



Economic and Social Council

Distr.: Limited
3 July 2006

Original: English

For action

United Nations Children's Fund

Executive Board

Second regular session 2006

6-8 September 2006

Item 4 of the provisional agenda*

Draft country programme document**

Honduras

Summary

The draft country programme document (CPDs) for Honduras is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$4,495,000 from regular resources, subject to the availability of funds, and \$9,745,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007-2011.

* E/ICEF/2006/18.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.



<i>Basic data[†]</i> <i>(2004 unless otherwise stated)</i>	
Child population (millions, under 18 years)	3.3
U5MR (per 1,000 live births)	41
Underweight (% moderate and severe, 2001)	17
Maternal mortality ratio (per 100,000 live births (1997))	110
Primary school enrolment (% net, male/female, 2001/2002)	87/88
Primary schoolchildren reaching grade 5 (%)	-
Use of improved drinking water sources (% , 2002)	90
Adult HIV prevalence rate (% , end 2003)	1.8
Child work 5-14 years (%)	-
GNI per capita (US\$)	1 030
One-year-olds fully immunized against: diphtheria/pertussis/tetanus (%)	89
One-year-olds fully immunized against: measles (%)	92

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Honduras has 6.9 million people, 6.2 per cent of whom are indigenous, 1.0 per cent are afro-descendent, and the rest are predominantly ladinos (mestizos). There are 3.3 million children. More than half the population lives in rural areas. The country is ranked 116 out of 177 countries in the Human Development Index.

2. The country has advanced significantly in the realization of some children's rights, but this process is hindered by limited motivation, knowledge, capacities and resources of institutions and families. The overall development process is trapped in a vicious cycle of intergenerational transmission of poverty and is hobbled as well by inadequate investment in children and prevailing cultural attitudes towards children, women, indigenous peoples and other excluded groups. These factors also hinder the consolidation of democracy and fuel migration, violence and the spread of HIV/AIDS.

3. The Poverty Reduction Strategy (PRS) for 2001-2015, which is aimed at achieving the Millennium Development Goals, offers a unique opportunity to break this vicious cycle, but its implementation requires adjustment if the Goals are to be fully achieved. This promising scenario could potentially be enhanced by the current process of democratic consolidation and gradual decentralization. At present, Honduras is most likely on track to achieve the Millennium Development Goals related to education, gender equality, maternal health and access to water and sanitation. Accelerated efforts will be required to reduce malnutrition, infant mortality and HIV/AIDS.

4. The current economic model does not benefit the poor: despite macroeconomic improvement between 2002 and 2005, during which time growth averaged 4.2 per cent annually, extreme poverty rose from 45 per cent of the population to 47 per cent, affecting 64 per cent of rural and 76 per cent of indigenous populations. The unequal geographic distribution of infrastructure and services exacerbates disparities.

Generalized poverty and acute inequality undermine the realization of children's rights.

5. Migration, violence and the spread of HIV/AIDS pose even further challenges in this regard. The large numbers of Hondurans working abroad remit the equivalent of 21 per cent of gross domestic product (GDP), but migration has other negative social consequences, including the disintegration of families and communities. In addition, frequent hurricanes and tropical storms regularly impact the country, especially children and vulnerable populations.

6. Different forms of violence against and among children and adolescents have increased during the past years, although no reliable information is available. The Government and civil society lack proven effective models and comprehensive human rights-based policies to prevent and mitigate this problem. Commercial sexual exploitation of children continues to be a major challenge, although the Government has strengthened the prosecution and prevention of these crimes, with UNICEF support. An estimated 9 per cent of boys and 4 per cent of girls between 5 and 14 years old work. The legislative environment for the protection of children has improved, although there remain inconsistencies with the international normative framework. National institutions responsible for implementing legislation have limited capacity to do so.

7. HIV/AIDS prevalence is 1.8 per cent, the second highest in Latin America, with greater incidence in the Atlantic region, where the Garífuna people live. Each day, nine children lose one of their parents to AIDS. The transmission pattern is mainly heterosexual (85 per cent of cases); mother-to-child transmission is responsible for 6 per cent. Two of every three cases are reported among the 20-39 year age group, indicating that many people are infected during adolescence. Half of all new reported cases occur among females. In 2001, studies showed that 44 per cent of the population knew at least one way to prevent HIV infection; 4 out of 10 men and 2 out of 10 women initiated sexual activity before the age of 15; and high-risk sexual practices were common among one half of males and one third of females.

8. In line with the "three ones" approach, the country has one HIV/AIDS National Plan (known as "PENSIDA II") and one coordination entity, the National AIDS Commission (*Comisión Nacional del SIDA, CONASIDA*), but no strong monitoring mechanism. The national response has generated visible results, providing access to treatment for 3,698 people in 2005. However, universal access to prevention, care and support is still lacking. Counselling, testing and treatment for pregnant women and children who are HIV positive increased with UNICEF support, but remain limited. Information, education and communication (IEC) activities for prevention among children, adolescents and youth have also increased but are not sufficiently coordinated and have not been effectively incorporated into the education system. With the assistance of UNICEF, an Inter-institutional Committee for the Support of Orphaned and Vulnerable Children (OVC) was established but remains in initial stages.

9. The fulfilment of children's rights to survival and development has advanced slowly. The infant mortality rate decreased from 39 to 34 per 1,000 live births between 1991-1992 and 2001, largely as a result of the drop in neonatal mortality from 20 to 15 per 1,000 live births. Though the under-5 mortality rate is 41 per 1,000 live births nationally, it is over 58 per 1,000 live births in 5 of the 18 departments of the country. The main causes of this mortality are acute respiratory infections,

diarrhoeal diseases, birth-related causes and accidents. Maternal mortality decreased during the 1990s, but the current level is not known because of the lack of official statistics. The proportion of young women (20-25) who had their first child before age 18 reached 28 per cent in 2001.

10. Some 18 per cent of the population has no access to basic health services and 10 per cent and 32 per cent of the population, respectively, lack access to safe water and sanitation. The proportion of children born in health facilities increased from 54 per cent in 1996 to 62 per cent in 2001, but the quality of services remains poor. Very few children under 5 receive integral care that incorporates their cognitive and psychosocial development. A Maternal and Child Health Strategy, a Policy for Food and Nutrition Security and a National Health Policy for 2021 were elaborated at the end of 2005.

11. Chronic malnutrition barely decreased, from 38 per cent to 33 per cent, between 1997 and 2001. It remains high because of the limited availability of food, inadequate nutritional practices and the impact of disease. Malnutrition affects the rural population and indigenous peoples more severely (UNICEF estimates that malnutrition is 1.6 times higher among Lenca and Chorti children than among ladinos). Only 43 per cent of mothers practiced exclusive breastfeeding in 2001, and 150,000 households were not consuming iodized salt.

12. In education, enrolment is relatively high, but challenges persist in areas of quality and equality. In the PRS and the Education for All (EFA) Plan for 2003-2015, the Government set as objectives the improvement of quality, efficiency and equality in education, prioritizing pre-school education (for children 5-6 years old) and grades 7-9 of basic education. UNICEF and partners are supporting the implementation of the EFA Plan.

13. Enrolment in pre-schools was 62 per cent (as of 2005) and in basic education was 88 per cent (as of 2001-2002), without significant gender disparities. The average number of years of schooling is 2.9 in rural areas and 5.8 in urban areas. Learning achievement in language and mathematics had stagnated at below 50 per cent during 1997-2002. The repetition rate is 14 per cent in rural areas and 9 per cent in urban areas, and there are high levels of dropout. The main causes are inadequate teachers' competencies, didactic materials and learning environments as well as limited interaction between schools and communities. In rural and indigenous areas, the curricula, materials and teaching methods are not attuned to the cultural context. However, some progress is expected as a result of teacher training and the distribution of improved learning materials in the last few years.

14. As part of the consolidation of democracy, the Government has promoted school governments, now established in 97 per cent of schools and led by girls in 55 per cent of cases. In addition, UNICEF has supported the establishment of 70 child journalist networks that help to promote good citizenship. However, the social and political participation of children and adolescents, especially girls, is limited.

15. The PRS presents a unique opportunity to align the efforts of the State, civil society and the international community in breaking the intergenerational cycle of poverty. In 2005, the country reached the completion point of the Highly Indebted Poor Countries initiative, and is expected to enjoy a significant increase in the availability of budgetary resources and donor support during the next decade.

16. However, the implementation of the PRS has not produced the planned results, despite the fact that social expenditure increased from 30 per cent to 56 per cent of the budget between 1994 and 2005. UNICEF calculations based on 2005 official data showed that the country invested \$143 in each child, but \$257 per child is required annually during the next decade to achieve the PRS goals relevant to children's rights. Increased social investment has significantly improved access to education and has moderately improved health, nutrition and HIV/AIDS indicators, although it has only slightly improved protection for and the participation of children. Uncoordinated efforts of the Government, civil society and the international community, the instability and weakness of public institutions and an inadequate balance between current expenditure and investment have limited the impact of increased resources.

17. In addition, the Common Country Assessment (CCA) identified critical issues that had not been effectively incorporated into the PRS: institutional consolidation of democracy, the social impact of migration, HIV/AIDS, the prioritization of children and adolescents, sexual and reproductive health, food security and nutrition.

18. The country's decentralization process, begun years ago, presents a strategic opportunity for the effective realization of children's rights through the articulated action of local actors. However, the limited capacities of municipal governments, the low level of resources they manage and the slow pace of the devolution of competencies have limited the benefits of this process.

19. Putting children first in the PRS is not only an ethical mandate to fulfil children's rights but also a strategic option for the country to end poverty.

Key results and lessons learned from previous cooperation

Key results achieved

20. The Children and Women's Rights Promotion Programme contributed to these results: two Optional Protocols to the Convention on the Rights of the Child were approved, the Criminal Law was reformed, the Adoption Law was submitted for approval and the entire legal framework pertaining to children and families was revised on the basis of international human rights treaties. Prevention and prosecution of sexual exploitation and trafficking of children gained effectiveness as a result the strengthening of the capacities of public and private organizations. Child journalist networks were expanded from 30 to 70, and school governments were strengthened. The national Indicator System for Children, Adolescents and Women (*Sistema de Indicadores de Niñez, Adolescencia y Mujer, SISNAM*) was implemented, incorporating 96 indicators. Presidential and mayoral candidates signed a Pact for Childhood, Adolescence and Youth at the end of 2005 in a historic event.

21. As part of the Children and Women's Rights Compliance Programme, an integrated early childhood development initiative was developed in 45 communities, influencing the design of national policies. Eight additional hospitals were certified as child-friendly. In education, 80 child-friendly schools were established, and these served as a model for quality education, which was incorporated into the EFA Plan. More than 98,000 people from 183 rural communities and 33 peri-urban communities gained access to water and sanitation services with UNICEF support. The Healthy School and Home approach to hygiene education was adopted by the leading public institution and other key actors of the sector. In addition, 25 municipalities generated

networks of basic services and municipal assessments of the situation of children, incorporating actions for children in their development plans.

22. The HIV/AIDS Prevention Programme helped to expand the Communication and Life (*Comunicación para la Vida*, COMVIDA) municipal initiatives for youth participation from 12 to 20 municipalities, including all major cities. The Catholic Church and other actors actively engaged in HIV prevention, providing a model in the region. The Committee for Orphaned and Vulnerable Children due to HIV/AIDS was established. Honduras is one the most successful cases from among the 12 pilot countries participating in the establishment of the Programme for the Prevention of Mother-to-Child Transmission of HIV/AIDS, which was brought to national scale and formally adopted as a public policy.

Lessons learned

23. As emphasized in the MTR, the dispersed set of interventions over a wide geography limited programme effectiveness, demanding major logistic and operative efforts. The new programme will develop alternative approaches for reaching local actors and will focus on advocacy and institutional capacity-building at the national level. Past experience will influence the design and implementation of public policies.

24. According to several evaluations, the participation of children, families and communities has been key in every programme area, both to promote their empowerment as rights-holders and their co-responsibility as duty-bearers. In this new programme, it is especially strategic to intensify the participation and leadership of children.

25. Alliances with other United Nations agencies, civil society, the private sector, media and other agencies were instrumental in mobilizing resources and political will in favour of children. Given the context of the present programme, strategic alliances are even more crucial.

Country programme, 2007-2011

Summary budget table^{††}

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Young child survival and development	480	2 360	2 840
Education and gender equality	365	2 010	2 375
Protection of children against violence, abuse and exploitation	625	1 575	2 200
HIV/AIDS and children	290	2 410	2 700
Social investment, public policies and alliances	1 735	1 390	3 125
Cross-sectoral costs	1 000		1 000
Total	4 495	9 745	14 240

^{††} This does not include funds for emergency support, estimated to be \$1 million.

Programme preparation process

26. As the new Government took office on 27 January 2006, the United Nations country team (UNCT) decided to request that the United Nations Development Assistance Framework (UNDAF) be postponed and that CPDs be presented to the respective Executive Boards at the second regular session of 2006. The situation analysis was an input for the CCA, which was finalized at the beginning of 2006 and was structured as a comprehensive review of the PRS.

27. An initial United Nations internal workshop was carried out in March 2006 to identify the priority areas of the UNDAF, validated at subsequent meetings with the Government and the international community. This resulted in the incorporation of additional elements — such as culture and non-formal education — and the establishment of joint United Nations/Government teams that formulated UNDAF outcomes and outputs. On this basis, UNICEF carried out an internal workshop to analyse capacity gaps and define the main lines of the CPD. Later, the strategic planning retreat was carried out with the joint groups and high-ranking Government officials. The resulting proposal was refined and completed in additional sessions. The UNDAF was endorsed by the Government 25 May 2006, and the Joint Strategic Meeting took place 30 May 2006.

Goals, key results and strategies

28. The central programme objective is to develop the capacities of institutions and society to realize children's rights within the framework of the PRS. The PRS has the following main goals: double net coverage of pre-basic education for children under 5; achieve a net coverage of 95 per cent in the first six years of basic education; achieve a net coverage of 70 per cent in the last three years of basic education; halve the under-5 mortality rate; halve the malnutrition of children under 5; halve the maternal mortality ratio; achieve access for 95 per cent of the population to safe water and sanitation services; and increase the expenditure for poverty reduction to 9.7 per cent of the GDP.

29. The programme will be based on the principles of universality and reduction of disparities in the fulfilment of children's rights and will adopt the following strategies: (a) support to the generation of knowledge for improved allocation of resources and the formulation of child-oriented policies through research and the implementation of innovative approaches for the realization of children's rights; (b) systematization and analysis of knowledge related to the situation of children, and national policies and local experiences related to children; (c) advocacy, social mobilization and alliances for the improved allocation of resources and the formulation of child-related policies at the national and local levels; and (d) technical advice and policy dialogue for sectoral institutions implementing child-related policies at the national level, for institutions promoting decentralization and for non-governmental organizations (NGOs) working at the local level to promote the formulation and implementation of local child-centred policies.

30. Gender equality and child participation are cross-cutting issues for the programme. Each project will adopt these issues as well as the above-mentioned strategies and will identify the specific activities required for emergency preparedness, communication and social mobilization, as well as monitoring and evaluation.

Relation to national priorities and the UNDAF

31. The UNDAF was prepared jointly with Government authorities and was aligned with the PRS (2001-2015) and the Government plan (2006-2010).

32. The programme was developed alongside the UNDAF, with key results supporting the achievement of UNDAF outcomes and outputs. UNICEF will support four of the five UNDAF outcomes. About half of the results and resources of the present programme will contribute to the following UNDAF outcome: "By 2011, Hondurans advance in the equitable and universal fulfilment of their rights to health, water and sanitation, nutrition, education, culture and protection against violence, abuse and exploitation". Consequently, UNICEF will play a leadership role within the United Nations for this outcome.

33. The other three outcomes to which UNICEF will contribute are: (a) "By 2011, Hondurans advance in the exercise of their rights and duties in a democratic State, capable of designing and implementing policies and actions for civil society participation, equality, State modernization, and legal and public security"; (b) "By 2011, the Government and civil society have strengthened their capacity to guarantee and protect the universal access to services of prevention, care and comprehensive support of HIV/AIDS, in a framework of human rights and gender equality"; and (c) "By 2011, rural communities and local organizations, jointly with the Government, implement public policies and development processes for the equitable and sustainable access of the population to land, other factors of production, markets and support services, for the generation of quality employment, food security and poverty reduction".

Relationship to international priorities

34. Each of the country programme's five programme areas directly links to one of the five focus areas of the medium-term strategic plan. Four of the programmes are closely linked with the four objectives of *A World Fit for Children*, namely, promotion of a healthy life, providing quality education, protecting against abuse, exploitation and violence and combating HIV/AIDS. In addition, programme results contribute to every Millennium Development Goal, focusing on Goals 1, 2, 4 and 6. In the sections below, in several instances, quantified targets for the results listed will be defined with the Government and other partners and will be included in the results matrix.

Programme components and key results

35. **Young child survival and development.** It is expected that, by 2011, access of children to community-based maternal and child health services will have doubled. By 2011, the number of communities with nutritional monitoring mechanisms to identify and provide timely attention to malnourished children will have doubled. Institutional and social capacities for the prevention of micronutrient deficiencies will have strengthened. By 2011, more rural and urban-marginal communities will be managing locally their water and sanitation systems and adopting good hygiene practices. In early childhood development (ECD), by 2011, more children under 5 will be accessing formal and non-formal ECD programmes.

36. For this purpose, the programme will support national IEC strategies to strengthen the capacities of families and communities for early child care, including health, nutrition, hygiene, and early child development; advocate and provide

technical advice for the formulation and implementation of comprehensive intersectoral programmes aimed at integrated ECD; train national and local actors in appropriate technologies for improving child health and nutrition and water and sanitation local planning and management; advocate and generate alliances to promote universal access to water and sanitation; advocate and provide technical assistance to incorporate ECD in the national agenda and public policy frameworks; provide technical assistance for the formulation and implementation of an education curricula for children 0-5 years old; research, design and implement local decentralized models for child health care, nutrition, early stimulation and local management of water and sanitation.

37. **Education and gender equality.** The programme aims at ensuring that, by 2011 (a) more children access quality multicultural pre-basic and basic education, incorporating an improved learning environment, health, nutrition, water and sanitation services, life skills and environmental care; and (b) more adolescent, young and adult women from indigenous, afro-descendant, rural and urban-marginal communities access literacy and other non-formal education programmes.

38. To achieve these results, UNICEF will complete, evaluate and systematize the child-friendly schools initiative by 2008; advocate, provide technical assistance and promote alliances for defining and implementing a national model for the improvement of educational quality; train and advise public officials, teachers, communities and parents; design and support the application of pedagogic tools; provide technical assistance, advocate and forge alliances for the expansion of coverage of non-formal education programmes for women in literacy, care practices and other life skills; and sensitize the Government and society to, and support their efforts in, the retention of adolescent girls in school.

39. **Protection of children from violence, abuse and exploitation.** The programme aims for several expected results: violence, abuse and exploitation of children will be reduced; the capacities of the judicial and institutional system will be strengthened for complying with international human rights commitments; and more indigenous and afro-descendent children will be accessing services, within comprehensive local development programmes and services, in the framework of public policies defined for this purpose.

40. To achieve these results, the programme will promote alliances and advocate for the prevention and mitigation of violations of rights and provide training and technical assistance to public and private institutions that work in this area; design and implement IEC campaigns to sensitize society to the prevention of intra-household violence and abuse; demonstrate local models for the prevention of violence with a human rights perspective; generate and analyse knowledge to promote changes in attitudes, behaviour and policies related to violence, abuse and exploitation of children; and support the Government in reporting to the Committee on the Rights of the Child.

41. **HIV/AIDS and children.** By 2011, the expected results are that new infections are reduced by 75 per cent; an increased number of OVC have access to comprehensive support programmes; 100 per cent of pregnant women have access to Prevention of Mother-to-Child Transmission services; and fewer than 1 per cent of children of HIV-positive mothers are infected.

42. For these aims, the programme will design and implement an evidence-based and differentiated IEC strategy for children, adolescents and youth at risk, including through the formal education system; strengthen municipal capacities for HIV/AIDS prevention; monitor sexual attitudes, knowledge and behaviour of young people; strengthen the capacities of the Government, civil society, communities and families to support OVC; develop adequate protocols and guidelines for and support the formulation of a national assessment and a national plan; ensure the access of infected mothers and children to antiretroviral therapy and nutritional and psychosocial support; implement an IEC strategy to promote the access of pregnant women to counselling and to reduce stigma; and support national and local logistical capacities for procuring key inputs and providing key services.

43. **Social investment, public policies and alliances.** By 2011, the expected results are that children and adolescents have attained capacities and opportunities for participation in social, economic and political forums; and that investment in children has increased in amount and efficiency. The programme will aim to ensure the participatory monitoring of the implementation of the Pact for Childhood, Adolescence and Youth. Key social actors will have increased motivation, information and capacities to participate in the definition and discussion of public policies that affect children. Local actors will have developed their capacities for the design, management and implementation of policies and projects that benefit children, within the framework of PRS.

44. To achieve these results, the programme will provide technical assistance, equipment and training to child participation networks and the institutions that support them; implement campaigns to promote children's participation; support the establishment of a national social observatory; strengthen institutional capacities for information-gathering, analysis and accessibility; analyse periodically information on public expenditure, efficiency, public policies and local experiences and publish results in different formats geared to particular audiences; strengthen the analytical capacities of civil society and generate opportunities for discussion and engagement in public debates; provide technical assistance and continuous support to the Alliance For Children, Adolescents and Youth; provide training and advice to, and advocate for child rights with, the media, civil society, political parties and society at large; provide training and technical advice and mobilize local actors for the monitoring of local policies; provide training and technical advice to local institutions and actors for the formulation and implementation of local policies in favour of children; systematize and disseminate examples of successful local experiences and public policy approaches in favour of children.

45. Because of its strategic nature and the limited opportunities for mobilizing external resources in this area, this component will be financed primarily by regular resources.

46. **Cross-sectoral costs.** This programme will include administrative and operational costs, namely, those relating to premises, maintenance, equipment, office supplies, logistics, security, salaries of support staff, and other related expenditures.

Major partnerships

47. The partnership strategy is critical in this new programme for mobilizing resources for children.

48. In the new phase of United Nations reform, inter-agency coordination through theme groups plays a key role. UNICEF will assume leadership in education and protection of children, working in joint programmes with the World Food Programme (WFP) and the United Nations Population Fund on education. UNICEF will participate actively in health issues, where the Pan American Health Organization (PAHO) will take the lead. In nutrition, joint programmes will be formulated with WFP and PAHO. UNICEF will enter into a joint programme with the United Nations Development Programme for the analysis and monitoring of public policies. The organization will engage actively in the Joint United Nations Programme on HIV/AIDS, assuming leadership in assigned areas, and will collaborate with all agencies in additional joint projects, programmes and thematic groups, as identified by the UNDAF.

49. Close collaboration will continue with Congress, the Judiciary, the Ministries of Health and Education, the Public Ministry, the National Institute for Children and Families, the Commissioner for Human Rights and the Prevention Programme. The positioning of children in the public agenda will be enhanced through partnerships with the Ministries of Finance and of Governance and Justice, the Presidency, and the Honduran Social Investment Fund.

50. The alliance with municipalities will change in nature: while demonstrative pilot initiatives will continue in a limited number of localities, the programme will reach all municipalities through intermediaries such as the Honduran Association of Municipalities, the Ministry of Governance and Justice and alliances with NGOs with local outreach. Within the Alliance for Children, Adolescents and Youth and the Global Movement for Children, the programme will strengthen partnerships with civil society, strengthening its capacities for analysis and advocacy. Alliances with the private sector and media will be further developed.

51. The donor community plays a crucial role in Honduras. Within this group, the strategic role of the United Nations, and UNICEF in particular, is to act as honest broker, advocate for children and human rights, and knowledge broker for good practices. UNICEF must help the Government manage international aid for children. The organization will continue to participate in the dialogue and coordination groups of the international community, at the political and sectoral levels through coordination mechanisms for education, health, justice and decentralization.

Monitoring, evaluation and programme management

52. While most information for programme indicators will be obtained from official sources, other data will be derived from specific surveys or research. The main sources will be periodic surveys from the National Institute of Statistics, SISNAM, the Indicator System of the PRS and the United Nations Indicator System ONUInfo-Honduras. Efforts will be made to develop the capacity of the Government to collect, analyse and disseminate data.

53. Research, evaluations and analyses will be carried out regarding the efficiency of public expenditure for children, violence and children and other relevant issues where insufficient data and knowledge exist.

54. Within the framework of the UNDAF will be several new monitoring structures: a joint group for programme coordination, theme groups and cross-cutting teams directed by the UNCT.