municipalities that have incorporated human rights of PLHIV and key populations into municipal policy in some fashion	TBC with key informants whether any recent baseline data	TBD	Program data from of the local networks for the promotion and defence of human rights (intervention 1.2)		
Strengthened legal protection against workplace discrimination, including demands for HIV testing as condition of employment	State of legal protection as of 2019	Legislative text	Decisions of National Congress National Commitments and Policy Instrument		
Relevant legislation reformed to facilitate greater access to health services of young people, including by removing requirements for approval by parent or guardian	State of legislation as of 2019	Legislative text	Decisions of National Congress National Commitments and Policy Instrument Qualitative assessment, including by civil society organizations and service providers working with young people, regarding degree of improvement in legislation		
Law reformed to recognize the right to engage in autonomous	State of legislation as of 2019	Legislative text	Decisions of National Congress		

sex work, protect sex workers' rights			National Commitments and Policy Instrument Qualitative assessment, including by sex worker organizations, regarding degree to which legislative reforms recognize and protect their rights		
Law reformed to respect and protect the rights of trans people, including adoption of the <i>Law on Gender Identity and Equality</i>	State of legislation as of 2019	Legislative text	Decisions of National Congress National Commitments and Policy Instrument Qualitative assessment, including by trans organizations, regarding degree to which legislative reforms recognize and protect their rights		
Better implementation of existing elements of law and policy of the National Penitentiary Service that related to the health and human rights of PLHIV, key populations in prison	TBD with key informants what the key gaps in implementation are as of 2019	TBD	National Commitments and Policy Instrument Records of: - civil society engaged in community oversight of these issues - local human rights networks - National Penitentiary System - CONADEH		
Reform of law and policy of the National Penitentiary Service to better protect the health and human rights of PLHIV, key populations in prison	State of legislation and related NPS policy as of 2019	Legislative text and text of existing policies	Decisions of National Congress National Commitments and Policy Instrument Qualitative assessment, including by civil society organizations, and particularly those who work with prisoners, regarding		

			degree to which legislative and policy reforms provide greater protection of human rights		
Percentage of PLHIV reporting timely, uninterrupted access to medicine	TBD with key informants (particularly SESAL) what data exists as of 2019 regarding PLHIV on ARV; other data regarding medication stock-outs or other interruptions (for ARVs and other treatments for opportunistic infections)	TBD	Records of health centres and Secretaría de Salud (SESAL) regarding stock-outs or shortages of medicines Community-based monitoring of stock-outs Records from roundtable on access to medication (if constituted) Stigma Index (2019) among PLHIV (by REDCA+) Stigma Index (2022) (intervention 1.4) Stigma Index (Women living with HIV) (2022) (intervention 7.3)		
Total national government spending allocated to programs to reduce human rights barriers to HIV services	Spending on such initiatives as of 2019	TBD	National budget documents		

3. Work Plan Tracking Measures

<i>Program Area</i>	<i>Intervention</i>	<i>Key activity</i>	<i>Milestones/targets</i>	<i>Criteria for completion of milestones</i>	<i>Timelines</i>	<i>Comments</i>
1. Stigma and discrimination reduction	1.1 Information, education and communication strategies addressing internalized stigma among PLHIV and key populations, and targeting the general population on stigma, discrimination and human rights	Educational materials and campaigns implemented to counter stigma, discrimination and human rights violations against people living with HIV and key populations	Educational materials and campaigns developed (in various formats for target various audiences)	1 (Started): IEC Committee created 2 (Advanced): Communications strategy developed 3 (Completed): Educational materials and campaigns developed	1 Aug 2019 – 31 Jul 2020	
			Educational materials and campaigns rolled out (through training sessions, traditional media, social media)	1 (Started): Materials printed or prepared for broadcast via various media; agreement secured with CONATEL and community media for broadcasting 2 (Advanced): Materials are being distributed and used in workshops and other sensitization and education activities; audio/visual elements are being broadcast via traditional media (and circulating via social media) 3 (Completed): Broadcast via traditional media completed as envisioned in communications strategy; workshops and other educational activities completed per 5-Year Plan	1 Aug 2020 – 31 Jul 2022	
1. Stigma and discrimination reduction	1.2 Strengthening of networks for promotion and defence of human rights	Strengthening of existing local human rights networks and creation of additional local networks for the	Analysis of 20 existing networks undertaken	1 (Started): Terms of reference for analysis defined 2 (Advanced): Data gathered from key informants and materials 3 (Completed): Synthesis report with lessons learned and recommendations completed	1 Aug 2019 – 31 Jan 2020	

		defense and promotion of human rights of PLHIV and key populations	Guidelines agreed for roles and working methods for networks, including 15 new networks to be created	1 (Started): Working group created to draft guidelines for local human rights networks 2 (Advanced): Guidelines drafted and circulated for input 3 (Completed): Guidelines finalized and agreed	1 Feb 2020 – 31 Jul 2020	
			15 new local human rights networks established and functioning	1 (Started): Priority municipalities identified for creation of new local human rights networks 2 (Advanced): New networks being created in priority municipalities 3 (Completed): 15 new local human rights networks created and undertaking activities, including relevant activities in 5-Year Plan	1 Aug 2020 – 31 Jul 2022	
5. HIV-related legal services	5.2 Legal support on human rights to civil society organizations working with PLHIV and key populations	Provide dedicated legal support within national human rights institution for PLHIV and key populations	CONADEH has hired 3 lawyers & 2 paralegals (community legal workers) to provide legal support to PLHIV & key pops on defending & promoting HRs	1 (Started): CONADEH and civil society organizations have agreed on terms of reference for these dedicated legal support staff 2 (Advanced): Call for applications launched 3 (Completed): 3 lawyers and 2 paralegals/community legal workers hired	1 Jan 2020 – 31 Dec 2021 (lawyers) 1 Jan 2020 – 31 July 2022 (paralegals/CLWs)	