The UN COVID-19 Response and Recovery Multi-Partner Trust Fund
(UN COVID-19 MPTF)

Proposal HONDURAS

Proposal Title: Saving Lives in COVID-19 Times

Amount: $999,999.53

I. Immediate Socio-Economic Response to COVID19

Short Context – include hyperlinks to relevant reference material and analysis that frames the solution context firmly in the specific situation of the country in question. [1,000 word limit]

On February 10th, the Government declared a state of sanitary emergency to strengthen the actions of surveillance, prevention, control, and evaluation of care for people in the face of the probable occurrence of COVID-19.

On March 11th, the first two cases of COVID-19 were confirmed. By April 23st, the reported cases had reached 562 and 47 people had died. Most of the cases are being reported in the Departments of Cortés (365), followed by Francisco Morazán (60), Atlántida (20) Colón (29) and Yoro (10). Hospitals in Cortés have begun reporting overcrowding.

The Government activated its National Risk Management System - SINAGER to support the Ministry of Health in dealing with the health emergency and launched a national strategy for humanitarian assistance from the food security, water, sanitation and hygiene sectors. The Humanitarian Network functions as a response mechanism to SINAGER. Since March 20th, Honduras has been under a strict curfew and air, sea and land borders have been closed. Massive communications campaigns on social distancing and recommended hygiene measures have been continuously broadcasted at the national level.

Despite efforts to lessen the impact of the pandemic by the government, the private sector, NGOs and donors, the increase in cases will be imminent. According to an analysis carried out by the National Autonomous University, projections for the next five months indicate that the

country may reach up to 2,800,000 infected people by June (most of them asymptomatic persons), estimating that the pandemic would end its first wave in mid-September. According by the same source, by May 12,300 cases per day are expected to be reached, which will significantly compromise the availability of the total resources of the health sector.

Honduras, before the current pandemic, already had a weak, inequitable, inefficient and fragmented health system. State investment in health is low (USD 400 per person per year) and the health public expenditure is around 3.4% of GDP. The coverage that the system offers with the existing infrastructure is for only 48% of the population. With a population of over 9 million, the health system has around 8,000 beds and 37 ICUs with a 70+ occupation rate in both the public and private hospital network, which represents a great challenge to approach the emergency.

The death rate from COVID-19 it is among the highest in the world estimated at 8.4%. Currently, there is only one official lab that is performing the tests for the whole country and only 2,537 tests have been performed so far, with 63 tests being performed on average per day. As testing increases, the death rate is expected to somewhat decrease.

Currently, there are numerous prioritized needs, such as medical equipment including mechanical ventilators, the need for greater logistics support and protective equipment for health personnel; availability and increased capacity of testing and an increased number of rapid response teams at the local level to provide more effective epidemiological surveillance and case monitoring; training of health professionals and key institutions working to battle the pandemic, including police, military, Security Ministry and the Permanent Commission of Contingencies COPECO staff, among others.

Other country conditions are adverse in the midst of the current health crisis. For instance, the country has been struggling with a dengue emergency since last year, with 10,973 accumulated cases of dengue and 9 deaths (epidemiological week 15, 2020). Honduras has one of the highest teen pregnancy rates in Latin America and with the shutdown many pregnant women have not gotten access to proper prenatal care. Over 11% of households do not have adequate access to water and in addition to this, there is a widespread water scarcity that does not make proper hand washing viable for millions of Hondurans. Social distancing within many households, especially if a family member gets COVID-19, is not easy to follow, considering that around 20% of the poorest households are overcrowded.

Aside from the direct impact in the health sector, the pandemic will have a strong negative impact in other key social and economic development sectors. An economic contraction is estimated at -2.5% and poverty rates, already very high at above 60%, may jump up to 70, 80 and even 90%, according to recent studies. Over 50% of the labor force, categorized as being underemployed and usually dependent on daily income, is in serious risk of falling deeper into poverty, with women, children and other vulnerable groups being most at risk. This segment of the population is also more at risk for becoming infected, given that these people must go out daily looking for income and food, despite mobility restrictions in place. Furthermore, a drought is having a profound effect on food security and malnutrition nationwide. Due to these and other factors, key social and economic SDG advancements may very well see important setbacks.

In line with the UN´s Socioeconomic Response, the UN has been concentrating on the health, social protection and economic recovery pillars,

working closely with partners in planning and coordinating the emergency approach. OCHA has been leading the Humanitarian Network working on a multidimensional integrated response with participation of key UN Agencies. Direct assistance to the health sector, food provision to vulnerable families, human right monitoring systems, water and sanitation access and early recovery actions are all part of the UN response to this crisis.

The UN has been focusing on responding to the needs of the most vulnerable populations, including pregnant women, returned migrants and people with preexisting conditions (i.e. diabetes, cardiovascular diseases and cancer) in territories where cases have been reported. However, given that surveillance has been extremely limited, there may be more vulnerable persons with COVID-19 in other territories and ethnic groups including the Lencas Miskitos and Garífunas, leading to possibly devastating results. Given the current pandemic and its development, it is expected that the situations described will worsen and that the disparities will increase, resulting in many more deaths in the coming months. A top priority is to stop COVID-19 transmission in order to save lives and prevent further economic and social development setbacks.

II. Solutions proposed

Please provide a summary of the proposal. [1,000 word limit]

The proposal aims to contribute to three priorities defined by the country´s COVID-19 response plan: saving lives, protecting health workers and slowing down the spread of COVID-19. (The Response Plan, Letters of Secretary of Health and Under Secretary of Foreign Affairs are attached)

The management of the pandemic by COVID-19, requires an integrated approach using the best public health strategies contributing to the containment of the epidemic decreasing the number of new cases among the population aiming to save as many lives as possible; assuring health workers protection; and, facilitating the recovery of economic activities to mitigate the social impact of the pandemic in the country.

The following are the proposal´s key components:

One key strategy is the strengthening of epidemiological surveillance through the organization and operation of rapid response teams (RRT) to rapidly finding and isolating all cases, taking into consideration gender distribution, geographical distribution, and social risk conditions, prioritizing pregnant women, women head households, and elderly with chronic diseases. Facilitating the appropriate care through the health services. Strengthening the tracing, quarantining, and supporting all contacts, in prioritized Departments in a timely manner to slow the spread of the epidemic.

A critical and quick action to contain the spread of the epidemic, is to have an efficient health surveillance system at all levels, municipal, departmental and national. Given the weakness identified in this important public health component we propose:

- Strengthen the stewardship and governance of the National Epidemiological Surveillance Unit to guarantee the production of timely and relevant information and data, disaggregated by gender, age, geographical distribution, ethnic group, and social condition, to develop analysis to support timely evidence-base public health decisions.
- Promote and facilitate the establishment of departmental epidemiological surveillance intelligence and rapid response teams to investigate possible COVID-19 cases and their contacts.
- Confirm the diagnosis of new cases through laboratory tests, isolate confirmed cases, identify their contacts and quarantining them under medical and epidemiological surveillance monitoring the evolution of each infected or probable case.
- Increase and improve laboratory tests among health care providers (97% of nurses and nurses' assistants are women).
- Strengthen the information system, in real time, based on a well-defined information flow that unifies the existing data with the new data collected by the rapid response teams, so that immediate decisions can be made to stop the spread of the epidemic.
- Establish a situation room that allows the geo-referenced monitoring of the evolution of the pandemic to be carried out at all levels of the country (municipal, departmental and national), allowing the identification of inequities in access and coverage of health services, as well as vulnerable groups within the population to manage the necessary resources and actions to minimize the spread.
- Promote alliances with the academy to convene its participation in the processes of analysis and generation of new knowledge, evidence, and scientific production.

Another key strategy is the strengthening of the laboratory capacity by increasing the network of laboratories to improve the diagnostic capability of COVID-19, to substantially increase the number of laboratory tests generating data and evidence for action in the fight against COVID-19 contributing to the impact on the three priorities defined by the country: saving lives, protecting health workers, and slowing down the spread of the epidemic.

The increased capacity of laboratory diagnosis is fundamental for an integrated approach to contain the COVID-19 pandemic in the country. An articulated work between the laboratory, the RRTs and the information system is crucial in any intelligent epidemiological surveillance system to adequately respond to a pandemic of this dimension.

Currently, only one of the 18 departments in the country has a public laboratory with the capacity to carry out RT-PCR diagnostic tests to evaluate positive cases and the investigation of their contacts. We are aiming to increase the capacity and coverage of the network of laboratories to diagnose COVID-19 to expand access to laboratory services, accelerate the diagnostic processes and generating evidence for taking timely decisions and executing actions in the fight against COVID-19. Through the strategically prioritization of the three health regions with the highest infection rates (using logistical, geographical and demographical criteria) utilizing available laboratories, adapting and equipping them, so that they can perform molecular biology tests (RT- PCR) for detection of COVID-19.

This capacity will be permanently installed in these sanitary regions, increasing the laboratorial access to the populations in those Departments.

Strengthening the capacity of the Ministry of Health (MoH) to ensure the continuity of maternal and newborn as well as sexual and reproductive

health services (MNSRHS) during the COVID-19 pandemic, including the protection of health workers is also essential.

These key efforts aim at avoiding higher rates of maternal and perinatal mortality and morbidity, unintended pregnancies and teenage pregnancies. It will focus on the needs of the most excluded and marginalized populations, including poor rural women and girls, indigenous and afro-descendants, especially pregnant, delivering and lactating women, under quarantine and infected. By adopting a comprehensive approach, the component will specifically address universal access to sexual and reproductive health; adolescent pregnancy and maternal and neonatal mortality reduction and; gender-based violence prevention. These interventions will be implemented in prioritized health care units and hospitals in the municipalities of Villanueva, Choloma and San Pedro Sula, Department of Cortes, which are the most affected areas in the country by COVID 19 pandemic.

These actions will be implemented by the MoH, and strategic partners will include local governments, government institutions, professional associations, media, academia, community base volunteers, women and youth leaders. This result will be achieving through: (a) Strengthen governance and coordination by the establishment of a technical working group / expert group in the MOH for coordination of sustaining the prioritized MNSHRS in the wake of the pandemic. This working group will lead a phased plan for continuing and redesigning essential services and service delivery capacity; (b) Facilitate the continuum of care for women affected by the COVID-19 pandemic through improving the skills of health care providers to monitoring the situation of obstetric capacity, the use of services, their state of hygiene and the protection of personnel for the care of women directly affected by the COVID-19 pandemic;(c) Limit the transmission of COVID-19 within health facilities and (d) Promote community-level interventions to inform the population and pregnant women about the prevention, risks, symptoms and ways of transmission of COVID-19.

III. What is the specific need/problem the intervention seeks to address?

Summarize the problem. Apply a gender lens to the analysis and description of the problem. [1,500 word limit]

Honduras has an extremely weak, centralized, segmented Epidemiological Surveillance System with very poor technical and technological capacities. In the face of the COVID-19 epidemic, which adds to the sustained dengue epidemic in the country, epidemiological surveillance resources have been extremely limited to exercise the fundamental function of establishing rapid response teams in a decentralized manner to carry out the search for positive cases, their isolation, investigation and quarantining of contacts, and laboratory tests that help to clearly identify the reality of the epidemic in the country. There is no integrated health information system that allows geo-referenced information to be obtained in real time for decision-making, therefore, there are also no situation rooms at municipalities to facilitate timely follow-up of cases.

As of April 21, 510 positive cases with 46 deaths had been registered, the departmental distribution of cases could allow a slowdown in the spread of the epidemic if effective epidemiological surveillance work with RRT were done. At the moment, only two Departments out of 18 have an active

epidemiological surveillance team with RRT installed and functioning, it is worth noting that in the Department of Cortés that registers the highest percentage of cases (72.35%), RRTs were only recently been established. It is imperative to establish an epidemiological surveillance network throughout the country with enough RRTs, according to the situation in each region, to avoid a catastrophic situation in Honduras.

Another fundamental problem is that the country has significant deficiencies in health human resources (13.6/10,000 inhabitants, when 43/10,000 is recommended to effectively contribute to the SDGs). In the field of public health specialties, the number of professionals working is very small. In the case of the response to the pandemic, without counting the deficiencies in personnel that directly provide care, there are not enough rapid response teams established and functioning, beyond Tegucigalpa (six RRT) and recently in Cortés (11 RRT). The Ministry of Health does not have the capacity to redirect or scale-up the amount and type of human resources necessary for surveillance, monitoring and management of the response to the pandemic at the departmental and local levels.

It is important to highlight that social distancing measures taken by the Honduran government may be contributing to flattening the epidemic curve, but also caused an important limitation in the mobility of people with a decrease of around 68% and 84% in different parts of the country (COVID19 community mobility report Honduras - April 11, 2020), generating access barriers to health services and a reduced response capacity from the services to address other health problems of the population as well as medical services, as antenatal care.

Another big problem is the lack of laboratory capacity to diagnose COVID-19. There is only one governmental laboratory capable of running diagnostic tests in the country, therefore, there is not enough capacity to carry out the necessary laboratory tests nationwide, which prevents efficient management of the measures of public health and timely access to health care. Honduras has a very reduced laboratory capacity for the diagnosis of COVID-19 at the national level. The country only has one site, where diagnostic tests are centralized, located in the capital city (Tegucigalpa), the National Virology Laboratory, which has a single RT-PCR machine available for the processing of tests. Therefore, there is a considerable delay in diagnosing cases at the national level. Honduras ranks last in Central America and second to last in the Americas region in the rate of tests performed per 1,000,000 inhabitants (rate of 203 calculated as of April 20, 2020) Additionally, the fact that it has a centralized site at the national level, requires the transportation of samples from any point in the country to the capital, putting the quality of the samples at risk and consequently causing a significant delay in the processing of tests (860 tests in queue) and in the delivering of results (4-14 days), which, at the same time, delays decision-making to achieve an effective epidemiological surveillance process. From March 10 (when the first case was presented) to April 20, the country had only managed to process 2,537 tests nationwide (an average of 63 tests per day).

The lack of capacity to carry out laboratory diagnostic tests in a decentralized manner at the national level, prioritizing the most vulnerable areas of the country, represents a very serious risk by limiting the diagnosis of cases and the monitoring of contacts extensively and immediately.

Without adequate, timely and widespread laboratory diagnostic tests, a blind reality about the epidemic remains in Honduras.

An over-stretched health system is likely to be further challenged in the context of COVID-19 preparedness and response, causing risk of disruptions in essential health services for women, newborns, children, and adolescents, potentially leading to preventable maternal, newborn

and child mortality and morbidity. The country improved sexual and reproductive health indicators in the last two decades. Maternal mortality ratio decreased from 108 to 60 maternal deaths per 100,000 live births between 1997 to 2015 and 83% of the deliveries were attended by skilled health personnel. From 2006 to 2012, fertility rate fell from 3.3 to 2.9 children per woman. Contraceptive prevalence rate increased from 56 to 64 per cent. The COVID 19 pandemic could impact negatively on these achievements, affecting population groups that are particularly vulnerable, including poor women and girls, indigenous and African-descents population as well as pregnant women and it is imperative to meet their rights.

In prioritized municipalities which are the epicenter of the pandemic and where the proposal will be implemented- Villanueva, Choloma, San Pedro Sula- UNFPA estimates that 240,000 women in reproductive age who are using modern contraceptives methods could be affected by the availability of contraceptive supplies as well as for the disruption of the SRH services. Consequently, a potential increasing of women with an unmet need for modern contraceptives and additional unintended pregnancies could be registered. If there is a decline in service coverage of essential pregnancy related and newborn care, estimations suggests that 24, 000 pregnant women could be affected and a significant number of women experiencing major obstetric complications without care and maternal deaths; additionally, newborns could be experiencing major complications and without newborn deaths could be increased. For these reasons, it is critical that all women have access to safe birth, the continuum of antenatal and postnatal care, as well as sexual and reproductive health services, including screening tests according to national guidelines and standards, especially in epicenters of the pandemic, where the proposal will be implemented. It is clear that the indirect consequences of strained health care systems, disruptions in care and redirected resources exacerbate gender-based and other health disparities.

Preliminary findings of a rapid assessment conducted by UNFPA team and the Ministry of Health in selected health care units and hospitals were the proposal will be implemented showed significant reductions of the following services: antenatal care, family planning, normal delivery, and caesarean delivery, due several reasons, such as the containment measures, fear of becoming illness by COVID 19 at the health care services; and the health care providers remarked the fear of stigma which drive people to hide the illness to avoid discrimination and prevent people from seeking health care immediately. Surveillance and response tools do not include pregnancy status disaggregation and an important number of health care workers did not receive formal training on national guidelines and protocols of COVID-19 and the health care services are experiencing a lack of supplies for personal protection and hygiene. Over 80% of the health care force are women.

IV. How does this collaborative programme solve the challenge? Please describe your theory of change.

Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. State results and interim solution(s) you are proposing. Please highlight how the solution(s) is data driven; if it employs any innovative approaches; if it applies a human rights-based approach[1] and how is it based on the principle of "build back better". [1,500 word limit]

[1] Please refer to OHCHR COVID19 Guidance

Given the evident and known weakness of the health surveillance system in Honduras, its lack of cohesion and low capacity to adequately implement containment strategies that help reduce the spread of COVID-19 in the country, we see the emergency as an opportunity to strengthen this system through specific interventions, focused and based on the recommendations of PAHO / WHO concerning what should be a good management of epidemiological surveillance in the approach to COVID-19 epidemic, especially in areas that have been prioritized according to the official data available of the epidemic. Another intervention would be to support the transition of the current system to a robust, integrated and intelligent one that allows to provide a response to the information needs and requirements that usually arise in the sanitary system and, even more so, in the context of this pandemic and any other Disease of International Health Interest that appears in the future. The approach includes the strengthening of the system at a national, department, and local level with the creation of epidemiological surveillance teams at department level and rapid response teams (RRT) at a local one. The system will be linked to an intelligent, unified, interoperable and easy-to-use information system that will allow access to information from local and regional levels in real time by using epidemiological platforms with a recognized track record (eg PAHO-FLU, Go.data , etc.) that allow the identification and georeferencing of suspected and / or confirmed cases and their contacts, their effective follow-up, isolation and timely care according to the severity of the disease. It will also allow the establishment of local and department situation rooms that feed the national situation room, so that information is generated in real time for optimum decision-making. RRTs are a field approach strategy for the immediate investigation of suspicious cases, diagnosis tests, referral of positive cases to isolation, traceability of contacts and quarantine of these with epidemiological and medical surveillance. A radical change is expected in the number of tests performed daily, the timely monitoring of cases and contacts, the isolation of positive cases and quarantine of contacts to stop the epidemic's spread. Likewise, there will be access to real time geo-referenced information.

Another important, sustainable, and immediate change will be the strengthening of laboratory capacity in a strategic and prioritized way (logistical, geographic and demographic), with the increase in the number of laboratories, which will expand access and coverage of diagnosis laboratory tests of COVID-19 and allow us to identify the country's pandemic situation, the virus' spread pattern and the effectiveness of the public health measures implemented to date with better certainty. Test management will be done in a safer way by not having to transport them through long distances, which will also allow us to deliver results in a more expeditious way, reducing the current lag.

It should be noted that the investment associated with the expansion and decentralization of RT-PCR diagnosis in the country will improve coverage and timely access to laboratory diagnosis, will ensure an improved preparation to address Public Health Diseases of International Interest by the country, create better containment measures and the effective implementation of the approaches set forth in the International Health Regulations, directly and permanently benefiting the population of the entire country.

It should be noted that the investment associated with the expansion and decentralization of RT-PCR diagnosis in the country will improve timely access to laboratory diagnosis, will ensure better preparation of the country to timely address Public Health Diseases of International Interest, to generate more effective containment measures and better implement the approaches set forth in the International Health Regulations, directly and permanently benefiting the population of the entire country.

Aiming to avoid higher rates of maternal and perinatal mortality and morbidity, unwanted pregnancies and adolescent pregnancies in the context of the COVID pandemic19; and aligned with SDG3 (ensure healthy lives and promote wellness for all at all ages).); and SDG 5 (achieve gender equality and empower all women and girls).

The intervention seeks to ensure that women and girls, especially pregnant, delivering and lactating women, and including those under quarantine, have timely access to safe and quality health care, including sexual and reproductive health care. This requires the continuity of maternal and newborn and sexual and reproductive health services (MNSRHS), during the COVID-19 pandemic., including the protection of health workers. In line with the objective of supporting Governments to tackle the emergency through a multi-sectorial approach-, it will possible to save lives, reduce ill-health, and promote health and well-being. In fact, if the pregnant women and their newborns received the standard of care recommended by PAHO/WHO and if all women at reproductive age freely and responsibly decide the number and spacing of their children and have access to counselling and modern contraceptives methods during the pandemic, the benefits will be substantial and far-reaching. Maternal and newborn deaths, unintended pregnancies, and the burden of disabilities related to childbirth and pregnancy will be substantially avoided under the circumstances imposed by COVID-19.

To strengthen the capacity of the health system to maintain the continuity of maternal and newborn health care and sexual and reproductive health services (MNSRHS), especially to those left furthest behind, the proposal focus on four conditions that need to be implemented in close coordination with the Ministry of Health and other key partners, including governmental organizations, local governments, academia, professional associations, media, youth and women networks and community based volunteers:

1. Strengthen governance and coordination to maintain the continuity of MNSHRS through the establishment of a technical working group / expert group in the MOH for coordination of the prioritized areas in the wake of the pandemic and develop a plan for continuing and redesigning essential services of reproductive, maternal and perinatal health;
2. Facilitate the continuum of care for women affected by the COVID-19 pandemic; providing technical assistance to promote and support continuous care of pregnant women, mothers and newborns, including women directly affected by the COVID-19 pandemic; and improving the skills of health care providers to monitoring the situation of obstetric capacity, the use and hygiene of services, and the protection of personnel.
3. Limit the transmission of COVID-19 within health facilities, by training health workers in technical guidelines to reinforce appropriate infection prevention and control measures within facilities, and supporting the management of flows of care, including the dissemination of information and counseling, and infection prevention and control measures.
4. Promote community-level interventions to inform the population and pregnant women about the COVID-19, by developing and implementing a communication risk strategy about the risks, symptoms and transmission of COVID-19 and the mechanisms to avoid discrimination, and promote and support public campaigns with self-care recommendations.

To achieve the sustainability of these transformative changes, the project will facilitate or ensure the promotion of national commitment to maintain

initiatives during and after the pandemic; partnerships increase through multi-sectoral collaboration; Intervention protocols and available service delivery protocols, expanded innovative approaches and good practices for humanitarian interventions. As well as education / training processes that ensure procedural capabilities in each of the expected results.

This initiative is considered to be sustainable beyond the times of COVID-19, substantially improving the National Health System, to improve access and health coverage, honoring our motto of leaving no one behind.

V. Documentation

Attach/provide hyperlinks to documents/analysis prepared at the UNCT level with government counterparts to assess the potential cumulative impacts of COVID-19. Please indicate if the UNCT has completed and posted the National Plan for Combating COVID-19 on the WHO partner portal. [1,500 word limit]

In the framework of the emergency decree issued by the Government on February 10 (Executive Decree Number PCM-005-2020), the Plan for Containment and Response to Coronavirus Cases (COVID-19) was launched in Honduras (in annex).

The objective of the plan is to define strategic actions to limit person-to-person transmission, attention to suspected cases, and prevention of transmission, amplification and propagation events from the identification of a case using the following guidelines:

• Establish national strategies for prevention, containment, control and response with the participation of different actors at the institutional level and in the health sector.
• Define the response mechanisms to use the information that facilitates national and international epidemiological surveillance on the current evolution of coronavirus infection.
• Organize the response for the detection, isolation and treatment of cases, the handling of contacts, taking and sending samples. Considering the planned scenarios based on the behavior of the disease at a global and regional level.

It is considered important to state and prioritize actions to be carried out in important sectors, related to aspects of interest to contribute to the actions of promotion, prevention and control of the disease. Key actions in sectors of government interest are the following:

1. Migration, Customs and Authorities at the entry points
2. Tourism Sector
3. Private Company
4. Education
5. Non-public establishments that provide Health Care Services
6. Academy and Professional Associations
7. Media

The response plan has already been uploaded on the WHO partner portal https://covid-19-response.org/

National strategy for humanitarian assistance

In addition to the health response plan, the Government launched the National Strategy for humanitarian assistance in the context of the coronavirus health emergency - COVID- 19 promoted by the National Risk Management System with the support of the Humanitarian Country Team (attached)

In this strategy, the Government has established strategic coordination and alliance relationships in alignment with Decree PCM-021-2020 in force until March 29, 2020, and under the priority of saving lives at the national level and addresses two work approaches based on of current emergencies:

1. Attention in the framework of the health emergency.

2. Attention in the framework of the food emergency

The health emergency has specialized attention from the point of view of the country's health system, within the framework of the official protocols of WHO and PAHO.

The food emergency integrates various actors in the country, from the suppliers of inputs and products for the national market to the provision of food to the most vulnerable groups, in particular:

a) Households in conditions of extreme poverty or with less access to basic services.
b) Population located in remote or isolated areas
c) Homes with vulnerable people: elderly, children under 5 years, people with disabilities, HIV, chronic diseases, among others.

The food assistance strategy considers two working models:

1. Centralized execution model in vulnerable neighborhoods

The municipalities that were first declared quarantined by Covid19, such as the Central District, Choluteca, La Ceiba, San Pedro Sula, Villanueva and Choloma, will continue to be served by personnel from the Armed Forces, who will make a door-to-door visit of the different neighborhoods with the support of different national and local entities that act as social monitors of the process, in order to bring food to homes in neighborhoods, and communities prioritized by their vulnerable condition.

2. Decentralized model to 292 municipalities

292 municipalities will receive monetary transfers exclusively to be used in the purchase of food and personal hygiene kits for families in extreme poverty, with the commitment that the municipal mayors activate the Municipal Emergency Committees (CODEM), to coordinate actions with society civil and can act as social watchdogs of the process, likewise, to boost the economy, they must prioritize purchases from local producers.

Humanitarian Country Team's Humanitarian Response Plan

The Humanitarian Country Team under the leadership of the Resident Coordinator also has a Humanitarian Response plan that includes the plans of the sectors that have been activated in the framework of the emergency. The document identifies priority actions to immediately support the government to prepare for and respond to COVID-19. The response plan has been developed for a period of 3 to 6 months aligned with the COVID-19 Strategic Response and Preparation Plan (SPRP) presented by WHO and DCO on February 6, 2020.

The Humanitarian Country Team is made up of the main national and international humanitarian organizations in the country (40 organizations), including UN agencies, international and national non-governmental organizations (NGOs), and the International Red Cross and Red Crescent; who commit to participate in coordination agreements and are under the joint direction of the Resident Coordinator or Humanitarian Coordinator of the United Nations System and the Minister of the Permanent Commission of Contingencies - COPECO.

To boost the humanitarian response, the actions are carried out using the sectoral work approach (clusters) following the guidelines of the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination. The Resident Coordinator and the Humanitarian Country Team (HCT) manage the humanitarian response through the Sectors.

Sector	UN Agency/Organization Leader	National counterpart
Health - **Sexual and Reproductive Health**	PAHO-WHO UNFPA	Secretary of Health
Food Security	WFP-FAO	Technical Unit for Food and Nutritional Security-UTSAN /Secretary of Agriculture

Logistic	WFP	Secretary of Risk Management and National Contingencies - COPECO
Cash Transfer Working Group	Red Cross and Save The Children with the support of WFP	
Water, Sanitation and Hygiene	UNICEF	National Autonomous Service of Aqueducts and Sewers, SANAA
Protection - **Gender Based Violence** - **Child Protection**	ACNUR UNFPA UNICEF	Secretary of Human Rights
Early Recovery	UNDP	Secretary of General Government Coordination - SCGG
Education	Round Table of External Cooperators in Education - MERECE	Secretary of Education

Important links

- Official Government Portal for the emergency by COVID-19: It publishes the statistics of confirmed cases, releases and official news broadcast >>

- Honduras Solidaria Portal: Created with the objective of supplying food rations from the basic basket for at least 800,000 Honduran families affected by the world crisis caused by the threat of the spread of COVID-19 >>

- Portal of the Secretary of Health in Honduras: Includes statistical data on the Health system in general and on the health emergency caused by COVID-19 in particular >>

- PAHO-WHO Portal in Honduras: Includes guidelines, guides and recommendations on how to respond to the health emergency by COVID-19 >>

- Official coronavirus and dengue publication >>

- National Strategy for Humanitarian Assistance for the Coronavirus Sanitary Emergency – COVID-19 >>

- Honduras' Containment and Response to Coronavirus Plan >>

VI. Target population

Describe and estimate the direct users of the solution and potential impact on beneficiaries. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens). [1,500 word limit]

Target population includes contact persons of COVID-19 positive patients, that will be found by the RRT through epidemiological field investigation in the prioritized departments. Special attention will be given to persons identified as highly vulnerable for COVID-19 (persons with diabetes, hypertension, HIV, TB, overcrowding, among others). Other target groups include health care providers (97% of nurses and nurses' assistants are women); and pregnant women.

Based on the plan for the containment and response to Coronavirus cases (COVID-19) in Honduras, which sets forth the implementation strategy for the health sector to strengthen epidemiological surveillance in order to deal with the pandemic and based available data at the time, the Health Ministry and PAHO / WHO have prioritized 11 departments (out of 18 in the country) taking into account laboratory confirmed cases, number of deaths from COVID-19 and gaps in the preparation of systems to prevent and reduce infections. In order to increase the diagnosis capacity of the network, the location of the three molecular biology laboratories have been chosen according to the geographical coverage in order to serve the

largest area of the national territory. Therefore, the proposal is to enable laboratories in Atlántida, Copán and the metropolitan region of the Central District. Each laboratory will carry out tests from its own department, as well as from neighboring ones.

The strengthening of the capacity of the health system to ensure the continuity of maternal and newborn and sexual and reproductive health services (MNSRHS) during the COVID-19 pandemic, including the protection of health workers will be focused on three municipalities of the Department of Cortes that have the most number of reported COVID-19 cases. According to data from the National Institute of Statistics, the population of women of reproductive age, users of modern family planning methods, in these municipalities who would be potential beneficiaries of the continuity of the MNSHR is around 240,000 and the number of pregnant women who are maternal health services users is around 24,000. Besides, over 900 health care providers and prioritized health care units and hospitals will be also direct beneficiary of the project, through the provision of medical supplies and equipment, personal protective equipment and the strengthening of their capacities for the provision of services.

Interventions in these prioritized Departments will benefit the general population, which is 7,237,171 inhabitants, broken down as follows:

No.	Departments	Women	Men	Total
1	Atlántida	234,646	251,528	**486,174**
2	Colón	169,058	176,304	**345,362**
3	Copán	203,585	209,342	**412,927**
4	Cortés	855,093	930,283	**1,785,376**
5	Intibucá	128,979	136,027	**265,006**
6	La Paz	109,257	115,297	**224,554**
7	Lempira	182,012	181,855	**363,867**
8	Olancho	286,275	292,644	**578,919**
9	Santa Bárbara	237,640	231,939	**469,579**
10	Yoro	307,845	322,576	**630,421**
11	Francisco Morazán	797,442	877,544	**1,674,986**
	Totals	**3,511,832**	**3,725,339**	**7,237,171**

VII. Who will deliver this solution?

List what Recipient UN Organizations (RUNOs) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight

mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point. [1,500 word limit]

The Pan American Health Organization (PAHO)[2] is the specialized international health agency for the Americas. It works with countries throughout the region to improve and protect people's health. PAHO wears two institutional hats: it is the specialized health agency of the Inter-American System and also serves as Regional Office for the Americas of the World Health Organization (WHO), the specialized health agency of the United Nations.

PAHO engages in technical cooperation with its member countries to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters. PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty. Through its work, PAHO promotes and supports the right of everyone to good health.

The objective of the work of the Pan American Health Organization (PAHO) in Health Emergencies is to increase the health sector resilience to emergencies and disasters. Our priority is to deliver rapid, predictable, and comprehensive support to Member States in terms of prevention, risk reduction, preparedness, surveillance, response, and early recovery in case of any threat to human health, including outbreaks or disasters caused by natural phenomena, biological, chemical or radiological agent, human activities, conflicts or any other hazard. When national capacities are overwhelmed, PAHO is ready to lead and coordinate the international health response to contain disasters, including outbreaks, and to provide effective relief and recovery to affected populations.

Reporting on the UN COVID-19 Response and Recovery Multi-Partner Trust Fund will be results-oriented, and evidence based.

PAHO´s national representative will monitor the implementation of the programme, with the involvement of PAHO´s headquarters and Honduras Resident Coordinator. The implementation team will submit data and information when requested. As a minimum, this programme will prepare, and submit to the UN COVID MPTF Secretariat, a final report.

The main counterpart for the implementation of the Programme will be the Ministry of Health, in its capacity as the state institution responsible of implementing the response of COVID-19 pandemic in Honduras.

UNFPA is United Nations sexual and reproductive agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA is formally named the United Nations Population Fund. The organization was created

[2] https://www.paho.org/hon/index.php?option=com_content&view=article&id=24:acerca-ops-honduras&Itemid=122

in 1969, the same year the United Nations General Assembly declared “parents have the exclusive right to determine freely and responsibly the number and spacing of their children.” UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services – including voluntary family planning, maternal health care and comprehensive sexuality education. In 2018, UNFPA launched efforts to achieve three transformative results, ambitions that promise to change the world for every man, woman and young person: ending unmet need for family planning; ending preventable maternal death and ending gender-based violence and harmful practices. UNFPA works in more than 150 countries and territories that are home to the vast majority of the world’s people.

The work of UNFPA is based on the premise that all human beings are entitled to equal rights and protections. We focus on women and young people because these are groups whose ability to exercise their right to sexual and reproductive health is often compromised. https://www.unfpa.org/about-us#. UNFPA is on the ground before, during and after crises, working closely with governments, local NGOs, UN agencies and other partners to ensure that sexual reproductive health and rights and responses to gender-based violence are integrated into emergency responses. UNFPA also deploys trained personnel and provides other crucial support to affected populations, working to ensure the needs of women and girls are served through preparedness, emergency and recovery phases.

The UNFPA Country Office in Honduras was established in 1986. UNFPA has demonstrated experience and capacity to implement timely and quality co-financing resources as well as Joint Programmes. UNFPA has the comparative advantage of neutral political positioning, long-term presence and successful and sustainable development interventions in Honduras, which has resulted in a substantial capital of trust. The outcome 3 of the proposed Joint Programme PAHO/WHO /UNFPA will be managed and monitored by UNFPA in close coordination with the Ministry of Foreign Affairs and International Cooperation and the Ministry of Health as per UNFPA policies and procedures, using results-based management and accountability frameworks. UNFPA will apply standard operating procedures of the United Nations and implement harmonized approach to cash transfers. The country office consists of a resident representative, an assistant representative, an operations manager, and programme and administrative staff. It will seek technical support, including south-to-south cooperation, from the regional office for Latin America and the Caribbean and headquarters.

Cover Page

Contacts	Resident Coordinator or Focal Point in his/her Office Name: Norma García Email: norma.garcia@one.un.org Position: Partnerships and Development Finance Officer Other Email: normategus@gmail.com Telephone: +504 3390-1710 Skype: norma.garcia
Description	The proposal contributes to 3 priorities of the national COVID-19 response plan: saving lives, protecting health workers and slowing down the spread of COVID-19 by increasing epidemiological surveillance through operation of rapid response teams, increasing the network of laboratories to improve the diagnostic capacity and strengthening Ministry of Health capacities to ensure the continuity of maternal and newborn and sexual and reproductive health services. (*400 characters limit)*
Universal Markers	Gender Marker: *(bold the selected; pls select one only)* a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) **Make a significant contribution to gender equality and/or the empowerment of women and girls;** c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.
Fund Specific Markers	**Human Rights Based Approach to COVID19 Response** *(bold the selected)*: **Yes**/No Considered OHCHR guidance in proposal development UN OHCHR COVID19 Guidance
	Fund Windows *(bold the selected; pls select one only)* Window 1: **Enable Governments and Communities to Tackle the Emergency** Window 2: Reduce Social Impact and Promote Economic Response
Geographical Scope	Regions: 11 Departments with an emphasis on those with most COVID-19 cases (Cortés, Francisco Morazán, Atlántida and Yoro) Country: Honduras
Recipient UN Organizations	PAHO/WHO and UNFPA
Implementing Partners	Ministry of Health, Ministry of Foreign Affairs

Programme and Project Cost	Budget	PAHO/WHO	UNFPA	Comments
	Budget Requested	$699,994.00	$300,005.53	
	In-kind Contributions			
	Total	$999,999.53		
Comments				
Programme Duration	**Start Date:** Mid May 2020			
	Duration (In months): 7.5 months			
	End Date: December 31, 2020			

Results Framework

Window 1: Proposal Outcome					Outcome Total Budget USD
	1.1 Strengthened analysis and diagnostic capacity of health system to reduce the spread of the COVID-19 virus and its impact on the quality of health care for the people				USD
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicator [Max 2500 characters]	1.1a Number of positive cases compared with the mathematical projections for the period established in the priority regions	Mathematical projections	That the propagation behavior is below the mathematical model	Laboratory records, bulletins of situation rooms, registration of containment actions	Ministry of Health PAHO/WHO
Proposal Outputs	1.1.1 Epidemiological surveillance in prioritized health regions strengthened				
	1.2.1 Increased diagnostic capacity of the laboratory networks to generate evidence for action in the fight against COVID-19				

Proposal Output Indicators	1.1.1a Number of rapid response teams operating	10	29	Letters of agreement with each prioritized municipality. Weekly reports by municipality	Ministry of Health PAHO/WHO
	1.1.1b Number of situation rooms established and functioning	2	16	Weekly bulletin	Ministry of Health PAHO/WHO
	1.2.1a Number of laboratories enabled for molecular diagnosis of COVID-19	1	4	Equipment delivery records	Ministry of Health PAHO/WHO
	1.2.1b Average daily tests performed nationwide	63	1000	Daily test log by laboratory	Ministry of Health PAHO/WHO
	1.2.1c Maximum delivery time of tests results to suspected cases	4 – 14 days	1 – 3 days	Information system rcords	Ministry of Health PAHO/WHO

Proposal Outputs	1.3.1 Strengthened the capacity of the health system to respond effectively to maintain the continuity of maternal and newborn health care and sexual and reproductive health information and services; to protect health workers and to limit the spread of COVID-19				
Proposal Output Indicators	1.3.1a % of births attended by skilled health personnel in selected health regions	To be completed	To be determined	Statistics from MOH	Ministry of Health UNFPA
	1.3.1b % of service delivery points that reported no contraceptive and maternal health life-saving drugs in the last six months	40%	At least 70%	Survey (Facilities assessment for reproductive health supplies by MoH, UNFPA)	Ministry of Health UNFPA PRISMA
	1.3.1c Number of health care providers trained	0	2,000	List of	Ministry of Health

	using online platforms on updated guidelines			participants	UNFPA
	1.3.1.d % of health care units functioning at primary and secondary level, providing maternal and sexual and reproductive health services	30%	At least 90%	Source: MoH	Ministry of Health UNFPA

SDG Targets and Indicators

Please consult Annex: SDG List
Please select no more than three Goals and five SDG targets relevant to your programme.
(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
☐	SDG 1 (No poverty)	☐	SDG 9 (Industry, Innovation and Infrastructure)
☐	SDG 2 (Zero hunger)	☐	SDG 10 (Reduced Inequalities)
☒	SDG 3 (Good health & well-being)	☐	SDG 11 (Sustainable Cities & Communities)
☐	SDG 4 (Quality education)	☐	SDG 12 (Responsible Consumption & Production)
☒	SDG 5 (Gender equality)	☐	SDG 13 (Climate action)
☐	SDG 6 (Clean water and sanitation)	☐	SDG 14 (Life below water)
☐	SDG 7 (Sustainable energy)	☐	SDG 15 (Life on land)
☐	SDG 8 (Decent work & Economic Growth)	☐	SDG 16 (Peace, justice & strong institutions)
☐	SDG 17 (Partnerships for the Goals)		

Relevant SDG Targets and Indicators
[Depending on the selected SDG please indicate the relevant target and indicators.]

Target	Indicator # and Description	Estimated % Budget allocated
TARGET_3.1	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	15%
TARGET_3.2	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	10%
TARGET_3.7	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive	15%

	health into national strategies and programmes	
TARGET_3.8	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	50%
TARGET_5.6	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	10%

Risk

What risks and challenges will complicate this solution, and how they will be managed and overcome?
(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) Please enter no more than 3.

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner	
Risk1 Suppliers' delivery times For purchased equipment	*Operational*	*2 – Medium High*	*4 - Likely*	*4 - Major*	High level inter-government negotiations for the acquisition of essential equipment	Honduran Government	
Risk 2 Emergency leadership and management weaknesses	*Political (strategic)*	*2 – Medium High*	*4 - Likely*	*4 - Major*	High level negotiation and technical assessment	Honduran Government	
Risk 3 Description Health care workers may face difficulty when integrating back into their respective communities		*2-Medium High*	*3-Moderate*	*3-Moderate*	PAHO/WHO and UNFPA has a communication strategy in place that addresses discrimination and potential stigma of COVID 19.		

due to uncertainty and fear surrounding potential COVID 19 exposure							

Budget by UNDG Categories

Budget Lines	Fiscal Year	Description (OPTIONAL)	Agency 1 OPS/OMS	Agency 2 UNFPA	Agency 3	Agency 4	Total USD
1. Staff and other personnel	2020	Program coordinator	$24,000.00*				$ 24,000.00
2. Supplies, Commodities, Materials	2020	Sexual and Reproductive Health Kits, other medical supplies, personal protection equipment	$3,850.00	$92,100.00			$ 95,950.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020	Medical equipment, computers, audiovisual equipment	$416,650.00	$112,150.00			$ 528,800.00
4. Contractual services	2020	Consultants, internet services, other services	$65,000.00*	$56,100.00			$ 121,100.00
5. Travel	2020	Supervision and Monitoring	$22,400.00	$10,000.00			$ 32,400.00
6. Transfers and Grants to Counterparts	2020	Epidemiological surveillance teams at department level	$87,300.00*				$ 87,300.00
7. General Operating and other Direct Costs	2020	Operating costs	$35,000.00	$10,029.00			$ 45,029.00
Sub Total Programme Costs			**$654,200.00**	**$280,379.00**			**$ 934,579.00**
8. Indirect Support Costs * 7%			$45,794.00	$19,626.53			$ 65,420.53
Total			**$699,994.00**	**$300,005.53**			**$ 999,999.53**

*Note: Based on the Secretariat´s comments PAHO adjusted the budget to better reflect the types of expenditures planned in this proposal (contractual services and personnel that will be contracted by and for the Ministry of Health or the local authorities).

** The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.*