HONDURAS
Progress Assessment
Global Fund Breaking Down Barriers Initiative

December 2023

Table of Contents

DISCLAIMER

Towards the operationalization of the Global Fund Strategy 2023-2028, this progress assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

ACKNOWLEDGEMENTS

1. Exective Summary

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive level programs to remove human rights-related barriers to HIV, tuberculosis and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 with Honduras as part of the cohort. As a part of the *Breaking Down Barriers* initiative countries are funded to implement a set of internationally recognized human rights programs and to create enabling environments to advance comprehensive responses.

This assessment examines progress since the mid-term assessment in mid-2021 through October 2023. It was conducted in October 2023 and thus covers the last 1.5 years of the Global Fund's GC5 grant and the first year of the GC6 grant. With two years of implementation remaining on the current grant, many programs included in that grant are still in the early stages of implementation; for some, implementation has not yet started. Thus, Honduras has the opportunity to make significant further progress in reducing human rights-related barriers to HIV services in this funding cycle.

Throughout this assessment period, Honduras has continued to make progress in its scale-up of programs to remove human rights-related barriers to HIV services although at a relatively modest pace. Points of strength include the development of a decentralized approach—the network approach—that brings together and engages diverse stakeholders, including key and vulnerable populations, such as people living with HIV, MSM, trans populations and sex workers, at the municipal level to counter stigma and discrimination. It focuses on sensitizing health workers, police, local politicians, others with HIV and key and vulnerable populations, fostering mutual understanding, identifying shared values and goals, and creating a favorable environment for the fight against HIV. One of the unique aspects of this approach is that it facilitates a holistic rather than siloed approach to addressing stigma and discrimination.

The progress assessment identified the implementation arrangements as another strength, with a Principal Recipient with a clear commitment to these programs, knowledgeable staff, and sound systems to facilitate program implementation. The Principal Recipient has contracted as the Sub-Recipient responsible for program implementation a community-led organization, Asociacion Kukulcán, which, in turn, subcontracts two other community-led organizations to cover the three intervention regions. As a result, programs are not only implemented by organizations that are intimately familiar with the issues key and vulnerable populations face; it also means that human rights matching funds are facilitating the development of community-led organizations as program implementers and as critical stakeholders in the HIV response more broadly. This sets Honduras apart from many other countries in the

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Breaking Down Barriers cohort where professional organizations lead the implementation of human rights programs.

While the overall design of programs and implementation arrangements are strengths, the progress assessment also identified a number of important weaknesses. First, whereas the Network approach is used extensively to sensitize key stakeholders at the municipal level, including health workers, police, municipal workers and journalists, around HIV, key and vulnerable populations and stigma and discrimination, it has not been used as effectively to increase the knowledge of key and vulnerable populations about their rights. Sensitization of these communities is delegated to community members of the Networks who are volunteers and have no budget to organize awareness raising sessions or travel to meet community members.

This is a missed opportunity. The Global Fund's theory of change for the Breaking Down Barriers initiative emphasizes the need to **simultaneously** address stigma and discrimination at the institutional and community level to create a more favorable environment for members of key and vulnerable populations to seek HIV services **and** improve awareness of their rights and of avenues to enforce these rights among members of key and vulnerable populations to generate demand from these populations for stigma- and discrimination-free HIV and other services. At present, activities implemented through the Network approach do not properly balance these two components of the theory of change.

The progress assessment identified a number of other areas where human rights programming is not as well balanced as it could be. It found that human rights programming is not well integrated into prevention services and appears to largely operate in parallel; it does not appear to offer survivors of human rights violations support through mediation and informal conflict resolution, instead strongly emphasizing formal complaints and legal proceedings; and that programs to improve Honduras' normative framework remain weak. The assessment team also concluded that government commitment to reducing human rights-related barriers seems inadequate, with very little involvement of government institutions (without the notable exception of the national human rights commission) in programs to reduce levels of stigma and discrimination.

With the GC6 grant still in early stages of implementation, it is recommended that reprogramming of grant savings be used to address these imbalances and that they are addressed in Honduras' funding request for the GC7 grant.

2. Overview

Since 2017, the Global Fund has provided more than US$85 million in Matching Funds to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services through *Breaking Down Barriers*, catalyzing countries to commit additional financial support from within their allocations. To track progress in each of the 20 countries, the Global Fund has commissioned baseline and mid-term assessments in 2017 and 2019, respectively. In 2022, it commissioned a second progress assessment to examine further progress and inform further investments in this area, a continuing objective of the Global Fund's Strategy for 2023-2028.

Breaking Down Barriers aims to support countries to have "comprehensive" programs to remove rights-related barriers. "Comprehensive" programs are those that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).

Text Box 1: Programs to Remove Human Rights-related Barriers to HIV Services

- Eliminating stigma and discrimination in all settings
- Ensuring non-discriminatory provision of health care
- Ensuring rights-based law enforcement practices
- Legal literacy ("know your rights")
- Increasing access to justice
- Improving laws, regulations and polices relating to HIV and HIV/TB
- Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Community mobilization and advocacy for human rights

2.1 Breaking Down Barriers' theory of change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Honduras Progress Assessment

The purpose of the assessment is to assess the impact of the human rights interventions on uptake, access and retention of HIV and TB services, with attention to the quality, scale-up and sustainability of programmatic implementation. It also aims to capture lessons learned related to human rights program implementation.

Specifically, the Honduras Progress Assessment focused on the following three priority areas:

- Assess programmatic progress and impact on services since July 2021, when the previous assessment was completed;
- Assess the current national HIV health policy landscape and its impact on programs to reduce human rights-related barriers to access to health services; and
- Inform the GC7 funding process.

2.2 Methods

The progress assessments took a differentiated approach to evaluate progress in the 20 *Breaking Down Barriers* countries – this approach categorized countries into two tiers: those that receive a focused assessment and others that received an in-depth assessment. While the methods used are the same between focused and in-depth assessments – i.e., they all included document review, key informant interviews and case study analysis, focused assessments included a smaller number of interviews and survey requirements than in-depth evaluations.

Honduras is a focused assessment country. The assessment commenced in September 2023 and addresses activities and program implementation since the progress assessment that was completed in July 2021. It began with a desk review of relevant documents from the Global Fund and other key stakeholders. Interviews were conducted during a 9-day country visit in October 2023. During the visit, the research team interviewed 69 key implementers, government agencies, technical partners and beneficiaries. Site visits were conducted in Talanga, Guaimaca, San Pedro Sula, Tela, and La Ceiba. The assessment team also organized focus group discussions with groups of men who have sex with men (MSM), transgender persons, sex workers, and people living with HIV. Subsequently, working in partnership with the national consultant, the assessment team conducted additional key stakeholder and beneficiary interviews during the second half of October. A meeting to present the findings to stakeholders was held December 2023. In this report, names of beneficiaries of services are withheld to protect confidentiality and privacy.

2.3 Overview of scorecard results

As part of Breaking Down Barriers, progress in countries is assessed on a 0-5 scale, with 0 demonstrating no programs present and 5 indicating that programs are at scale (national level), covering over 90% of key populations. Please see key below for full scale.

Key
0 – no programs present
1 – one-off activities
2 – small scale
3 – operating at subnational level
4 – operating at national level (>50% of geographic coverage)
5 – at scale at national level (>90% geographic coverage + >90% population coverage)
For a detailed scorecard, see Annex 1

Since mid-term, scores for programs to remove human rights-related barriers to HIV improved modestly across all program areas for Honduras. Programs to eliminate stigma and discrimination in all settings and to ensure non-discriminatory provision of health care made the most progress as a result of the expansion of the Network approach, ongoing training for health providers through the Networks and other trainings for health workers at HIV sites. Due to the leading role community-led organizations play in the implementation of human rights programs, Honduras also scored well in the area of community mobilization and human rights advocacy.

Program Area	Baseline (2018)	MTA (2021)	Progress (2023)
Eliminate stigma and discrimination in all settings	2.0	3.2	3.8
Ensure non-discriminatory provision of health care	0	1.7	2.2
Ensure rights-based law enforcement practices	*	2.0	2.2
Improve legal literacy ("know your rights")	*	2.5	2.7
Improve access to justice (HIV-related legal services)	*	1.7	1.9
Improve laws, regulations and policies related to HIV and HIV/TB	*	1.0	1.5
Reducing HIV-related gender discrimination	*	1.0	1.3
Community mobilization and advocacy for HIV/TB	*	*	3.2
Average Score	*****	**1.9**	**2.3[#]**

[#]: Note that the average scores only consider the first seven indicators so as to ensure consistency.

3. Background and Country Context

3.1 HIV profile

In 2022, HIV prevalence in the general adult population was estimated at 0.2%. Prevalence among several key populations was significantly higher, with 1.4% among sex workers, 7.6% among MSM and 6.4% among the transgender population.[1] Since the beginning of the epidemic in 1985, 41,582 HIV-positive cases have been registered in Honduras, including 26,177 cases of advanced infection and 15,405 asymptomatic cases. The main route of transmission continues to be sexual transmission at 93.3%: 51.5% of new cases diagnosed between January to June 2023 self-defined as heterosexual, while 31.1% and 15.2% self-defined as homosexual or bisexual respectively. 0.5 % self-defined themselves as transwomen. In the last 6 years, the average number of cases reported at the national level was 1058. Eight departments accounted for 86.31 % of notified cases: Cortes, Francisco Morazán, Atlántida, Yoro, Colon, Choluteca, Gracias a Dios and Comayagua. San Pedro Sula, Tegucigalpa, La Ceiba, El Progreso, Choloma, Choluteca, Tela and Puerto Cortes are the highest prevalence cities. 4.6% of cases involved Garifuna and 4.3% Misquitoes. Key population sizes were estimated at 28,500 sex workers, 47,000 MSM, and 2,800 transgender people.[2]

Impact of COVID-19 on Programs to Remove Human Rights-related Barriers to HIV Services

As the mid-term assessment noted, the COVID-19 pandemic had a significant impact on the implementation of programs to remove human rights-related barriers to HIV services. The national government declared a state of emergency in mid-March 2020 just as the organizational arrangements for implementing many of the catalytic funding-supported activities to reduce human rights-related barriers to services had been finalized. As part of the state of emergency, the government imposed strict measures of confinement, particularly in the two largest cities, Tegucigalpa and San Pedro Sula. The pandemic, and measures taken in response, led to serious disruptions in access to health services, including HIV-related services, as well as the implementation of human rights programs. For example, Danny Montesinos of Asociacion Kukulcán, told the assessment team: "COVID-19 led to setbacks. Suddenly there were new priorities. We couldn't access government officials for six months…" It took until September 2021 for HIV programming to more or less return to normal.

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[1] UNAIDS country factsheet, 2022. Available at: https://www.unaids.org/en/regionscountries/countries/honduras
[2] UNAIDS country factsheet, 2022. Available at: https://www.unaids.org/en/regionscountries/countries/honduras

⑤ THE GLOBAL FUND

The current National Strategic Plan (NSP) on HIV 2020-2024 was adopted in June 2019. As noted in the mid-term assessment, there have not been advances in the reduction of stigma and discrimination during the period of the previous national strategic plan but embraces the need to ensure compliance with international guidance and national norms on human rights, and to ensure the involvement of civil society in the HIV response. It also stresses the need for a priority focus on key populations and other vulnerable populations. Although the NSP does not reference the five-year plan to reduce human rights-related barriers to HIV services, it reflects several interventions set out in the plan.[3]

3.2   Financial investment

Under GC6, Honduras requested US$900,000 in catalytic matching funds to remove human rights barriers related to HIV, which was matched by approximately that amount from the HIV allocation. The US$1.8 million in funds were distributed across seven programs, with stigma and discrimination reduction receiving the largest share of funds, followed by programs to train health care providers, and HIV related legal services (91% of all funding). Smaller amounts of funding went to sensitization of law-makers and law-enforcement agents, reducing gender discrimination, legal literacy, and improving laws, regulations and policies (9% total) (Table 2).

Table 2: Catalytic matching funds for HIV and HIV/TB human rights interventions

Intervention	Amount (US$)
Stigma and discrimination reduction (HIV/TB)	1,305,541
Human rights and medical ethics related to HIV and HIV/TB for health care providers	194,083
Sensitization of law-makers and law-enforcement agents	57,175
Legal literacy	31,665
HIV and HIV/TB related legal services	169,276
Improving laws, regulations and policies related to HIV and HIV/TB	20,145
Reducing HIV-related gender discrimination, harmful gender norms and violence against women	45,763
Community mobilization and advocacy (HIV/TB)	*New program area*
Total	1,823,649

These funds represent approximately 11% of the total HIV grant budget of US$16,562,542. The implementation arrangements for the human rights component of the grant include the principal recipient, Global Communities, and a sub-recipient, Asociacion Kukulcán, an LGBTI community organization. Kukulcán contracts to two additional community-led organizations that implement human rights programs in the Atlantico Insular and Noroccidente regions.

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[3] Global Fund, Mid-term assessment. Global Fund Breaking Down Barriers initiative. July 2021. Available at: https://www.theglobalfund.org/media/11687/crg_2021-midtermassessmenthonduras_report_en.pdf

3.3 Legal and policy environment

The legal and policy environment has not changed significantly since the mid-term assessment, although the approval of the implementing regulations for Honduras' special HIV law in 2021 finally allowed for the 2015 law, which provides protections for people living with HIV, to be fully implemented. As noted in the mid-term assessment, the regulation defines key concepts relevant to the scope and application of the HIV law's provisions, provides important details regarding the functioning of the national AIDS council, mandates certain actions by various government and other entities (including some of direct relevance to human rights, including various activities set out in the country's five-year plan to reduce human rights-related barriers to HIV services), and fleshes out important human rights protections (including explicitly naming specific key populations as enjoying protection against discrimination, e.g., on the basis on sexual orientation, gender identity and health condition, among others).[4]

Discrimination is prohibited by Honduras' Constitution and criminal code; the latter explicitly bans discrimination based on sexual orientation and gender identity (Article 321 and 321A). The Labor Code likewise prohibits discrimination in public or private workplaces on various grounds (Article 12), and the Special Law on HIV/AIDS explicitly prohibits discrimination by employers on the basis of HIV status, including expressly prohibiting HIV testing a condition of employment (Articles 52-54).

Consensual same-sex sexual activity is not criminalized, but same-sex relationships and adoption are prohibited. Transgender people have been attacked and murdered in relation to manifestations of their gender identity in recent years. While autonomous sex work (i.e., without the involvement of a "procurer") is legal, there have been prosecutions of sex workers in recent years in relation to selling sex. Since 2016, sex worker groups have advocated for legislative reform that would recognize their work as work and regulate it, but no progress has been made to date. Possession of drugs for personal use is a criminal offence, putting people who use drugs at risk of imprisonment. There are no explicit supportive references to harm reduction in national policies.

Youths over 12 do not require parental consent to access HIV testing, access condoms or contraceptives, but the HIV treatment manual notes that parental consent requirements continue to be a barrier to access to HIV services for adolescents.[5] The regulation under the Special Law on HIV/AIDS contains important provisions protecting human rights but it also contains a provision (Article 103) that imposes an unqualified legal obligation on every person living with HIV to disclose their serostatus to every past or potential future sexual partner and to any housemate and imposes (under Article 106) criminal liability for HIV transmission under various aspects of the Penal Code. Abortion remains criminalized in all circumstances; distribution, sale and

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[4] Global Fund, Mid-term assessment. Global Fund Breaking Down Barriers initiative. July 2021. Available at: https://www.theglobalfund.org/media/11687/crg_2021-midtermassessmenthonduras_report_en.pdf
[5] SESAL, MANUAL DE ATENCIÓN INTEGRAL A PERSONAS ADULTAS Y ADOLESCENTES CON EL VIRUS DE LA INMUNODEFICIENCIA HUMANA, Junio 2023, p. 14

Honduras Progress Assessment

use of emergency oral contraceptives was decriminalized in March 2023 although its use remains highly stigmatized.[6]

Honduras has ratified all the core UN human rights conventions, as well as the core human rights instruments of the Organization of American States. The national Constitution recognizes a right to the protection of health (Article 145) and explicitly declares the government will give priority in the national health plan to groups most in need (Article 149).

3.4 National ownership and enabling environment

As part of the matching fund requirements for *Breaking Down Barriers*, all countries are required to develop national plans for removing human rights-related barriers to HIV services, as well as establish or designate a body to coordinate implementation of the plan. Honduras has developed and adopted a five-year plan. While it has been used to inform human rights activities implemented through Global Fund support, it appears to have little ownership or traction otherwise. There is no active working group that coordinates its implementation and many stakeholders interviewed for this evaluation had little knowledge of the status of the plan's implementation.

In April 2019, the CCM unanimously adopted the five-year plan to reduce human rights-related barriers to HIV services for 2019 to 2023. The plan was developed by a 15-member working group with representation from community organizations, civil society groups and the government. It outlines in detail activities to address stigma and discrimination in institutions and society, to increase knowledge of key and vulnerable populations about their rights and support to realize, and to improve the normative context for key and vulnerable population.[7] The full implementation of the plan was never costed but the baseline assessment estimated US$4.8 million would be required to implement a comprehensive plan to remove human rights-related barriers to HIV services in Honduras.[8]

To access matching funding in the GC7 cycle, Honduras will need to have a current multi-year plan to remove human rights-related barriers to HIV services. This means that it will have to develop a new plan or update the current one, as the present plan ends at the end of 2023. As many activities from the plan have not yet been implemented and programs to date show promise for impact, the assessment team recommends that the current plan be updated and prioritized.

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[6] La Prensa, La PAE se venden sin restricciones en pulperías hondureñas, 24 September 2023, available at: https://www.laprensa.hn/honduras/honduras-pae-venden-sin-restricciones-pulperias-KD15521902#:~:text=La%20PAE%2C%20que%20hace%20seis,%E2%80%9Cp%C3%ADldoras%20del%20d%C3%ADa%20despu%C3%A9s%E2%80%9D
[7] National Strategic Plan to Reduce Human RightsRelated Barriers to HIV Services: Honduras 2019-2023. Available at: https://www.theglobalfund.org/media/9770/crg_humanrightshonduras2019-2023_plan_en.pdf
[8] Global Fund, Baseline assessment. Scaling up Programs to Reduce Human Rights-Related Barriers to HIV Services. November 2018. Available at: https://www.theglobalfund.org/media/8150/crg_humanrightsbaselineassessmenthonduras_report_en.pdf

In the Global Fund grant rounds GC5 and GC6, the five-year plan served as a guide for the development of the grants' human rights component. In both rounds, Honduras received US$900,000 in human rights matching funds from the Global Fund to support such programs. In GC5, Honduras allocated an additional US$280,573 from the general allocation to human rights programs. In GC6, it essentially matched the matching funds from the general allocation for a total budget of US$1,769,733.68. Additionally, Honduras made an investment of US$53,915 in TB-related stigma and discrimination programs. The total investment was thus US$1,823,649.

While a human rights working group was created to develop the five-year plan, it has stopped operating since and has never met to oversee its implementation. Several community and civil society stakeholders who participated in the plan's development expressed concern that they have little knowledge on progress with its implementation. As noted above, one of the matching funding requirements is the establishment or designation of a coordinating body for human rights programs.[9] At present, this condition is not met. Not only is this inconsistent with Global Fund grant requirements, the lack opportunities to obtain broad feedback from diverse stakeholders on implementation progress, ensure coordination between different implementers, and identify new opportunities may also have had detrimental effects on the impact of programming.

Implementation of human rights programs has been led by Global Communities, Asociacion Kukulcán and several other civil society and community organizations. These groups have demonstrated significant commitment to the mission of removing human rights-related barriers to HIV services and to implementing quality programs. Key informant interviews and the document review, however, suggest that the role of government institutions in addressing human rights barriers has been limited. None of the human rights programs included in the Global Fund grant are implemented by executive government agencies—CONADEH is a government institution, but it has an oversight rather than executive role—and while municipal authorities are engaged in programming, it is not clear how active a role the central government plays. There has been little or no progress on institutionalization of stigma and discrimination training for health workers and police and it does not appear that there is much ongoing coordination between SESAL, the ministry of health, or CONASIDA, the national HIV commission, and civil society implementers around human rights programs. Key informants from community organizations repeatedly expressed frustration at the lack of commitment from the government to address stigma and discrimination. One said: "They are responsible for reducing [stigma and discrimination] but [in practice] this piece falls to us." Another said: "Women, poor people, Garifuna [living with HIV] face a mountain of discrimination. [But] they [the government] are not interested. They always remain silent."

Key Recommendations HIV Program Governance and Implementation

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[9] The Global Fund, Guidance Note Matching Funds 2020-2022 Funding Cycle, May 2020, p. 26.

Honduras Progress Assessment

- The CCM should reinstate a human rights working group to regularly discuss and coordinate ongoing implementation of the five-year plan and of programs to remove human rights-related barriers to HIV services. Resources should be reprogrammed to support these meetings.
- The human rights working group should be tasked with developing an updated five-year plan to replace the current one which ends December 31, 2023. Government should agencies such as SESAL, CONASIDA and SEDH should play an active role, alongside civil society organizations, in the development and implementation of the plan.
- The new plan should assign specific roles to government agencies, In particular, they should be tasked with advancing the institutionalization of training on stigma and discrimination and medical ethics into pre- and in-service curricula for health workers, police and justice officials.
- Global Fund should provide technical support for implementation of human rights programs, including to support the PR and human rights SR. As the BDB country in the region, implementers have little knowledge of or exposure to BDB programming elsewhere.

4. Impact of Programs to Remove Rights-Related Barriers on Health Services and the Enabling Environment

To assess the impact and effects of human rights programs on the HIV and TB cascades, the team took the following steps: 1. It reviewed relevant population-level indicators. 2. It assessed the alignment of human rights programs with the theory of change of the *Breaking Down Barriers* initiative, and 3. It examined, where possible, whether programs had the expected effects based on the assumptions underlying the theory of change. Together, this analysis provides insight into the overall trends with respect to human rights-related barriers to HIV and TB services and the pathways through which programs to address them result in or contribute to changes on the ground.

The Global Fund has long recognized that it cannot achieve its goal of ending the HIV and TB epidemics as a public health issue as long as populations at high risk of contracting HIV and TB avoid getting tested and treated as a result of stigma, discrimination and criminalization. It has therefore encouraged and incentivized countries to invest Global Fund resources into the implementation and scale up of programs that have been shown to reduce and ultimately overcome human rights-related barriers to services. Its theory of change for these programs can be described as follows:

- Programs that reduce levels of **stigma and discrimination** toward people living with HIV, TB, and key populations among the **general population**, **health professionals and the police** will result in an increased sense of safety and protection among these populations which will enhance these populations' ability and willingness to access to HIV and TB prevention, testing, treatment and care services.
- Programs to improve legal literacy and access to justice for key and vulnerable populations will result in populations that are **knowledgeable about their rights and have the necessary support to realize** which will increase their ability and likelihood to seek the health service to which they are entitled and advocate and demand respect for their health and other rights.
- Programs to reform **policies, laws and practices** that stigmatize and criminalize key and vulnerable populations will help create a more enabling legal environment that protects the rights of key populations and ensures their safe access to health care, making it easier and safer for these populations to access services.
- Building **the leadership and capacity of communities** of people living with HIV, TB communities, and key populations will empower and enable them to monitor health care delivery, and organize and advocate for improved services,

the realization of their health rights, and policies and practices that improve their access to services.

These components of the theory of change should all be implemented simultaneously to achieve synergies between them. Each component relies on a set of logical assumptions or theorized pathways of change. For the progress assessment, we have sought to identify these logical assumptions for each of the above-mentioned areas of programming, to collect data to test these assumptions, and to analyze that data to determine whether these programs move Honduras along according to the theory of change.

4.1 Reduce stigma and discrimination in society, including police and health care

According to the theory of change, if police officers and health professionals are trained on the rights of key populations, they will receive and treat key populations better, which will reduce barriers to access to services for KPs and will increase the demand for health care from these populations. During the assessment, we assessed what evidence exists to show that training and other stigma reduction activities resulted in changes in behavior of trainees and what evidence exists that, in response, key and vulnerable populations show a greater willingness to access services.

Over the past five years, Honduras has implemented a variety of programs to remove stigma and discrimination in society. The Network approach has been the vehicle for engaging stakeholders at municipal level in stigma and discrimination reduction activities. Through Networks in 46 municipalities, hundreds of activities have been implemented to create awareness around HIV, key populations, stigma and discrimination, and human rights among health providers, police, municipal officials, and other stakeholders. Honduras has also implemented IEC campaigns to reach a broader audience with anti-stigma and discrimination messaging and information on human rights for key and vulnerable populations.

At present, little population-based data is available on HIV-related stigma and discrimination in Honduras. Although stigma index studies have been conducted in 2014, 2019 and 2022, these have used different methodologies and focused on different population groups (PLHIV generally in 2014 and 2019, key populations in 2022, women and girls in 2022), making direct comparison or a time-series analysis difficult if not impossible. As Table 3 shows, levels of stigma and discrimination remain high.

Table 3: Selected stigma and discrimination indicators for key and vulnerable populations

	People living with HIV	MSM	FSW	Garifuna living with HIV
Have not shared status (HIV, sexual orientation, sex work) with others	48.4	17.2	15.5	-
Have isolated themselves from family and friends	20.4	36.2	54.9	17.8
Have felt/feel discriminated	49.0	62.0	-	35.8
Avoid health services for fear of stigma and discrimination	21.0	32.7	31.0	5.3
Are not confident medical files are kept confidentially	23.6	-	-	-

Anecdotally, stakeholders and participants in focus group discussions told the progress assessment team that levels of stigma and discrimination are gradually going down. For example, both sex workers and MSM said that the most significant changes had occurred in health settings that serve key and vulnerable populations, such as VICITS and SAIs. Sex workers highlighted the Kukulcán clinic, an extramural VICITS clinic, as exemplary, both because of the non-judgmental attitudes of health workers and the lack of stockouts. Participants in focus group discussions noted that stigma in society generally remains high, although MSM noted that there are more safe spaces for LGBTI populations now than a few years ago.

While it stands to reason that the programs described above are contributing to this trend, little data is available to help analyze how they affect levels of stigma and discrimination (what the pathways of change are) and to what extent. For Network activities and trainings on the knowledge and behavior of health workers, police, municipal officials and others, little data is available beyond output data (numbers of activities and participants). The communications group contracted for the IEC campaign has produced several detailed reports on the media campaigns implemented, their reach, and its reception,[10] but to date no independent assessment has been undertaken of its impact in key and vulnerable populations communities or the general public. However, Global Communities plans to commission evaluations of the Network approach and of the IEC campaign during the GC6 funding cycle. These

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[10] HB Consultorías, Informe Final de Resultados, undated; HB Consultorías, Informe de Resultados Primer Mes Septiembre 2023, undated; HB Consultorías, Informe de Resultados Segundo Mes: Octubre 2023, undated

evaluations may provide insights into the impact of these interventions on HIV-related stigma and discrimination.

4.2   Empowering PLHIV and key populations to know, demand and defend their own rights

According to the theory of change, populations educated on their rights and benefiting from legal support are able to better defend these rights and are therefore better equipped to demand the high quality, stigma-free health services that they need. To analyze this component of the theory of change, the progress assessment team sought to assess 1) whether there are demonstrable changes in the level of knowledge of key and vulnerable populations about their rights; 2) whether access of key and vulnerable populations to legal services has changed; and 3) whether evidence exists that increased knowledge of rights and better access to legal services has increased the willingness of key and vulnerable populations to demand and defend their rights.

Honduras has implemented a variety of programs to improve legal literacy among key and vulnerable populations. It has created detailed and simplified know-your-rights guides; trained peer educators on human rights; recruited human rights "promotores" to work with community members; and developed and deployed relevant IEC materials. At present, it is hard to assess whether these interventions have led to demonstrable changes in the levels of knowledge of rights among key and vulnerable populations.

The stigma index studies for key populations and women and girls asked participants about their knowledge about laws or regulations that protect their rights (see Table 4). The former study found fairly high levels of awareness of protective laws among people living with HIV, MSM, and transwomen but far lower levels among sex workers and Garifuna populations.[11] The latter study, in seeming contradiction to the first, found that only about a third of women living with HIV were aware of protective laws.[12] The 2014 and 2019 stigma index studies also found that about 7 in 10 people living with HIV was aware of laws providing legal protections.[13] Awareness of these laws among key populations was not measured as part of those studies.

Table 4: Knowledge of laws and decrees that protect rights

Population	Percentage of study participants who said that were aware of laws or decrees that protect their condition/gender identity/economic activity
People living with HIV*	68.1 (67.9 among men; 68.3 among women)
Women and girls living with HIV**	35.9

[11] Global Communities y Asociación Kukulcan, Index de Estigma y Discriminación Poblaciones Clave, 2022

[12] Global Communities y Asociación Kukulcan, Index de Estigma y Discriminación Mujeres y Niñas con VIH, 2022

[13] Fundacion Llaves, ASONAPVSIDAH, et al, Resultados Indice de Estigma en Personas con VIH en Honduras 2014, 2014. Available at: https://www.stigmaindex.org/wp-content/uploads/2022/04/Honduras-SI-Report-2014.pdf; REDCA+, Informe Final "Investigación del Indice de Estigma en Personas que viven con VIH (INDEX), versión 2.0 "Honduras" 2019.

MSM*	59.6
Sex workers*	23.9
Transwomen*	70.4
Garifuna*	37.9

* Data from Stigma Index study for key populations 2022; ** data from Stigma Index study for women and girls 2022

Some participants in focus group discussions stated that awareness of rights among key and vulnerable populations is increasing. They told the assessment team that they had received know-your-rights training and said that community members have become more aware of their rights and more willing to demand them. The number of complaints about rights violations filed by key and vulnerable populations—a potential indicator of behavior change among key and vulnerable populations—is too small to draw meaningful conclusions regarding the willingness of such populations to seek the realization of their rights through the justice system (for more detail, see below Program Area: Access to Justice).

As explained below (Program Area: Legal Literacy), the progress assessment team believes that, despite fairly high levels of awareness of protective laws among some populations, legal literacy outreach to key and vulnerable populations communities is likely currently insufficient to make a significant impact on the levels of knowledge of the populations of their rights and their willingness to demand non-stigmatizing and non-discriminatory health and other services. The investments in this program area (about US$30,000 in the GC6 grant) seem out of step with those in programs to reduce stigma and discrimination in institutions and society more broadly (US$1.3 million). Reports on the activities of Networks suggest that the vast majority of Network trainings are geared toward health workers, police, municipal actors, and members of the Networks, while only very few activities are labeled as know-your-rights activities focused on key and vulnerable populations communities.

This is not consistent with the Global Fund's theory of change behind the Breaking Down Barriers initiative which calls for a holistic and comprehensive approach with commensurate investments in all program areas. The theory of change envisions simultaneous efforts to foster change from above (trainings for health workers and police on stigma and discrimination) and to create demand from below (empowerment of members of key and vulnerable populations to seek their rights). At the moment, the balance between these two components of the theory of change is not optimal. Honduras should strengthen its legal literacy and access to justice programs and fully integrate them into the Network approach.

4.3   Improving the legal and political environment

According to the theory of change, reforming policies and laws that stigmatize and criminalize key and vulnerable populations can improve their legal environment and consequently ensure their ability access to health care safely, without fear of abusive treatment or arrest, negative repercussions from their social environment, and with

confidence that they have access to effective remedies should someone violate their rights. To analyze this component of the theory of change, the progress assessment team sought to assess 1) whether the legal environment for key and vulnerable populations has improved; 2) whether and how programs to remove human rights-related barriers have contributed to these improvements; and 3) what evidence exists that these legal changes have contributed to increased access, utilization and retention in HIV services by key and vulnerable populations.

In 2021, the implementing regulation for the special law on HIV was adopted, finally allowing for the full implementation of the 2015 law. Otherwise, the legal environment in Honduras has not significantly improved since the Breaking Down Barriers initiative started. Many of the legal and regulatory issues identified in the baseline and mid-term assessments remain: HIV transmission continues to be criminalized; sex work is not recognized as work, and there are no legal pathways for recognition of gender identity for trans populations.

Programs to address legal and regulatory barriers in Honduras are not well developed. The mid-term assessment identified few activities beyond work at the municipal level which, while facilitating greater openness toward key and vulnerable populations and some local progress, cannot foster change in country-wide laws and regulations. During GC5, some work was done with the ministry of labor to end HIV testing requirements in hiring processes (not permitted under Honduran law but still commonly practiced). Activities in this area in GC6 are principally periodic dialogues with various government actors to discuss legal and regulatory barriers although these have yet to commence. The IEC campaign has also included messaging about sex work as work but that public awareness raising has yet to translate into sustained advocacy efforts. On the positive side, Honduras has invested in training and capacity building of community leaders, many of whom have been actively contributing to various policy discussions, bringing the perspectives of their communities to the table.

The progress assessment did not identify any data on the link between legal changes and access to and uptake of HIV services by key and vulnerable populations.

4.4   Strengthen the capacities and role of communities

According to the theory of change, if the leadership and capacities of communities of PLHIV and key populations are strengthened, they will be able to monitor and improve health care, advocate for their rights and for the reform of policies and practices to improve their access to services. To analyze this area, the progress assessment looked at evidence that leadership and capacities of communities have been strengthened, what role these organizations play in the response to HIV and TB, and that community-led mechanisms, such as community-led monitoring, are effectively identifying challenges communities face in accessing services, and whether the outcomes of these community-led mechanisms are used to respond to individual and structural challenges identified related to the cascade.

Strengthened community leadership, capacity, and role. As the baseline assessment for Honduras did not assess the capacity of community organizations, no formal baseline exists. However, a narrative review of the baseline assessment suggests a significant number of organizations of key and vulnerable populations were active in the HIV response, although mostly focused on HIV prevention and treatment rather than on human rights-related barriers to HIV services. Thus, capacity and funding to implement programs to remove such barriers was limited.

Honduras has made very significant progress in strengthening the role and capacity of community-led organizations. Asociacion Kukulcán has been the sub-recipient for human rights programs under both GC5 and GC6, now leading on the implementation of 21 Networks and implementing a wide variety of human rights interventions, including supporting Networks, conducting trainings, supporting access to justice programs, and carrying out community-led monitoring. This has allowed the organization to significantly grow its program implementation capacity, retain and develop considerable human rights expertise and skills, and has considerably raised its profile as a key stakeholder in theHIV response. Moreover, starting in 2023, two other community-led organizations, Colectivo Unidad Color Rosa and Humanos en Accion, have assumed the responsibility for the implementation of the Network approach in the Región Atlántico-Insular and Región Nor-Occidente of Honduras. Previously, La Liga de Lactancia Materna and CEPROSAF, both civil society organizations but not led by members of key or vulnerable populations, were responsible for this task. This shift provides an important opportunity for Colectivo Unidad Color Rosa and Humanos en Accion to develop their capacity, knowledge and skills to implement human rights programs. The investment in the capacity of community-led organizations has facilitated the rise of a new generation of community leaders, including from highly marginalized populations, that are increasingly representing their communities in key meetings regarding HIV policies and practices.

Community-led monitoring (*veeduria social*) in Honduras has been carried out through the Networks, predominantly, at health service sites, since 2022. It involves periodic site visits by members of Networks during which health workers and other staff, patients and others are interviewed about issues ranging from stigma and discrimination to availability of medicines and other supplies. So far, the number of sites that have received such monitoring visits is small, with 6 such site visits carried out in 2022 and 7 in the first 5 months of 2023. The findings of these site visits were used to discuss specific concerns with these health centers and recommend solutions, which, according to implementers, has led to improvements in various locations. At present, however, CLM data is not centrally collected and cannot be analyzed across locations to identify systemic or structural issues. As the CLM program grows, it will be important to develop a central repository of data so that it can be analyzed to identify systemic or structural challenges, such as stockouts or poor treatment of key and vulnerable populations, and used to inform any centralized advocacy efforts to resolve recurring problems.

Key recommendations

- Ensure that human rights programs properly balance the different elements of the Global Fund's theory of change to generate maximum impact
- Strengthen legal literacy component by fully integrating work in key and vulnerable communities into the Network approach
- Strengthen advocacy for legal and policy reform by developing and executing an advocacy strategy in collaboration with the CSO Platform on HIV
- Put in place processes for regular partner engagement throughout CLM implementation as a basis for use of CLM findings. This should include creating mechanisms to collate CLM data from across the country to enable overall analysis and advocacy on any systemic or structural challenges identified
- Strengthen collection of data on the implementation and impact of human rights programs. This should include integrating M&E indicators into programs to track progress and collecting data on the impact of these programs on the HIV cascade

5. Towards Comprehensiveness: Achievements and Gaps in Scope, Scale and Quality
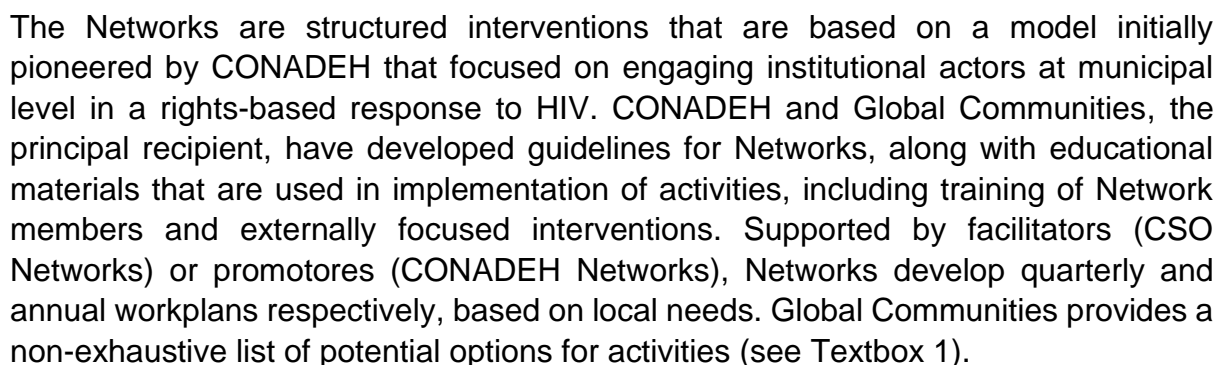
As the mid-term assessment noted, a central feature of "efforts to address human rights in the HIV response in Honduras is the creation and activities of local networks for the defense and promotion of human rights (Redes de promoción y defensa de derechos humanos) in municipalities around the country."[14] These Networks are meant to advance several of the program areas discussed below and included in Honduras' five-year plan to remove human rights-related barriers to HIV services. Interventions include, among others public education activities to reduce stigma, discrimination and human rights violations; monitoring of human violations; training of health care, police, prison personnel or other local service providers or authorities on human rights; and monitoring and advocating for legal and policy reform. The purpose of the Networks is to bring together a wide range of local stakeholders, including municipal decision-makers, local police, health care providers, community leaders, private sector (e.g., employers), local organizations, people living with HIV and members of key and vulnerable populations to jointly address HIV-related stigma and discrimination. These Networks allow for a localized approach to human rights barriers and are important from the perspective of sustainability.[15]

As of October 2023, 46 networks were active, with 25 supported by the national human rights commission (Comisionado Nacional de Derechos Humanos, CONADEH –the CONADEH Networks) and 21 by civil society organizations (CSO Networks), including 6 new networks established between January 2022 and October 2023. Figure 1 shows the evolution of networks from 2017, when there were 20 networks, to 2023. The expansion of the Networks has been possible largely due to financial support from the Global Fund, which provides resources for 37 of them; the remaining 9 are support from CONADEH's own budget. While the figure shows that the Network approach is not yet close to covering all of Honduras—currently, Networks are present in 46 of 298 (15%) municipalities—networks have been established in all but three priority municipalities for HIV services (14 out of 17) and one of these is a priority region because it is home to a prison. The Networks thus cover most high incidence municipalities.

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[14] Global Fund, Mid-term assessment. Global Fund Breaking Down Barriers initiative. July 2021. Available at: https://www.theglobalfund.org/media/11687/crg_2021-midtermassessmenthonduras_report_en.pdf
[15] Global Fund, Mid-term assessment. Global Fund Breaking Down Barriers initiative. July 2021. Available at: https://www.theglobalfund.org/media/11687/crg_2021-midtermassessmenthonduras_report_en.pdf

Figure 1: Map of human rights networks

Evolution of Municipal Human Rights Networks in Honduras between 2017 and 2023

Municipal Human Rights Networks
- Networks established in or before 2017
- Newly established networks 2018-2021
- Newly established networks 2022-2023
- No Networks Present

The Networks are structured interventions that are based on a model initially pioneered by CONADEH that focused on engaging institutional actors at municipal level in a rights-based response to HIV. CONADEH and Global Communities, the principal recipient, have developed guidelines for Networks, along with educational materials that are used in implementation of activities, including training of Network members and externally focused interventions. Supported by facilitators (CSO Networks) or promotores (CONADEH Networks), Networks develop quarterly and annual workplans respectively, based on local needs. Global Communities provides a non-exhaustive list of potential options for activities (see Textbox 1).

Textbox 1: Description of Network Activities
The activities to be carried out should be related to the diagnosis of the local situation of violations of human rights of key and vulnerable populations that allow the activity to have an impact on the promotion and defense of human rights. Some of the activities that have been carried out by other networks are included in the following suggestions:

- Actions of social oversight in health care centers, SAI, VICITS, central drug warehouse. These actions will be possible as a result of the work and projection carried out by the networks with these care centers.

> - Attention to complaints of administrative nature of the populations for acts of discrimination or violation of human rights for follow-up, resolution or referral to the corresponding instances for prosecution of the complaints filed.
> - Monthly meetings for review (evaluation) of the action plan and other specific or emerging actions.
> - Exchanges with networks of other municipalities to share experiences and lessons learned among networks.
> - Actions to commemorate dates relevant to the response to HIV and vulnerable populations: May 17, May 18, June 2, June 28, October 12, November 25, December 1, for example.

Quarterly reports by the implementers over the last three years reveal a significant body of work by the local networks, as presented in Table 5. Internal meetings and trainings are internally focused to ensure all members of networks are knowledgeable on HIV, key populations and stigma and discrimination, and have the skills to advocate for on HIV and human rights. Public events include activities such as celebrations of World AIDS Day, street plays, etc. that seek to reach a general public. Each network is required to implement a minimum of 2-3 activities each quarter.

Table 5 – Network activities January 2021 to May 2023

	Internal meetings/ trainings	Training for municipal staff/ policy makers	Training for police	Training for health workers	Other trainings	Legal literacy with KVPs	CLM site visits	Public events	Total events
2021	163	14	36	49	7	10	0	80	359
2022	152	32	39	47	0	0	6	57	333
2023 (until May)	91	19	25	44	5	4	7	32	227
Total	406	65	100	140	12	14	13	169	919

Asociacion Kukulcán, as SR for human rights programs, coordinates the implementation of the Network approach. Its staff is responsible for the operations of 7 networks in the Centro-Sur-Occidente region. It contracts two other organizations to operate the 14 networks in the Región Atlántico-Insular and Región Nor-Occidente. Prior to April 2023, CEPROSAF and Liga Lactancia Materna operated networks in these regions. That responsibility now sits with two community-led organizations, Colectivo Unidad Color Rosa and Humanos en Accion, a transition that coincided with CEPROSAF and Liga Lactancia Materna switching to results-based funding for

prevention activities. According to various stakeholders, this transition was not as smooth as had been hoped and a number of already existing Networks had to be largely re-established.

Networks have clear strengths as vehicles for introducing knowledge and discussion of HIV, key populations, and stigma and discrimination at municipal level to people who are likely to interact regularly with key and vulnerable populations and who may wittingly or unwittingly be sources of stigmatizing or discriminatory treatment. As the mid-term assessment put it:

> *…by integrating the issues of HIV and of human rights into the consciousness and activities of these different actors, they also increase the prospect of a sustainable response to HIV that is informed by an awareness of human rights. They increase knowledge at the local level of human rights and how they are, or should be, protected and respected, not only through outreach and engagement with local authorities and powers-that-be…[16]*

Interviews with participants in Networks confirmed this potential. In Talanga, for example, health workers involved in the newly established Network noted that training activities had drastically improved their knowledge of HIV, key and vulnerable populations, and stigma and discrimination, and felt significantly more capable of providing non-stigmatizing care to these populations. A stakeholder from an implementer said: "The work with municipalities is fundamental. When the network [in one location] was created, people didn't know about key populations. It was an opportunity to bring all these people together."

A key challenge that was identified repeatedly in key informant interviews is the limited budget available for Network activities. Under the GC6 grant, 54,450 Lempiras (approximately US$2,200) are available per region for CSO network activities. On average, this means Networks have a little over US$300 per quarter to implement the 2 or 3 required activities—a sum that members of Networks and their coordinators repeatedly said was insufficient to make a sustained impact. As one key informant put it, communities "have asked us to give them these [legal literacy] trainings, but through the network there are no funds for this." Some Network members also said that the lack of ID cards or vests identifying them as belonging to the network impeded their work, as they had trouble establishing their credibility.

Another important weakness is the lack of integration of the Network approach with existing HIV prevention and treatment services. These programs appear to operate largely in parallel. As one key informant bluntly put it to the assessment team, "as human rights and prevention are two different components, activities don't cross. There is no link." This siloed approach is guaranteed to result in lost opportunities as human rights programs fail to benefit from existing prevention program infrastructure that has deep links to and trust in communities, while prevention programs fail to

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[16] Global Fund, Mid-term assessment. Global Fund Breaking Down Barriers initiative. July 2021. Available at: https://www.theglobalfund.org/media/11687/crg_2021-midtermassessmenthonduras_report_en.pdf

Honduras Progress Assessment

capitalize on the potential that human rights programs offer to reduce self-stigma and empower members of key and vulnerable populations to realize their right to health. This lack of integration also runs directly counter to the Global Fund's recommendations for quality human rights programming, which emphasizes the importance of integration:

> *The programs are meant to remove barriers to prevention and treatment services, as well as to serve key and vulnerable populations. Thus, they should "follow" the prevention and treatment services for key populations; and they should be integrated, wherever possible, into those services.[17]*

In the GC7 funding round, such integration is considered a program essential that all national programs must include.

5.1 Implementation status of programs to reduce human rights-related barriers to services

Below, we discuss interventions by programmatic area, including many activities that are part of the Network approach. In these descriptions, we delve deeper in a number of strength and weaknesses of the approach, as well as discuss non-Network related programming.

(a) Eliminate stigma and discrimination in all settings

HIV program area	Score[18]		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Eliminate stigma and discrimination in all settings	2.0	3.2	3.8

At mid-term, this program area was the most developed in Honduras with a range of activities identified that contributed to reducing stigma and discrimination in society broadly. These programs included, among others:

- **IEC activities and a mass public education campaign** Libre de Ser (Free to Be) that target key and vulnerable populations and the general population with information about HIV, stigma and discrimination, rights and remedies.
- **Local human rights networks** in 25 municipalities and preparation for the launch of networks in another 15 municipalities.
- **Mechanisms for monitoring discrimination and other rights violations**, including a civil society online platform to report cases and the online complaint mechanism of CONADEH.

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[17] "Technical Brief: Removing Human Rights-related Barriers to HIV Services," The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf
[18] See **Annex 1** for the interpretation of the scores.

Honduras Progress Assessment

- **Stigma index study** 2.0 conducted in 2019.

Since mid-term, Honduras has continued to implement many of these activities in this program area.

As noted above, both Global Communities and CONADEH continued to operate Networks in 46 municipalities. An additional six civil society Networks were added under the GC6 grant in the municipalities of Talanga (Francisco Morazán, Centro-Sur-Oriente Region), La Libertad (Comayagua, Centro-Sur-Oriente Region), Corozal and Sambo Creek (Atlántida, Atlántico-Insular region), Balfate (Colón, Atlántico-Insular region), Portrerillos (Cortés, Nor-Occidente Region), and Omoa (Cortés, Nor-Occidente Region), two in each intervention region.

The focus of Network activities is to generate knowledge of HIV and key and vulnerable populations among key actors at the municipal level and thus reduce levels of stigma and discrimination faced by these populations in specific institutional settings, such as health facilities and police, as well as reduce stigmatizing views more broadly in society. As shown in Table 5 above, activity reports covering the period from January 2021 to May 2023 show that significant numbers of activities were carried out by the existing and new Networks, including training for new members, sensitization activities with health workers and police, public outreach activities on commemorative days, and community-led monitoring of health services. A little less than half the activities (44.2%) organized had an internal focus (training of members of networks and internal meetings). Of externally focused activities, the largest proportion (33.0%) engaged a general audience, followed by two key stakeholders in the HIV response: health workers (27.3%) and police (19.5%).

The progress assessment team visited multiple Networks (Talanga, Guaimaca, Choloma, La Ceiba) and met with Network members, including representatives of key and vulnerable populations, all of whom provided positive feedback on work of the Networks and its potential to bring local officials together to jointly act to reduce stigma and discrimination, create a more favorable environment for key and vulnerable populations in institutions, and take action on specific cases of human rights violations.

While there is little debate about the potential of the Network approach to positively impact stigma and discrimination and increase awareness among key stakeholders, what remains unclear is whether interventions undertaken through the Networks lead to **sustained behavior change** of institutional actors, **ongoing and effective interaction** between such actors and members of key and vulnerable populations, and **changes in local policies and practices** (such as policing) that benefit these populations. The progress assessment team did not have the capacity to look into these questions in detail. The planned evaluation of the Network approach should examine them.

One group of community leaders that is conspicuously absent from the Network approach are religious leaders, even though in focus group discussions participants

from key and vulnerable populations repeatedly brought up stigmatizing and discriminatory rhetoric emanating from religious leaders. CONADEH noted that currently only one of their Networks included a religious leader. A concerted effort should be made to identify religious leaders for at least some Networks to create openings for engagement with this important constituency.

The IEC activities and media campaign discussed in the mid-term assessment report continued in 2022 and 2023. These campaigns ran on diverse media platforms, from traditional media such as TV, radio and newspapers to TikTok and other social media (see examples below). They targeted a variety of audiences, including the general public, health workers, and key and vulnerable populations themselves. Messages were likewise diverse, ranging from messages that questioned discriminatory attitudes to messages that focused on the need for legal or policy change. The campaign included messaging on sex work and sexual orientation, topics that are anything but straightforward in a socially conservative country like Honduras. Reports from HB Consultorias, the company Asociacion Kukulcán engaged to conducted these campaigns, notes that these campaigns reached significant numbers of people and generated positive online interaction. What is not currently know, is how much these IEC activities changed knowledge of or attitudes toward key and vulnerable populations in the general population, or knowledge and attitude of members of these populations themselves.

As noted above, Global Communities plans to commission independent evaluations of the Network approach and the IEC campaign in 2024. These evaluations will provide critical insight into what impact these two large human rights interventions have on levels of stigma and discrimination, attitudes and behaviors of key and vulnerable populations and institutional actors, and, potentially, on access and

retention in HIV services. These evaluations will provide important insights for making adjustments to these programs to maximize their effectiveness.

Finally, Honduras has conducted several stigma index studies in the past few years. In 2022, stigma index studies were conducted among key and vulnerable populations and women and girls. Some of the findings are shared above in Table 3. Findings from the 2019 Stigma Index 2.0 have been shared with stakeholders and follow up activities are planned for 2024. No additional stigma index studies are planned under the GC6 grant.

Recommendations

- Integration of interventions to address human rights and gender barriers into HIV service programs needs to be significantly strengthened by better linking prevention and treatment programs with the Networks and ensuring legal literacy information and linkages to access to justice programs are available through treatment sites.
- Strengthen legal literacy activities with key and vulnerable populations communities as part of the Network approach to address high levels of self-stigma and facilitate sustained engagement between Networks and key and vulnerable populations communities. Ensure that Networks have sufficient budget to undertake meaningful community sensitization activities.
- Train peer educators working in Network locations or Network members as peer paralegals and link them to health centers, police and CONADEH to document and respond to cases of human rights violations. Peer paralegals should be paid a stipend and have an activities budget.
- Where possible, engage religious leaders in the Network approach, either through activities to sensitize them on HIV and key populations or by inviting them as Network members.
- Distribute and publicize the findings of the 2022 stigma index studies among key and vulnerable populations and women and girls. Take measures to the findings and recommendations of these studies.
- A new stigma index study, covering all relevant populations, should be conducted during the GC7 grant period to enable analysis of trends around stigma and discrimination faced by different populations over time
- Carry out independent evaluations into the Network approach and the IEC campaign, as planned for GC6 grant period. These evaluations should seek to identify best practices and document relevant case studies; they should also examine whether these interventions are resulting in desired changes in knowledge and behaviors among health officials, police, and key and vulnerable populations. Take steps to implement the key recommendations emerging from these independent evaluations as part of the GC7 grant or through reprogramming of grant savings during GC6.

(b) Ensuring non-discriminatory provision of health care

Honduras Progress Assessment

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Ensure non-discriminatory provision of health care	0	1.7	2.2

The mid-term assessment found that by July 2021 important progress had been made in this program area, with the development of a guide for services free of stigma and discrimination and a methodological training guide, as well as a significant number of training sessions conducted by CONADEH and through the Networks. SESAL is currently updating the guide on non-stigmatizing health services, with the new version scheduled to be finalized by the end of 2023 and available for trainings in early 2024.

Under the GC6 grant, the Networks continue to be an important vehicle for in-service training for health care workers. The 46 Networks have carried out a total of 140 training activities with local health care workers between January 2021 and May 2023. As was the case at mid-term, it was not possible for the assessment team to evaluate the quality or impact of these trainings on health workers. Anecdotally, health workers in Talanga described the training they received through the Network as transformational and noted that they felt much better prepared to provide services to key and vulnerable populations. Among others, they said that the Network had helped open lines of communication with key populations and that they were discussing offering services to sex workers at hours convenient to them to facilitate their health care access. It does not appear that pre- and post-training tests are conducted among participants in trainings, or that other data on the effectiveness of these trainings is collected.

Health workers at HIV sites, such as 11 VICITS, 63 SAIs, and 4 "friendly" services also receive some training from other sources on provision of non-stigmatizing care to key and vulnerable populations, based on the guide on stigma-free care, although key informants from these sites said that these trainings are sporadic rather than done routine, which, in the view of one key informant, is inadequate.

Advocacy to integrate materials on HIV, key populations and stigma and discrimination and medical ethics into pre-service curricula is scheduled to start in 2024. Global Communities has contracted FUNDAUNAH, the Foundation of the National Autonomous University of Honduras, to assess existing curricula and develop modules for inclusion into the curricula for health care workers. Once these modules have been developed, outreach and advocacy meetings are planned with relevant stakeholders to ensure the modules are incorporated into the curricula.

A major weakness in this program area is the lack of government involvement. It is the responsibility of the governments to ensure that health facilities provide stigma-free care. Yet, apart from developing the training guide, it appears that the government has largely relegated this duty to civil society organizations. For significant improvement in

the score for this program area, a much more active role by the government is essential.

Recommendations

- Continue regular training for health care providers through Networks at municipal level and monitor their impact through surveys and other tools. Members of key and vulnerable populations should participate in these trainings to facilitate familiarity and ongoing collaboration between them and health workers.
- Government, civil society and educational institutions should collaborate to integrate of modules on HIV, key and vulnerable populations, and stigma and discrimination into pre- and in-service curricula for health workers.
- The government should step up its efforts to ensure that health services are provided in a non-stigmatizing way. It has a primary responsibility to train health workers to provide stigma-free services, which goes well beyond just developing a training guide.
- Assess changes in behavior of health workers toward key and vulnerable populations at VICITS, SAI and "friendly" services through exit surveys among service users and/or interviews with users as part of community-led monitoring. Use data from these surveys and interviews to make appropriate adjustments to training programs, their target audiences or frequency.
- Assess levels of knowledge of health care workers on HIV-related stigma and discrimination outside of Network locations and VICITS, SAI, and "friendly" services. Develop and implement training programs for these health workers.

(c) Ensuring rights-based law enforcement practices

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Ensuring rights-based law enforcement practices	*	2.0	2.2

The mid-term assessment found that some progress had been made in rolling out training activities for police on HIV and key and vulnerable populations. It noted trainings conducted by CONADEH for officers, as well as training organized through the civil society Networks, as well as the development of a training guide for police officers. It expressed concern about the lack of integration of training on HIV and key and vulnerable populations into official police training curricula and the lack of sustained sensitization activities in prisons.

CONADEH and the civil society Networks are carrying out ongoing training session of police officers at municipal level. Between January 2021 and May 2023, a total of 100 such trainings were conducted across most, if not all, Network locations. As with

trainings for health workers, the progress assessment team was unable to evaluate the impact of these trainings on police officers and their behavior vis-à-vis key and vulnerable populations as data that would allow for such analysis is not routinely collected. It is furthermore unclear whether these activities contribute to ongoing collaborative relationships between trained police officials and local leaders of key and vulnerable populations. Global Communities, in collaboration with the ministry of human rights, is conducting sensitization sessions on HIV and key and vulnerable populations for judges, prosecutors and legislators.

Acting on recommendations in the mid-term assessment, a significant number of activities are planned under GC6 to sensitize the penitentiary system on HIV and reduce stigma and discrimination. Global Communities and Asociacion Kukulcán published a guide on human rights, HIV, key populations in places of deprivation of liberty. This guide seeks to shed light on the rights issues encountered by people deprived of their liberty who belong to key and vulnerable populations and is designed to be used to train officials in the penitentiary system. The guide includes detailed information on key and vulnerable populations, different rights, and HIV prevention and treatment, and describes the roles of various different actors in the penitentiary system. The guide does not include any information on TB.

A variety of different training activities are planned to improve knowledge of HIV, stigma and discrimination in the prison system. This includes round tables at municipal detention centers and training sessions for prison staff in the three intervention regions of the country. To date, these activities have been on hold as a result of poor security inside the prison system. Because of security incidents, prison authorities are not allowing activities in prisons; it is unclear how long this ban will persist.

Activities are also planned to advocate for the integration of HIV into standard trainings for prison personnel. Although this activity has yet to start, it envisions outreach to the national penitentiary institute to discuss and advocate the inclusion of such training material into standard curricula; coordination with the authorities around sensitization sessions; the distribution of the above-mentioned guide; and monitoring and evaluation.

Recommendations

- Evaluate the impact of trainings for police through Networks in terms of behavior change toward key and vulnerable populations. This should be included in the independent evaluation of the Network approach.
- Facilitate through the Networks ongoing dialogues and collaboration between sex worker representatives and police officials in priority municipalities for sex workers1 to ensure concerns about police behavior toward this population are addressed on an ongoing basis and in a timely fashion.
- Integrate TB into the training materials for penitentiary system and into the sensitization activities with prison authorities.

- Advocate for the institutionalization of training on human rights and HIV in pre- and in-service training curricula for police and penitentiary officers, and work with police academies and the national penitentiary institute to develop and integrate relevant modules.

(d) Legal Literacy ("know your rights")

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Legal literacy ("know your rights")	*	2.0	2.7

At baseline, legal literacy activities were largely non-existent and by mid-term only modest progress had been made. It noted that ASONAPVSIDAH and CONADEH conducted some legal literacy activities for people living with HIV, and that Kukulcán, Liga Lactancia Materna, CEPROSAF, and Fundacion Llaves had engaged in limited activities with their respective communities. The mid-term assessment recommended a further investment in these activities in light of a "clear lack of knowledge" of rights in relevant communities. Since mid-term, there have been some further improvements but the progress assessment team concludes that legal literacy activities remain a significant weakness in Honduras' programs to remove human rights related barriers to HIV services.

Global Communities, in collaboration with other stakeholders, developed a detailed "Know Your Rights" guide (Guia: Conoce tus derechos) that examines human rights norms generally, Honduras' legal environment, and remedies to defend rights in case of violations. The guide is a highly structured training manual to be used for a 4.5 hour training for groups of 20 people with two trainers. The main audience for these trainings are peer educators, leaders of support groups, and leaders of community-based organizations. A shorter version of the guide that is less technical has been prepared for use with key and vulnerable populations; it is much more accessible for people with lower levels of education.

As noted previously, stigma index studies have found that a fairly high percentage of people living with HIV, MSM and transwomen are aware of protective laws but very few survivors of abuses seek remedies. Knowledge of protective laws among sex workers, Garifuna, and, according to one study, women and girls living with HIV is low, at about 1/3rd of study participants. Thus, there is considerable room to improve knowledge of rights, especially among sex workers, Garifuna, and women and girls living with HIV.

In the period under review, a variety of legal literacy activities have been conducted but the approach to this program area does not appear to have changed significantly since the mid-term assessment:

- A training for peer educators
- Trainings for members of Networks, and leaders of community groups and support groups
- Community-led organizations such as ASONAPSVIDAH, Asociacion Kukulcán, the Network of Sex Workers, Colectivo Unidad Color Rosa, and others have conducted legal literacy activities with their communities

The Network infrastructure is the main vehicle for ongoing legal literacy activities. Network members from key and vulnerable populations receive legal literacy training and are expected to engage their respective communities to raise their awareness. However, these Network members are volunteers, do not receive any incentives to conduct these sensitization activities, and have no budget to travel or organize gatherings of their peers, and they do not report on any legal literacy activities they conduct with their peers. While Networks have a small activities budget, the activities Networks organize are overwhelmingly focused on internal processes (trainings of members or internal Network meetings) or on engaging institutional actors like health workers, police and municipal authorities or the general public. This appears to be by design: A review of key documents related to Network activities, including plans and reports on Network activities, TORs for responsible staff, and budgets, suggests that the focus of Networks is disproportionately on stigma and discrimination reduction in health, police, and municipal structures and in society more broadly. In the period from January 2021 to May 2023, only 14 know-your-rights activities were reported out of a total of 919 activities (1.5%).

The terms of reference of the facilitadores and promotores who work with the Networks do not contain any specific responsibilities for sensitization work with communities although they are tasked with supporting survivors of human rights abuses with complaint processes. The facilitadores and promotores have a broad range of responsibilities that seemingly make it impossible for them to be present in the communities.

Various organizations in Honduras that are engaged in the HIV response deploy peers to engage their communities with information about HIV prevention, HIV testing, treatment literacy, and link them to services. These peers, who go by different titles (in Fundacion Llaves they are "lideres comunitarios" or community leaders, in ASONAPVSIDA "promotores de visita domiciliaria" or home visit promotors, in other organizations they are known as peer educators), have deep connections to their communities and are an enormously important potential resource for legal literacy interventions. Yet, the Network approach currently does not appear to bring these existing peers into legal literacy and access to justice activities. Indeed, stakeholders at various community-led organizations expressed concern that they know little about the activities of the Networks and do not feel part of them.

As a result, Honduras hasn't built a strong and sustainable infrastructure in communities to do ongoing sensitization and accompaniment of key and vulnerable populations. Without a robust community-based component, an important component

of the Global Fund's theory of change remains unrealized. Through the Network approach, Honduras is making good progress toward in fighting stigma and discrimination in institutions. However, it has not made adequate progress in sensitizing communities and creating demand from the bottom up for non-stigmatizing and non-discriminatory health and other services.

Years of experience elsewhere have shown that doing trainings just for community leaders does not have an automatic trickle-down effect. To truly change levels of knowledge of rights in communities, proactive and ongoing outreach to community members is essential. Relying almost entirely on volunteer Network members to do this outreach is unlikely to yield satisfactory results. How much outreach Network members actually do in their communities is unclear as no data is collected on the number of sensitization sessions these members organize or how many of their peers they actually reach.

Many other countries in the Breaking Down Barriers cohort have employed community-based peer paralegals (often peer educators who have received additional training) to do legal literacy work. The peer paralegals receive small incentive (on top of incentives as peer educators) to sensitize community members, document human rights abuses, and facilitate access to remedies. They are also expected to meet specific targets and report periodically on their work, thus allowing for some monitoring and evaluation of these community outreach activities. This model has shown its effectiveness in increasing knowledge of rights in communities, as well as ensuring access to effective remedies for people whose rights have been violated.

In Honduras, the Networks could be a strong vehicle for this kind of proactive know-your-rights outreach. Network members from communities are already trained in legal literacy. Providing them with the means and incentives to organize activities in their communities, meet specific targets, and report on their work would create a significantly more robust effort to raise rights awareness among their communities. Alternatively, this could be done through peer educators at Network sites, training some of them as peer paralegals with the specific task of increasing the rights knowledge of their communities.

The GC6 grant also includes a variety of legal literacy activities targeted at prisons, including a training for the National Penitentiary Institute and trainings for prison officials. However, neither activity seems focused on increasing rights knowledge of prisoners.

Recommendations

- Integrate legal literacy for key and vulnerable populations into the Network approach in a structured manner. Such activities should be planned as part of Networks activities, with resources available for Network members/peer educators/paralegals (see below) to conduct them, and clear targets and reporting processes.

- Existing promotores, peer educators and other peer workers should play an active role in community-based legal literacy activities, and more broadly in Network activities. The PR and SR should map these peer workers and devise a strategy to include them in the Network approach as Network members, peer paralegals, or as legal literacy providers.
- Community-based legal literacy activities should be included in the TORs of peer educators and promotores.
- Recruit peer paralegals among peer educators or members of Networks from key and vulnerable populations to work in communities to sensitize community members on their rights, help them seek remedies in case of violations, and support them with mediation where relevant. Prioritize deployment of paralegals in priority municipalities for the HIV response.
- Conduct legal literacy activities in prisons for people who are deprived of their liberty when the security situation so permits.
- Ensure M&E to assess the effectiveness and impact of the suggested legal literacy interventions above.
- Ensure legal literacy information and linkages to access to justice programs are available through treatment sites (based on the information below on Program Essentials).

(e) Increasing access to justice

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Increasing access to justice	*	1.7	1.9

Access to justice programs were largely non-existent at baseline. The mid-term assessment noted that some progress had been made, including the development of a training manual for legal assistants, the selection and training of these assistants, and the establishment of relationships with lawyers to take on cases. This is aligned with the Five Year Plan which includes activities to scale up access to paralegals or community legal workers ('asistentes jurídicos') in some civil society organizations, who can engage in human rights education and promotion activities among key and vulnerable populations, provide basic legal information and support people in defending and seeking redress for infringements, and connect people to lawyers when more substantial legal advice and representation is needed.

Since mid-term there has been further progress in establishing these programs. Networks are used as a vehicle to link survivors of human rights violations to legal remedies. Printed educational materials on HIV-related stigma and discrimination are available; the 3 "promotores" are charged with linking survivors of abuses to complaints procedures; communications campaigns regarding the human rights of key and vulnerable populations were developed to encourage key and vulnerable

populations to seek remedies for rights violations; and CONADEH and a few lawyers attend to various formal complaints of human rights infringements.

In 2021 and 2022, Global Communities reported that a total of 1564 complaints about human rights abuses were filed. As Table 6 shows, almost 75% of these complaints came from prisoners while other key and vulnerable populations made up significantly smaller percentages. A report for the second half of 2022 notes that 78% of complaints in that period came in through CONADEH, with the rest coming through civil society organizations and Networks, and that that 97% of formal complaints were resolved although no definition of resolution is given.

Table 6: Numbers and percentages of formal complaints by population for 2021 and 2022

	2021	2022	Totals
PLHIV	82 (8.6%)	45 (7.4%)	127 (8.1%)
MSM	60 (6.3%)	39 (6.4%)	99 (6.3%)
Trans	24 (2.5%)	19 (3.1%)	43 (2.7%)
Sex workers	7 (0.7%)	8 (1.3%)	15 (1 %)
Garifuna	104 (10.9%)	19 (3.1%)	123 (7.9%)
Prisoners	663 (69.6%)	482 (78.8%)	1145 (73.2%)
Other	12 (1.3%)	0 (0%)	12 (0.8%)
Total	952	612	1564

At mid-term, a few lawyers were working with implementers of human rights programs to provide legal support to cases where such was needed. These lawyers worked on a pro bono basis. It appears that that continues to be the case as of October 2023 although the GC6 grant include funds to formally contract a legal professional to provide legal advice, analyze cases of violations, and refer people to legal assistance providers.

The progress assessment identified a few considerable concerns about this program area, which include:

1. Too little attention to mediation as a means to resolve cases of human rights violations;
2. Limited work in key and vulnerable populations communities to educate populations on their rights, document and address cases;

Mediation

In Honduras' access to justice programs, a strong premium is put on formal complaints. The various materials reviewed emphasize the need to create what is called a "cultura de denuncia," a culture of denunciation, which, as most stakeholders described it, refers to encouraging people to file formal complaints in cases of human rights violations. The Know Your Rights training guide has an extensive chapter on

formal legal proceedings, providing detailed descriptions of different complaints procedures, including complaints to the Interamerican Court of Human Rights. The reports on activities of the Networks provide detailed breakdowns of formal complaints that have been lodged, resolution rates, etc. The terms of reference for "promotores" describe their responsibility vis-à-vis formal complaints. None of these documents make any refers to mediation or resolving cases of violations through conflict resolution.

Years of experience from many different countries have shown that most members of key and vulnerable populations are reluctant to file formal complaints about human rights abuses they have faced, because they are criminalized, fear being stigmatized or discriminated, worry about their HIV status or sexual orientation becoming public, or because they don't want to engage in litigation against close relatives or health care workers on whom they depend for their care.

Formal proceedings often also have the significant disadvantage of taking a long time to resolve which is problematic in situations that require a fast resolution. For example, for a woman who is evicted from her home because of her HIV status, a process that takes months or years does not help address immediate needs such as shelter, food and access to health services. In such cases, mediation is often the preferred option of the survivor of the human rights violation AND is more likely than formal legal proceedings to ensure that that person is able to continue to access the health services they need.

Formal legal proceedings are an important part of ensuring access to justice for key and vulnerable populations. However, they should be part of an inclusive approach to supporting these populations to realize their rights. Yet, in Honduras it appears that the focus on formal legal proceedings comes at the expense of other remedies. At present, it appears that the access to justice system that has been established in Honduras gives people who have faced human rights abuses only two options: file a formal complaint or do nothing. This kind of binary approach is not consistent with the Global Fund's approach to access to justice, and does not meet the needs or preferences of key and vulnerable populations. Honduras should adjust its approach to access to justice to ensure that formal proceedings are one part of a more inclusive approach to remedies that includes conflict resolution and mediation, and allows members of key and vulnerable populations to make informed choices about the type of action they prefer when their rights are violated.

Community-based capacity

As discussed above under Legal Literacy, Honduras does not appear to invest sufficiently in community capacity to educate key and vulnerable populations on their rights and responsibilities, or to support them in accessing remedies. The three "promotores" have too many responsibilities to realistically be able to work in communities on an ongoing basis. They may be able to respond to specific cases that are brought to their attention but they are not a presence in the community. Legal

literacy or access to justice activities are not part of the terms of reference of peer educators. At present, therefore, the task of documenting rights violations and accompanying survivors in seeing remedies falls largely on members of Networks who represent key and vulnerable populations. As noted above, while these members receive training on legal literacy, they work on a voluntary basis and have no resources to organize legal literacy sessions in their communities, travel to meet survivors, or support them in their journey for justice.

This means that legal literacy in key and vulnerable populations communities is unlikely to grow significantly and that many community members will remain unaware of available remedies. Community members have little access to people who have the capacity and skills to help them document their cases, support them with mediation, or put them in touch with legal representation. As a result, it is likely that much of the demand for access to justice services remains hidden as community members are unaware that their rights have been violated and that they can access remedies to address them.

The progress assessment team recommends that Honduras introduce peer paralegals to address this capacity gap. In countries where this model has worked successfully, peer paralegals have generally been selected from peer educators and provided with basic paralegal training to develop skills to do legal literacy sensitization, identify and document human rights violations, support clients in pursuing remedies for abuses, and link clients to professional legal support where needed. Generally, these paralegals operate in their communities, alongside peer educators and receive some incentives to encourage their outreach work. In Honduras, paralegals could be recruited among Network members and/or peer educators, given that they already have significant knowledge of HIV and are established entities in their communities. Paralegals should be recruited first and foremost in priority municipalities for the HIV response from priority populations.

Other issues

The data provided by Global Communities regarding formal complaints is difficult to analyze because it is not sufficiently detailed to fully understand what kinds of cases are filed, how they are resolved, how quickly they are resolved, or what impact access to justice has on a person's access to HIV services. Additional data should be collected on these cases so that they can be analyzed more fully and used to identify trends and structural challenges, and assess impact.

The progress assessment team is also concerned that a large percentage of complaints may have little or nothing to do with HIV. The data for the second half of 2022 shows that 70% of formal complaints (127) came from people who were deprived of their liberty. According to the report, most of the complaints from prisoners concerned the right of petition and the right to fair proceedings.[19] A review of cases

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[19] Global Communities, Narrative reports Derechos Humanos, Q3, Q4, 2022

suggests that many of the cases involving prisoners are unrelated to HIV; many seem to be requests for help from defendants or their families navigating the criminal justice system. These may be cases that fall within the mandate of CONADEH (and the petitioners deserve support realizing their rights) but it is unclear why these cases should be supported through catalytic funds from the Global Fund or be reported as part of HIV-related access to justice programs.

The fact that these complaints come from prisoners and that prisoners are considered a key population is not, on its own, sufficient to justify their inclusion in HIV-related access to justice programs; for this, some link to HIV needs to be demonstrated. The Global Fund is, after all, not a general access to justice funder; it is making the investment in human rights programs for the specific reason of improving access to HIV services. If routine fair trail cases are supported through these funds, it is unlikely that they will have any impact on the HIV response.

In the second half of 2022, only 15, 5 and 3 complaints respectively were lodged by MSM, transwomen and sex workers. Given that all stakeholders from key and vulnerable populations interviewed by the progress assessment team said that their peers routinely face human rights violations, these small numbers suggest that most members of key and vulnerable populations who experience human rights abuses are not filing formal complaints. This may be linked to the weakness of the legal literacy program or to the focus on formal complaints in the access to justice program.

Recommendations

- Introduce community-based peer paralegals in priority municipalities to improve legal literacy and access to justice infrastructure at the community level. Recruit peer paralegals from members of Networks or peer educators and provide them with incentives and a small activity budget.
- Find a better balance between formal justice processes and informal remedies. Informal remedies are often preferred by key and vulnerable populations and often are also likely to be more effective for ensuring continued access to HIV services for victims of abuses.
- Include mediation and amicable conflict resolution into training materials on legal literacy and access to justice.
- Put in place infrastructure to assist key and vulnerable populations with mediation in appropriate cases (for example through peer paralegals and promotores de derechos humanos), and ensure that the appropriate stakeholders are trained and skilled in mediation
- Ensure professional legal support is available for cases that require it and that appropriate cases are referred to these legal professionals.
- Collect data on the age and gender of the survivor, the type of violations, the type of remedy, including mediation, that was pursued, the type of outcome. It should similarly seek information on the health situation of the survivor and the status of their access to services at the start and finish of proceedings.

- Assess the level of risk of the individual being lost to follow up for health services at the time of reception of the complaint. This data point will allow implementers to assess whether interventions are reaching the vulnerable beneficiaries that most need support with the realization of their rights.

(f) Improving laws, regulations and policies relating to HIV and HIV/TB

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Improving laws, regulations and policies relating to HIV and HIV/TB	*	1.0	1.5

The mid-term assessment found that only modest progress had been made in the program area since baseline. It noted efforts to engage with municipal authorities through the Networks but said that it was difficult to assess whether this had led to any improvements in the policy environment. It also mentioned civil society efforts to develop a proposed new law on equality and equity (Anteproyecto de Ley de Igualdad y Equidad), which was released in 2021.

As of October 2023, little change had occurred in the legal and policy environment in Honduras. Apart from the adoption of the regulation to the Special HIV law, we did not identify any significant changes in laws or policies.

There has, however, been some progress in implementing activities that are related to legal and policy reform. In particular, a number of important studies were carried out that raise important policy questions and could be used to inform efforts to reform laws and policies. These include studies on drug users and HIV, gender-based violence, sexual and reproductive health rights, and a stigma index for women and girls living with HIV. However, stakeholders noted that so far little follow up has been undertaken to act on the findings of these studies and make adjustments to HIV and human rights programming to address the needs that were identified, although such activities are planned for 2024.

One example is the study on drug use that was conducted in 2021 and published in 2022. The HIV response in Honduras has focused on LGBT and sex workers as key populations but not on people who use drugs, even though in many other countries this population is both at high risk of contracting HIV and faces many human rights-related barriers to health services. As part of its 5-year human rights strategy, Honduras included a study to examine drug use practices, HIV vulnerability of people who use drugs, and human rights barriers. Asociacion Kukulcán and Global Communities undertook this study in 2021 with support from the Latin American Network of People who Use Drugs. In July 2022, they published a detailed study report that found significant unsafe drug use practices and human rights abuses, thus providing a basis for potential adjustment to Honduras' HIV strategy and the inclusion

of interventions specifically targeted at people who use drugs. But those adjustments have not yet been made. Distribution of the findings is planned for 2024, along with follow up advocacy.

Several community-based organizations described their advocacy priorities to the assessment team. Various populations, such as sex workers, transwomen and MSM, talked about the importance of population-specific health services that go beyond just HIV services (sexual and reproductive health services for sex workers, hormone treatment for trans, for example). Trans organizations described advocacy for gender identity laws. Sex workers discussed advocacy for recognition of sex work as work as a priority. Yet, they noted that their capacity to engage in effective advocacy was very limited. Most of these organizations do not have any funding for law and policy reform advocacy. Moreover, the CSO Platform on HIV, in the past a forum for strategy development and coordination between civil society and community organizations, has not met in several years, as a result of challenges with leadership, governance, and resources. As a result, very little activity is happening to reform the various problematic laws and policies that remain on the books.

Under the GC6 grant, resources are planned for an annual high-level political dialogues between civil society organizations and the authorities around HIV. The first such dialogue is planned for early 2024. This activity builds on an activity under GC5 that focused on engaging members of congress—an activity that did not have the desired results. The objective is to jointly identify specific areas for legal and policy changes and action plans for implementation over the course of the year, and report on progress at the next dialogue. The progress assessment team welcomes the effort to find a new, more effective approach to legal and policy reform although it wonders whether high level meetings will be an effective vehicle for legal and policy change without funding for ongoing advocacy activities, working-level meetings to develop policy proposals, etc.

The grant also include funds for activities around special dates, like World AIDS Day (December 1) and International Human Rights Day (December 10), although these activities are likely more about reducing stigma and discrimination than about law and policy reform.

Recommendations

- Strengthen the legal and policy reform component of the program to remove human rights-related barriers. As a first step, this should include the development of an advocacy strategy with clearly identified priorities for legal and policy reform and a clear implementation plan.
- Revitalize the CSO Platform on HIV as a vehicle for civil society strategizing, planning and coordination around efforts to reform laws and policies, including the advocacy strategy. Global Communities should make resources available to CSOs to reconvene the Platform, agree on its governance, and designate an organization to periodically convene the Platform. This should include

resources for keeping the Platform operational and periodic in-person meetings of the Platform's members.

- Use the periodic high level meetings to advocate for the priorities identified in the advocacy strategy and to secure concrete commitments from government institutions on specific legal and policy reforms.
- Through the Global Fund grant or other donor funds, the CCM should seek to ensure that community and civil society organizations have access to funds to implement the components of the advocacy strategy and implementation plan that they are responsible for.
- Publish and publicize the results of the various studies so that communities can use them for advocacy purposes.

(g) Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	*	1.0	1.3

At mid-term, very little progress had been made toward implementing the activities aimed at reducing HIV-related gender discrimination included in the five-year plan. These activities included mobilizing women's groups and support networks against gender-based violence and support survivors; training health staff, implementing community- and school-level campaigns to shift harmful gender norms, and undertaking mass media campaigns in which issues of GBV (including as it affects key populations) could be incorporated.

The progress assessment team found that Honduras had made some progress in implementing these activities. In 2022, Global Communities and Asociacion Kukulcán conducted a study on gender-based violence and sexual and reproductive health rights for women in Honduras. A stigma index study on key populations addressed questions around gender identity and sexual orientation. In 2024, the findings and recommendations of these study will be distributed and steps undertaken to implement recommendations.

Under the current grant, a variety of activities are under way, including training sessions for municipal authorities about gender-based violence; training for gender officers at the municipal level; public activities on prevention of gender-based violence; socialization of the results of the Stigma Index for women and girls living with HIV; and training for women's organizations on access to justice mechanisms. These activities will be implemented, among others, through the networks.

While these activities represent positive steps, the assessment team believes that for real progress in this program area it is essential to develop true partnerships with women's organizations and see them as active members and contributors to the work of the Networks. The activities described above appear to treat them more as passive beneficiaries of training activities than as partners with whom strategies are jointly developed to chart a course toward impact.

Recommendations

- Determine, together with women's organizations, specific programmatic and advocacy goals related to gender-based discrimination and develop interventions related to those goals
- Assess Network, round tables, and other activities together with organizations specializing on gender-based discrimination and violence to determine how these programs can be made gender-transformative
- Take steps to implement the recommendations from the studies on stigma and discrimination facing women and girls living with HIV and on gender-based violence and sexual and reproductive health rights, as well as key populations.

(h) Community mobilization & human rights advocacy

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Community mobilization and human rights advocacy	*	*	3.2

Honduras has made significant progress in this program area. As this is a new program area, previous assessment have not assessed it. At baseline, there were generally few programs to remove human rights-related barriers to HIV services, including programs to support community mobilization and human rights advocacy. By October 2023, this had significantly changed as Asociacion Kukulcán, a community-led organization, had become the sub-recipient under the Global Fund grant for human rights programs. In 2023, moreover, two other community-led organizations, Colectivo Unidad Color Rosa and Humanos en Accion, took on responsibility for the implementation of Network-related activities in two regions of the country, with Kukulcán responsible in the third intervention region.

Moreover, community-led organizations play a substantive role in the implementation of human rights programs, as members of Networks, instructors at trainings for health workers and police, and, of course, activities targeted at improving knowledge of rights and access to remedies for members of key and vulnerable populations. Community-led monitoring (veeduria social) at health sites is one of the core tasks of the networks. The investment in the capacity of community-led organizations has facilitated the rise of a new generation of community leaders, including from highly marginalized

populations, that are increasingly representing their communities in key meetings regarding HIV policies and practices.

At the same time, investments in the capacity of other community-led organizations, such as the Network of Sex Workers, the International Community of Women, and others, has been limited. While in some cases their leaders and activists have been engaged in the implementation of human rights programs, catalytic funds have not necessarily benefited their organizations and allowed them to become stronger players in the HIV response and no advocacy strategy has been articulated. Several community-led organizations expressed concern that they have little or no funds to engage in human rights advocacy around legal and policy reform.

As noted above, community-led monitoring in Honduras is carried out through the Networks, predominantly at health service sites, but is a relatively new intervention. It involves periodic site visits by members of Networks during which health workers and other staff, patients and others are interviewed about issues ranging from stigma and discrimination to availability of medicines and other supplies. In 2022, 6 such visits were carried out; another 7 were conducted in 2023 through May. The findings of these site visits were used to discuss specific concerns with these health centers and recommend solutions, which, according to implementers, has led to improvements in various locations.

CONADEH and Asociacion Kukulcán have developed instruments for data collection. However, at present, CLM data is not centrally collected and cannot be analyzed across locations to identify systemic or structural issues. It is used only at the local level. As this intervention grows, it will be important to develop a central repository of data so that it cannot just be used locally but can also be analyzed for regional or national trends and patterns and can inform centralized advocacy efforts to resolve recurring problems with treatment of key and vulnerable populations or stockouts—reported to be common—of medical supplies and medications.

Recommendations

- Strengthen the capacity to implement human rights programs of community-led organizations beyond those contracted through the Global Fund grant. Where possible, opportunities should be created for such organizations to engage in human rights advocacy on their priority issues (for example, for sex worker group advocacy around recognition of sex work as work; for transgender groups advocacy on gender identity recognition; etc).
- Ensure that data collected through CLM is used not just to address problems identified at the level of a single health facility but can and is also analyzed to identify and address structural issues (for example, patterns of stigma or discrimination or other human rights violations).

5.2 Implementation status of program essentials

Starting with GC7, countries are required to report on the implementation status of program essentials for HIV and TB. Program essentials are a set of standards for the delivery of services by Global Fund-supported programs. All applicants are required, as they fill out the Essential Date Tables to support their funding requests, to provide an update on their country's status towards achieving program essentials. HIV applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address program essentials that are not fulfilled. In addition, the conditions for countries qualifying for the human rights matching fund requires funding requests to not only consider the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers, but also to ensure the full implementation of all human rights program essentials.

HIV and human rights-related program essentials are:

- Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs.
- Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.
- Legal literacy and access to justice activities are accessible to people living with HIV and key populations.
- Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.[20]

Implementation Status of Rights-based HIV Program Essentials

The tables below present the progress assessment team's summary analyses of Honduras' progress on the program essentials for HIV and TB.

Human rights	Are all elements of a supportive environment[21] for effective operationalization of the program essentials in place?	Implementation Status

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[20] "Technical Brief: Removing Human Rights-related Barriers to HIV Services," The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

[21] 1. a recent assessment of human rights-related barriers; 2. a country-owned, costed plan/strategy to reduce barriers; 3. an oversight mechanism to oversee implementation

19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.	Yes	No or few[22]
20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.	Yes	Activities/programs in health care and at least two other settings at sub-national level [23]
21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	Yes	Activities/programs at sub-national level[24]
22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.	Yes	Some support[25]

Honduras is still a ways away from fully implementing the HIV program essentials. In terms of policies, it has most of the components of a supportive environment: a recent assessment of rights-related barriers and a national plan and strategy to remove these barriers (although this plan expires at the end of 2023) but it lacks a functioning oversight mechanism that ensures communication, coordination and collaboration.

The program essential Honduras has made the most progress on is Program Essential 20 – stigma and discrimination reduction activities in health care and other settings. Through the Networks, such activities are implemented in among others health settings, police, with municipal authorities in more than 80% of high priority locations for HIV services. As noted above, legal literacy programs remain weak as the Networks do not have a sufficiently developed community component that focuses on empowering members of key and vulnerable populations with knowledge on rights and

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[22] Response options include: No or few programs integrate such interventions; Some programs; Many or all programs
[23] Response options include: No or one-off activities/programs; Small-scale activities/programs in health care and at last one other setting; Activities/programs in health care and at least two other settings at sub-national level (less than 50% national coverage); Activities/programs in health care and three or more other settings at national level but less than 90% of national coverage; Activities/programs in health care and three or more other settings at national level with greater than 90% national coverage
[24] Response options include: No or one-off legal literacy and access to justice activities/programs; Small-scale activities/programs; Activities/programs at sub-national level (less than 50% national coverage); Activities/programs at national level but less than 90% national coverage; Activities/programs at national level with more than 90% national coverage
[25] Response options include: No support; Some support; Comprehensive support (including to community-led efforts)

Honduras Progress Assessment

means to realize them. Integration of interventions to address human rights and gender barriers into HIV service programs needs to be significantly strengthened by better linking prevention and treatment programs with the Networks and ensuring legal literacy information and linkages to access to justice programs are available through treatment sites. At present, there is almost no evidence of such integration. At present, efforts to reform harmful laws are not well-developed as no clear strategy for law reform has been developed or executed.

In Grant Cycle 7, implementers of human rights programs should more consistently engage service providers and relevant government institutions to ensure integrated and sustainable programming. A community-focused component should be included in the Network approach to generate knowledge of rights and grassroots demand for services. An advocacy strategy should be developed to inform and guide law reform activities.

5.3 Cross-cutting observations

The progress assessment identified a number of key cross-cutting challenges in Honduras that need to be addressed. Most of these challenges have already been described above in other sections.

- **Integration human rights programs into prevention, treatment, care and support programs.** As discussed in the section on program essentials, greater effort is needed to ensure integration of training for health care providers on human rights into pre- and in-service training, integration of training on HIV and key and vulnerable populations into training curricula for police, and linking the work of Networks with community-based outreach activities.[26] At a time of resource limitations—available human rights matching for GC7 is significantly reduced from US$900,000 to US$500,000—integration of human rights, prevention and treatment programs is especially critical as it can result in economies and efficiencies.
- **Gender responsiveness of programs.** As discussed under the HIV program area about gender discrimination, programs to remove human rights-related barriers should be gender responsive and parallel, siloed activities focused on gender-based violence and gender discrimination and human rights barriers should be avoided. The Network approach should be assessed to determine how it can better integrate gender issues and organizations working on questions of gender.
- **Coordination, collaboration, and communication.** A large number of stakeholders has a vested interest in removing human rights-related barriers to HIV services. Yet, at present, there are no established mechanisms to share information on the implementation of these programs beyond the organizations directly involved in the implementation. As a result, many stakeholders are unaware of progress made in the implementation of these programs;

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[26] Page 16. "Technical Brief: Removing Human Rights-related Barriers to HIV Services," The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

implementers do not have the benefit of feedback from a broader set of stakeholders on their programs; coordination with programming funded by other donors or with own resources is not happening; and opportunities for synergies are potentially lost. A human rights working group could play an important role as a platform for sharing of information on human rights programs and for joint strategizing.

- **Strengthen government engagement.** As noted above, the role of government institutions in addressing human rights barriers has been limited. There has been little or no progress on institutionalization of stigma and discrimination training for health workers and police and the government does not routinely conduct trainings on HIV and key and vulnerable populations for public health providers. It does not appear that there is much ongoing coordination between SESAL or CONASIDA and civil society implementers around human rights programs.

- **Monitoring and evaluation.** Honduras has yet to put in place monitoring and evaluation systems that allow for an analysis of the impact of human rights programs; much of the routinely collected data continues to be process and output data that confirms that activities took place but shed little light on how effective they are. Developing indicators or evaluation questions related to the theory of change of programs can help collect data that can help better understand whether specific interventions have the intended effect; identify potential adjustments if not; and provide information to justify continued investments in the interventions. Program implementers should examine the M&E mechanisms in place for their human rights programs, seek to identify meaningful new outcome and impact indicators, and start collecting data on such indicators or, where relevant, propose that specific questions be examined through an independent evaluation.

- **Integrating TB into human rights programming.** Honduras initially received matching human rights funds to address human rights-related barriers to HIV services. However, over the course of the assessment, the question whether human rights programs should be expanded to TB came up several times. Stigma related to TB appears to be high in Honduras and HIV-TB co-infection is common, resulting in barriers to both HIV and TB services. At present, TB is not integrated into Honduras' human rights programs. While the amount of catalytic human rights funding available to Honduras is limited, especially with the reduction in funds in GC7, the progress assessment teams believes that it makes sense to examine where existing human rights programming can be used as a vehicle to also address human rights barriers to TB services. Among others, it seems rational to include TB-related materials into trainings for health care workers; to include TB into Network outreach activities with municipalities and police; and to integrate TB into the work with the penitentiary system.

Recommendations

- Make a concerted effort to institutionalize and integrate program to remove human rights-related barriers into routine training programs and with community- and facility-based prevention, testing and treatment services.

- Assess all programs, especially the Network approach, for gender responsiveness and for the need for gender-specific interventions. Make changes to programs to address gender-specific needs.
- The human rights working group should be reactivated or reconstituted and meet regularly to discuss and coordinate ongoing implementation of the five-year plan and of programs to remove human rights-related barriers to HIV services. Resources should be reprogrammed to support these meetings.
- Government should agencies such as SESAL, CONASIDA and SEDH should closely partner with civil society organizations on the implementation of the five-year plan. Government agencies should, in particular, commit to advancing the institutionalization of training on stigma and discrimination into pre- and in-service curricula for health workers, police and justice officials.
- Integrate monitoring and evaluation—and particularly data collection on the impact of human rights programs on the HIV and TB cascade—into human rights programming. The human rights working group should work with PRs and SRs to develop a practical monitoring and evaluation framework that includes key indicators related to the Global Fund's theory of change.
- Examine opportunities to integrate TB into human rights programs, particularly training for health workers, outreach activities of Networks, and programs with the penitentiary system.

Key Recommendations

Aligned with findings in this report, the following recommendations are prioritized for support from the program areas and cross-cutting themes described above:

Program Area	Recommendations
Eliminate stigma and discrimination in all settings.	• Integration of interventions to address human rights and gender barriers into HIV service programs needs to be significantly strengthened by better linking prevention and treatment programs with the Networks and ensuring legal literacy information and linkages to access to justice programs are available through treatment sites. • Strengthen legal literacy activities with key and vulnerable populations communities as part of the Network approach to address high levels of self-stigma and facilitate sustained engagement between Networks and key and vulnerable populations communities. Ensure that Networks have sufficient budget to undertake meaningful community sensitization activities. • Train peer educators working in Network locations or Network members as peer paralegals and link them to health centers, police and CONADEH to document and respond to cases of human rights violations. Peer paralegals should be paid a stipend and have an activities budget. • Where possible, engage religious leaders in the Network approach, either through activities to sensitize them on HIV and key populations or by inviting them as Network members. • Distribute and publicize the findings of the 2022 stigma index studies among key and vulnerable populations and women and girls. Take measures to the findings and recommendations of these studies. • A new stigma index study, covering all relevant populations, should be conducted during the GC7 grant period to enable analysis of trends around stigma and discrimination faced by different populations over time • Carry out independent evaluations into the Network approach and the IEC campaign, as planned for GC6 grant period. These evaluations should seek to identify best practices and document relevant case studies; they should also examine whether these interventions are resulting in desired changes in knowledge and behaviors among health officials, police, and key and vulnerable populations. Take steps to implement the key recommendations emerging from these independent evaluations as part of the GC7 grant or through reprogramming of grant savings during GC6.

Ensure non-discriminatory provision of health care	• Continue regular training for health care providers through Networks at municipal level and monitor their impact through surveys and other tools. Members of key and vulnerable populations should participate in these trainings to facilitate familiarity and ongoing collaboration between them and health workers. • Government, civil society and educational institutions should collaborate to integrate of modules on HIV, key and vulnerable populations, and stigma and discrimination into pre- and in-service curricula for health workers. • The government should step up its efforts to ensure that health services are provided in a non-stigmatizing way. It has a primary responsibility to train health workers to provide stigma-free services, which goes well beyond just developing a training guide. • Assess changes in behavior of health workers toward key and vulnerable populations at VICITS, SAI and "friendly" services through exit surveys among service users and/or interviews with users as part of community-led monitoring. Use data from these surveys and interviews to make appropriate adjustments to training programs, their target audiences or frequency. • Assess levels of knowledge of health care workers on HIV-related stigma and discrimination outside of Network locations and VICITS, SAI, and "friendly" services. Develop and implement training programs for these health workers.
Ensure rights-based law enforcement practices	• Evaluate the impact of trainings for police through Networks in terms of behavior change toward key and vulnerable populations. This should be included in the independent evaluation of the Network approach. • Facilitate through the Networks ongoing dialogues and collaboration between sex worker representatives and police officials in priority municipalities for sex workers to ensure concerns about police behavior toward this population are addressed on an ongoing basis and in a timely fashion. • Integrate TB into the training materials for penitentiary system and into the sensitization activities with prison authorities. • Advocate for the institutionalization of training on human rights and HIV in pre- and in-service training curricula for police and penitentiary officers, and work with police academies and the national penitentiary institute to develop and integrate relevant modules.
Improve legal literacy	• Integrate legal literacy for key and vulnerable populations into the Network approach in a structured manner. Such activities should be planned as part of Networks activities, with resources available for Network members/peer

	educators/paralegals (see below) to conduct them, and clear targets and reporting processes.
	• Existing promotores, peer educators and other peer workers should play an active role in community-based legal literacy activities, and more broadly in Network activities. The PR and SR should map these peer workers and devise a strategy to include them in the Network approach as Network members, peer paralegals, or as legal literacy providers.
	• Community-based legal literacy activities should be included in the TORs of peer educators and promotores.
	• Recruit peer paralegals among peer educators or members of Networks from key and vulnerable populations to work in communities to sensitize community members on their rights, help them seek remedies in case of violations, and support them with mediation where relevant. Prioritize deployment of paralegals in priority municipalities for the HIV response.
	• Conduct legal literacy activities in prisons for people who are deprived of their liberty when the security situation so permits.
	• Ensure M&E to assess the effectiveness and impact of the suggested legal literacy interventions above.
	• Ensure legal literacy information and linkages to access to justice programs are available through treatment sites (based on the information below on Program Essentials).
Improve access to justice	• Introduce community-based peer paralegals in priority municipalities to improve legal literacy and access to justice infrastructure at the community level. Recruit peer paralegals from members of Networks or peer educators and provide them with incentives and a small activity budget.
	• Find a better balance between formal justice processes and informal remedies. Informal remedies are often preferred by key and vulnerable populations and often are also likely to be more effective for ensuring continued access to HIV services for victims of abuses.
	• Include mediation and amicable conflict resolution into training materials on legal literacy and access to justice.
	• Put in place infrastructure to assist key and vulnerable populations with mediation in appropriate cases (for example through peer paralegals and promotores de derechos humanos), and ensure that the appropriate stakeholders are trained and skilled in mediation
	• Ensure professional legal support is available for cases that require it and that appropriate cases are referred to these legal professionals.
	• Collect data on the age and gender of the survivor, the type of violations, the type of remedy, including mediation, that was pursued, the type of outcome. It should similarly seek

	information on the health situation of the survivor and the status of their access to services at the start and finish of proceedings. • Assess the level of risk of the individual being lost to follow up for health services at the time of reception of the complaint. This data point will allow implementers to assess whether interventions are reaching the vulnerable beneficiaries that most need support with the realization of their rights.
Improving laws and policies relating to HIV and HIV/TB	• Strengthen the legal and policy reform component of the program to remove human rights-related barriers. As a first step, this should include the development of an advocacy strategy with clearly identified priorities for legal and policy reform and a clear implementation plan. • Revitalize the CSO Platform on HIV as a vehicle for civil society strategizing, planning and coordination around efforts to reform laws and policies, including the advocacy strategy. Global Communities should make resources available to CSOs to reconvene the Platform, agree on its governance, and designate an organization to periodically convene the Platform. This should include resources for keeping the Platform operational and periodic in-person meetings of the Platform's members. • Use the periodic high level meetings to advocate for the priorities identified in the advocacy strategy and to secure concrete commitments from government institutions on specific legal and policy reforms. • Through the Global Fund grant or other donor funds, the CCM should seek to ensure that community and civil society organizations have access to funds to implement the components of the advocacy strategy and implementation plan that they are responsible for. • Publish and publicize the results of the various studies so that communities can use them for advocacy purposes.
Reduce HIV-related gender discrimination	• Determine, together with women's organizations, specific programmatic and advocacy goals related to gender-based discrimination and develop interventions related to those goals • Assess Network, round tables, and other activities together with organizations specializing on gender-based discrimination and violence to determine how these programs can be made gender-transformative • Take steps to implement the recommendations from the studies on stigma and discrimination facing women and girls living with HIV and on gender-based violence and sexual and reproductive health rights, as well as key populations.
Community mobilization and	• Strengthen the capacity to implement human rights programs of community-led organizations beyond those contracted through the Global Fund grant. Where possible,

advocacy for HIV/TB	opportunities should be created for such organizations to engage in human rights advocacy on their priority issues (for example, for sex worker group advocacy around recognition of sex work as work; for transgender groups advocacy on gender identity recognition; etc). • Ensure that data collected through CLM is used not just to address problems identified at the level of a single health facility but can and is also analyzed to identify and address structural issues (for example, patterns of stigma or discrimination or other human rights violations).
Cross-cutting Recommendations	• Ensure that human rights programs properly balance the different elements of the Global Fund's theory of change to generate maximum impact • Strengthen legal literacy component by fully integrating work in key and vulnerable communities into the Network approach • Strengthen advocacy for legal and policy reform by developing and executing an advocacy strategy in collaboration with the CSO Platform on HIV • Put in place processes for regular partner engagement throughout CLM implementation as a basis for use of CLM findings. This should include creating mechanisms to collate CLM data from across the country to enable overall analysis and advocacy on any systemic or structural challenges identified • Strengthen collection of data on the implementation and impact of human rights programs. This should include integrating M&E indicators into programs to track progress and collecting data on the impact of these programs on the HIV cascade • Make a concerted effort to institutionalize and integrate program to remove human rights-related barriers into routine training programs and with community- and facility-based prevention, testing and treatment services. • Assess all programs, especially the Network approach, for gender responsiveness and for the need for gender-specific interventions. Make changes to programs to address gender-specific needs. • The human rights working group should be reactivated or reconstituted and meet regularly to discuss and coordinate ongoing implementation of the five-year plan and of programs to remove human rights-related barriers to HIV services. Resources should be reprogrammed to support these meetings. • Government should agencies such as SESAL, CONASIDA and SEDH should closely partner with civil society organizations on the implementation of the five-year plan. Government agencies should, in particular, commit to advancing the institutionalization of training on stigma and

	discrimination into pre- and in-service curricula for health workers, police and justice officials.
	• Integrate monitoring and evaluation—and particularly data collection on the impact of human rights programs on the HIV and TB cascade—into human rights programming. The human rights working group should work with PRs and SRs to develop a practical monitoring and evaluation framework that includes key indicators related to the Global Fund's theory of change.
	• Examine opportunities to integrate TB into human rights programs, particularly training for health workers, outreach activities of Networks, and programs with the penitentiary system.
National ownership and enabling environment	• The CCM should reinstate a human rights working group to regularly discuss and coordinate ongoing implementation of the five-year plan and of programs to remove human rights-related barriers to HIV services. Resources should be reprogrammed to support these meetings.
	• The human rights working group should be tasked with developing an updated five-year plan to replace the current one which ends December 31, 2023. Government should agencies such as SESAL, CONASIDA and SEDH should play an active role, alongside civil society organizations, in the development and implementation of the plan.
	• The new plan should assign specific roles to government agencies, In particular, they should be tasked with advancing the institutionalization of training on stigma and discrimination and medical ethics into pre- and in-service curricula for health workers, police and justice officials.
	• Global Fund should provide technical support for implementation of human rights programs, including to support the PR and human rights SR. As the BDB country in the region, implementers have little knowledge of or exposure to BDB programming elsewhere.
	•

Annex 1: Scorecard Methodology

A key component of the progress assessment is the review of specific programs and the preparation of key performance indicator scores for the Global Fund. Drawing upon the data collected from program reports and key informant interviews, in addition to the descriptive analysis of findings for each program area, the assessment team also developed a quantitative scorecard to assess scale up of HIV, TB and, where applicable, malaria programs engaged in removing human rights barriers.

Criteria/Definitions
Scoring is based on the following categories measuring achievement of comprehensive programs. First, researchers should determine the overall category with integers 0-5 based upon geographic scale:

Rating	Value	Definition[27]
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population.
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale)
4	Operating at national level	Operating at national level (>50% of national scale)
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.

Next, researchers can adjust scores within the category based upon reach of relevant target populations:

Additional points	Criteria
+0	Limited scale for some target populations (reaching <35%)
+0.3	Achieved scale to approximately half of target populations (reaching between 35 - 65% of target populations)

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[27] The definition of the term "comprehensive" has been developed through extensive consultation, internally within CRG and MECA as well as externally, with the research consortia carrying out the baseline assessments and the members of the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. UNAIDS and WHO have been consulted as a member of the Working Group.

+0.6	Achieved widespread scale for most target populations (reaching >65% of target populations)

Additionally, where a score cannot be calculated the following can be noted:

Notation	Meaning	Explanation
N/A	Not applicable	Used when the indicator cannot be logically assessed
*	Unable to assess	Used when researchers were unable to determine a score.
**	Not a program area at the time of scoring	Program area did not exist at the time of the calculation of the scorecard at either baseline, mid-term or both

Honduras Progress Assessment

Annex 2: Key informants, site visits, beneficiary interviews

	Name	Organization	Type of meeting
1.	Mario Cooper	Global Communities	Interview
2.	Miriam Mejia	Global Communities	Interview
3.	Ivonnne Padilla	Global Communities	Interview
4.	Lessa Medina	Global Communities	Interview
5.	Donny Reyes	CCM	Interview
6.	Jackelin Cruz	Asociación de Mujeres Trabajadoras Sexuales (Asomujer-TS)	Interview
7.	Paola Anaid Guzman	Secretaria de Derechos Humanos	Interview
8.	Mercedes Gomez	Secretaria de Derechos Humanos	Interview
9.	Benita Ramirez	ICW Honduras	Interview
10.	Reyna Zelaya	CONADEH	Interview
11.	Sacha Rodriguez	Organización Pro Unicion Ceibena (OPROUCE/LGTBI)	Interview
12.	Juan Jose Arita	CONADEH/Region La Ceiba	Interview
13.	Wendy Matute	CONADEH/Region La Ceiba	Interview
14.	Martha Gonzalez	Red de defensores/CONADEH/Region La Ceiba	Interview
15.	Melva Antunez	Red de defensores/CONADEH/Region La Ceiba	Interview
16.	Nedelka Lacayo	ENMUNEH	Interview
17.	Berta Isabel Arzu	ENMUHEH	Interview
18.	Lucy Fernandez	ENMUNEH	Interview
19.	Marisela Perdomo	LANPUD	Interview
20.	Sayda Sarmiento	Kukulcan/promotora de DDHH/La Ceiba	Interview
21.	Tracy Cortes	Liga de la Lactancia Materna	Interview
22.	Carol López	Liga de la Lactancia Materna	Interview
23.	Débora Valerio	Asociación Nacional de Personas con VIH en Honduras	Interview

24.	Wendy Moncada	SAI, Hospital del Tórax	Interview
25.	8 participants	Asociación de Mujeres Trabajadoras Sexuales (Asomujer-TS)	Focus Group FSW
26.	7 participants	Asociacion Feminista Trans (AFET)	Focus Group Transwomen
27.	7 participants	Grupo de autoapoyo nuevo comienzo	Focus Group PLVIH
28.	5 participants	Colectivo Violeta/Asociacion Kukulcan	Focus Group MSM
29.	9 participants	Red de defensores de Choloma	Group interview Network Choloma
30.	5 participants	Red de defensores de Guimaca	Group interview Network Guaimaca
31.	6 participants	Red de Defensores de Talanga	Group interview Network Talanga

Honduras Progress Assessment

Annex 3: Documents reviewed

Asociacion Kukulcan, Perfil Facilitador Regional en Derechos Humanos

Asociación Kukulcan, Perfil Promotor de Dialogo Comunitario

Asociación Kukulcan, Perfil Promotor de Derechos Humanos

CONADEH, Protocol para la atención de quejas – orientaciones y cuestiones humanitarias, 2017

Fundacion Llaves, ASONAPVSIDAH, et al, Resultados Indice de Estigma en Personas con VIH en Honduras 2014, 2014

Global Communities y Asociación Kukulcan, Estudio sobre personas que usan drogas/sustancias psicoactivas y su relación con el VIH/ITS en Honduras, julio 2022

Global Communities y Asociación Kukulcan, Estudio sobre Violence Basada en Genero y los Derechos de Salud Sexual y Reproductiva de las mujeres en contexto de VIH en Honduras, 2022

Global Communities, Guida Conoce Tus Derechos, 2022

Global Communities y Asociación Kukulcan, Guida de Atencion en Derechos Humanos de Personas Privadas de Libertad con Énfasis en Poblaciones Claves y Grupos Vulnerables, 2022

Global Communities y Asociación Kukulcan, Index de Estigma y Discriminación Poblaciones Clave, 2022

Global Communities y Asociación Kukulcan, Index de Estigma y Discriminación Mujeres y Niñas con VIH, 2022

Global Communities, Guia Conove Tus Derechos - version amigable, 2022

Global Communities, Base de Datos Plan de Trabajo Municipal Redes de DDHH 2021 – 2023

Global Communities, Informe Consolidado de Quejas, 2021 – 2023

Global Communities, Narrative reports Derechos Humanos, Q3, Q4, 2022

Global Communities, Presentacion Veeduria Social y sus lineamientos, undated

Global Fund grant Honduras GC6

HB Consultorías, Informe Final de Resultados, undated

HB Consultorías, Informe de Resultados Primer Mes Septiembre 2023, undated

HB Consultorías, Informe de Resultados Segundo Mes: Octubre 2023, undated

REDCA+, Informe Final "Investigación del Indice de Estigma en Personas que viven con VIH (INDEX), versión 2.0 "Honduras" 2019

Secretaria de Salud, Paquete Específico de Prestaciones y Servicios para el abordaje Integral de las ITS y el VIH, undated