Honduras

A. We Lead Programme Overview

CoA Member Organizations

The Community of Action (CoA) in Honduras began with 8 organizations[1] and had expanded by 2023 to 14 organizations.[2] By 2025, the number of CoA members decreased to 11 due to the departure of [redacted]. Implementation was concentrated in major cities but, through CoA organisations, reached remote and marginalised areas despite limited resources. The programme was implemented in San Pedro de Sula, Tegucigalpa, Tela y La Ceiba.

Main Activities

- **Capacity Building and Training**: Foundational and structural strengthening; leadership and psychosocial well-being; lobbying, advocacy, and campaigning skills; organisational and technical skills.
- **Public awareness and community engagement on SRH-R**: Communication campaigns; panel discussions; awareness-raising sessions; Feminist Camp, bi-national meetings.
- **Engagement with health services**: Awareness-raising on differentiated care; training on care for women with disabilities; health systems monitoring and accountability (HSMA); direct dialogue and collaboration with health authorities.
- **Policy and legislative advocacy**: Diagnostics and research; engagement in technical committees with government bodies on specific laws and policies; engagement in international and regional human rights mechanisms.

B. End Term Evaluation Fieldwork

Number of stakeholders interviewed	10 women; 2 men
Number of participants of CoA Sensemaking Workshop	6 women
Number of participants of Rightsholder Sensemaking Workshops	23 women
Total number of participants	**41**

C. Country Context

Honduras has undergone significant political change since the 2021 election of Xiomara Castro, the country's first female president, ending over a decade of National Party rule. Her victory initially raised hopes for progressive reforms, especially regarding SRH-R and protection for historically excluded populations. However, many of her campaign promises remain unfulfilled, generating disappointment among feminist and civil society organizations. Political polarization and frequent gridlock in Congress have further weakened governance, limiting the government's

[redacted]

ability to implement inclusive policies. Conservative influences, particularly from religious groups, continue to challenge efforts to advance sexual and reproductive rights, while dialogue with civil society remains limited.

Honduras remains one of the most violent countries worldwide with a homicide rate of 35-38 per 100,000 population concentrated in major cities, with over 200,000 households facing extortion[3]. Impunity is widespread with an estimated 99% of crimes unreported, Honduras has one of the highest femicide rates in Latin America at 6.2 per 100,000 women,[4] and youth homicide rates are the highest globally. Gender-based violence programmes experienced 60-100% funding cuts following foreign aid withdrawals in early 2025, drastically reducing protection services and closing shelters.[5] Civic space is constrained with over 86 journalists killed between 2001 and 2020 with 92% impunity,[6] over 247,000 people internally displaced due to violence.[7]

Homosexuality is not criminalized but there are no legal protections or recognition for same-sex partnerships or gender identity. [redacted] individuals face discrimination and violence without legal recourse, and same-sex marriage is illegal.

SRH-R including the freedom to make decisions about one's sexuality and reproduction, access to information and sexual and reproductive health services, and protection against violence and discrimination related to sexuality are recognised in law. However, the criminalization of abortion in all cases and restrictions on access to contraceptive methods remain major obstacles to the effective exercise of these rights, particularly for women and adolescents, and practices such as clandestine abortions persist. Although the emergency contraceptive pill was approved in 2023,[8] its availability and access remain limited. There is a lack of accessible sexual and reproductive health services, especially for women with disabilities, which hinders their access to quality healthcare. In this context, the implementation of comprehensive sexual education in schools is an urgent priority, as it provides girls, boys, and adolescents with the tools necessary to make informed decisions, protect their health, prevent unwanted pregnancies, and reduce sexual violence, thereby contributing to the effective exercise of their rights.

The public health system run by the Secretariat of Health covers about 50% of the population with social insurance covering formal sector workers, while the private sector serves higher-income urban groups. The Maternal Mortality Ratio improved to 47 deaths per 100,000 live births by December 2024,[9] the Under-5 mortality rate is approximately 27 per 1,000 live births, and 18.7% of children under 5 suffer from stunting.[10] The fertility rate averages 2.2 children per woman with an adolescent birth rate of 72 per 1,000 girls aged 15-19,[11] and regional disparities show pronounced health risks in conflict-affected, remote, and indigenous regions.

Economically, Honduras continues to struggle with the aftermath of the COVID-19 pandemic. High poverty rates - especially among rural populations, women, and youth - are compounded by limited employment opportunities and a heavy reliance on informal work. Socially, the prolonged closure of schools during the pandemic severely disrupted education, increasing risks of school dropout, early pregnancies, and violence against adolescents. Despite a notable decrease in homicide rates, gender-based violence and femicides remain alarmingly high. Migration pressures persist, with many young people seeking opportunities abroad amid ongoing social and economic instability.

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[3] https://www.usip.org/publications/2023/01/honduras-makes-progress-tamping-violence-what-cost

[4] https://unsdg.un.org/latest/stories/violence-against-women-other-pandemic-impacting-honduras

[5] https://www.womensrefugeecommission.org/wp-content/uploads/2025/07/A-cut-too-deep-US-foreign-aid-withdrawals-the-collapse-of-protection-for-women-in-Honduras-3.pdf

[6] https://www.hrw.org/world-report/2021/country-chapters/honduras

[7] https://reliefweb.int/report/honduras/unhcr-honduras-fact-sheet-january-july-2025

[8] https://www.hrw.org/news/2023/03/13/honduras-ends-ban-emergency-contraception

[9] See World Bank.

[10] https://globalnutritionreport.org/resources/nutrition-profiles/latin-america-and-caribbean/central-america/honduras/

[11] See World Bank.

Environmental challenges further exacerbate these issues, as recurrent storms and hurricanes in recent years have caused widespread displacement, infrastructure damage, and disruption of essential services, leaving vulnerable communities at greater risk.

D. Evaluation results

Relevance

The words that CoA member organisations would use to describe the programme in Honduras, according to the survey, emphasise the collaborative and skill strengthening values of the programme, as well as its inclusivity and empowerment of rightsholders:

The programme positioned itself as a progressive initiative, aligned with the interests and aspirations of a significant portion of youth seeking to explore these topics from new perspectives, free of myths and dogmas. The programme was particularly relevant in addressing sensitive topics such as the sexual and reproductive rights of young women in situations of particular vulnerability (women with disabilities, HIV, [redacted], migrants, and/or returnees) whose needs are largely invisible and often silenced, both by their family, social environments[12] and institutions, which in most cases lack an appropriate approach to address them.[13]

The survey results indicate that among the marginalised communities served by the programme, the design of the programme was best suited for [redacted] women, as well as young women and girls generally. Women affected by displacement were felt to have been less well served by the programme design.

Q: And now, thinking about the design of the We Lead programme for your country, how well or badly would you say the programme was designed to respond to the SRH-R needs of:

	Young women and girls generally?	Young women and girls with disabilities?	Young women and girls living with HIV?	Young women and girls who are affected by displacement?	Young women and girls who identify as belonging to the [redacted] community?
Very well	22%	13%	11%	13%	22%
Fairly well	44%	50%	44%	25%	56%

[12] E11, FG15.

[13] E4, E5, E6, E7.

Neither well nor badly	11%	25%	22%	38%	11%
Fairly badly	0%	0%	0%	0%	0%
Very badly	0%	0%	0%	0%	0%
Don't know	22%	13%	22%	25%	11%

Partnerships with health centres, inter-institutional committees, and state institutions such as CONADEH, CONAPREV, and justice operators strengthened institutional engagement and improved access to rights-based care. Advocacy efforts focused on urgent issues - sexual violence, access to emergency contraception (PAE), and comprehensive sexual education - leveraging strategic alliances to gain presence in inter-institutional spaces and reinforce dialogue with state actors. The persistent efforts of civil society over many years to address these issues demonstrate that these demands are genuine and not responses to external impositions.[14]

According to Hivos, the programme included an initial design based on context reports, focus groups with rightsholders and a Theory of Change analysis.[15] However, some of the organisations participating in the sensemaking workshops felt that the initial assessment did not fully reflect their practices or the way they operate in their specific contexts. Others felt that the lack of a solid initial diagnosis limited the possibility of clearly demonstrating the value of the programme from the outset.[16] The initial decision to work exclusively with young people (aged 18-35), in particular, was widely questioned.[17]

According to the We Lead team, when organisations were invited to join the programme, they enthusiastically accepted the idea of working with young women, with difficulties only arising during implementation. On the other hand, Hivos noted that some organisations needed time to make space for the participation of young women, given that leadership and decision-making spaces had historically been concentrated among adult women.[18] The reluctance to prioritise young women was considered by some stakeholders consulted to reflect power dynamics, adult-centrism, and leadership concentrated in a few individuals.

To address these concerns, the programme adapted to also include adults in its awareness-raising and SRH-R training activities within the family environment, recognising that they play a decisive role in young women's participation - especially in the case of young women with disabilities, over whom mothers, fathers, and caregivers often exercise very strict control. The organisations implemented dialogue and awareness strategies to address resistance from mothers and families to their daughters' participation in SRH-R educational spaces. Additionally, several interviewees highlighted the importance of extending the training processes to adult women, many of whom also face conditions of vulnerability.[19] In particular, specific challenges were identified in working with returned migrant women, as most are adults and require a differentiated approach that takes into account their experiences and particular needs[20]. Ultimately, working with adult women was key to analysing power dynamics and promoting openness to more inclusive and meaningful participation of young women.

Another example of adaptation was the inclusion of the Honduran Association of the Deaf in the programme which initiated a participatory process to expand the Honduran Sign Language (LESHO) vocabulary related to SRH-R, incorporating signs that previously did not exist (for example: [redacted] community, etc.). This has helped overcome

[14] E1, E2, E3, E8.

[15] Feedback provided by Hivos on the draft country report.

[16] CoA survey

[17] FG15.

[18] Feedback provided by Hivos on the draft country report.

[19] FG14, FG15.

[20] FG15.

communication barriers caused by the lack of signs for certain concepts and helped promote the inclusion of members of the deaf community in various social and educational spaces.[21]

Effectiveness

Outcome 1: Strengthening the capacity of CoA members and rightsholders

The programme undertook comprehensive capacity-building training activities for CoA members starting in 2021. A key foundation was the ongoing capacity needs assessments to create accessible overviews of capacity strengthening needs and offers for local organisations at the country level. Additional capacity-building included 'Training of Trainers' on Sexual Orientation, Gender Identity/Expression, and Sex Characteristics (SOGIESC), research and data collection training for evidence-based advocacy, training on theory of change, financial resilience, M&E, and safety and security, political advocacy, and pedagogical methodologies.[22]

Among the CoA organisations who completed the evaluation survey, the large majority attribute their strengthened skills for all capacity areas to the programme. Particularly on the areas of their increased capacities to promote SRH-R realisation, 64% attributed a very substantial contribution to the programme. This compares with resilience and adaptiveness for which only 36% attributed the programme to having had a very substantial contribution to these capacities.

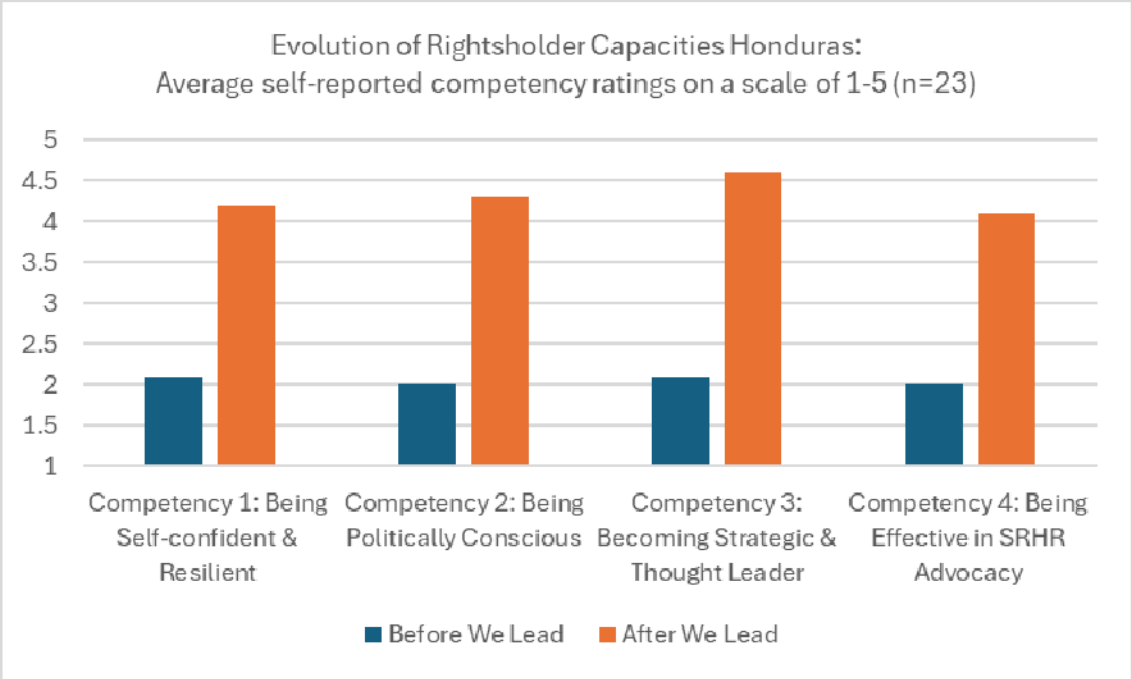
Q: To what extent has the We Lead program contributed to strengthening your organisation's capabilities to be:

	Credible and sustainable?	Resilient and adaptive?	Inclusive, supportive, and led by young women rights-holders?	Active in promoting SRH-R realization?	Safe, secure and practice collective care?	Act jointly?
A very substantial contribution	45%	36%	45%	64%	55%	45%
A substantial contribution	45%	45%	36%	27%	36%	45%
A moderate contribution	9%	18%	18%	9%	9%	9%
A limited contribution	0%	0%	0%	0%	0%	0%
No contribution at all	0%	0%	0%	0%	0%	0%
Don't know	0%	0%	0%	0%	0%	0%

The capacity assessment results for the rightsholders confirm high levels of improvement in capacities on the 4 themes from before and after the programme, with the biggest improvement seen in terms of becoming strategic and a thought-leader. Rightsholders - on average - rated their capacities at 4 or above on a scale of 1-5 across all 4 areas following the programme.

[21] E11, FG13.

[22] Monitoring data and programme reports.



The programme provided comprehensive training to rightsholders focusing on leadership development and communication skills that empowered participants with knowledge and confidence. Core methodologies include Positive Vibes' 'Looking In, Looking Out' (LILO) Women[23] and Pathways to Sustainability focused on economic justice in 2025.[24] Specialised training areas encompassed Positive Vibes' "Seen and Heard" methodology to address violence against migrant women for 19 displaced participants, and research and data collection skills training for 24 rightsholders to support evidence-based advocacy. Additional learning opportunities included participation in Feminist Camps focusing on intersectionality and tool generation for SRH-R advocacy, bi-national meetings in Tegucigalpa with 15 Honduran rightsholders to enhance SRH-R knowledge and regional collaboration, and support for participation in international advocacy platforms (see outcome 4 below).

One of the programme's most significant achievements was its impact at the personal and internal level. Several rightsholders noted that, although they had previously addressed self-care in other trainings, the experience with this programme was more participatory and enriching. The LILO methodology, implemented by Positive Vibes and other consortium partners, had a particularly strong impact, combining reflection, training, and capacity-building support for facilitation.[25] Many women identified progress in terms of self-acceptance, forgiveness of past mistakes, recognition of their individual worth, and reconciliation with their personal history.[26] These processes were fundamental for the development of other more visible capacities, such as political participation and, especially, leadership—a dimension in which the women interviewed felt they had made the most progress.[27] In most of the CoA organizations, the inclusion of youth was actively promoted, along with the creation of new spaces and their representation in decision-making bodies.[28]

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[23] Newly trained facilitators conducted supervised workshops that empowered 13 additional rightsholders and there were plans to train 54 people on LILO methodologies in 2024

[24] Looking In, Looking Out (LILO) are a suite of workshops, processes and methods developed by Positive Vibes with partners which all enable development and conscientisation processes for rightsholders (or other key stakeholders) while contributing to social change goals. The LILO methodologies were implemented in most countries to build self-esteem, personal agency, and long-term resilience, supplemented by individual counselling, group therapy, self-care workshops, and healing through creative arts."

[25] FG12, FG13, FG14.

[26] E9, E10, FG12, FG13, FG14.

[27] E9, FG13, FG14.

[28] For example, [redacted]N includes young women in its Executive Board [redacted] Foundation incorporated into its statutes that 20% of women must be represented by young women on its Executive Board for decision-making. At

> *"The only way I can understand the problems and challenges is by getting involved. If I take on those responsibilities, read the documents, and take charge of that file or that computer, it becomes a chain. The more you get involved and acquire information, the more you can raise your voice. You raise your voice, people start to know you, and then they begin to see you as a leader."*[29]

The programme also supported active participation in multisectoral spaces. This access to formal dialogue spaces not only reinforced CoA members' capacity for influence but also contributed to the legitimacy and visibility of their agendas, as evidenced by external actors who recognized their ability to coordinate, articulate, and contribute to multisectoral processes.[30] However, trainings were not the same for all organisations, and not all received the same coverage in each area.

The programme included a security and protection focal point. Topics such as self-care and emotional well-being were addressed for the first time by many organizations. An example of this was [redacted], which developed its own security manual. Likewise, several organisations began to incorporate self-care activities, from one-day events to more regular psychological support. The programme also strengthened the capacities of organizations to identify, report, and prevent SRH-R violations, contributing to greater critical awareness and collective empowerment. This strengthening was partly the result of the deepening of SRH-R issues within their own agendas, as well as exchanges with other organizations, which enabled them to learn about diverse realities and broaden their understanding of the context[31].

> *"I believe it's about creating safe spaces. Because many times we want to strengthen our leadership or develop new skills, but we find ourselves in spaces where we're not allowed to participate or where what we say is judged. Here, everyone respects our opinions, we help each other improve, and I think that helps a lot. Feeling that we are in a place where, even if we make mistakes, we can still contribute, and it helps us reach our potential."*[32]

These skills have largely been the result of daily practice rather than of structured or strategic support from the programme. Organisations identified the need for more comprehensive support in strategic planning and risk mitigation, although they acknowledge that considerable progress was made in matters of security and collective care.[33]

Organisations also noted the need for methodologies better adapted to the local reality, where pressure from conservative groups, informal relationships and corruption restrict the government's capacity to implement progressive measures. Rigid methodologies are not always appropriate to Honduras's rapidly changing political and social contexts, which require more flexible and contextualized methodologies.[34]

Outcome 2: Awareness and support among the general public for the sexual and reproductive health rights of young women

The programme's flagship campaign, "Informar es Cuidar" (Informing is Caring), launched in 2023 with support from M&C Saatchi. It targeted mothers, fathers, and caregivers to support comprehensive sexuality education from the home to the national education system. The campaign featured three statues created by local artists covered with testimonies and data highlighting the real-world impact of inadequate sexuality education on issues such as STIs, teenage pregnancy, abuse, and family miscommunication. The exhibition toured major cities in

[redacted]

[30] E6

[31] E9, E10, FG12, FG13, FG14, FG15

[32] FG14

[33] E5.

[34] E3, E8, FG15.

Honduras. A strategic partnership with Oxfam was key in addressing some programme needs, such as hiring a communications expert, which had not been initially planned.[35]

Additionally, CoA organisation Acción Joven conducted a targeted communication campaign for young migrant women, disseminating findings from their report on the sexual and reproductive health situation of adolescent Honduran migrants in transit. This initiative included the development and launch of the "MUNI" mobile application, which provides women in transit with vital SRH-R information, access to helplines, and defence mechanisms. Both campaigns faced counter-campaigns such as "Don't mess with my children". The programme's broader strategy focused on "changing hearts and minds, promoting acceptance and love" to shift discriminatory attitudes.

We Lead's communication strategy consisted of showcasing the work through the digital platforms of its partner organizations, so that they would maintain a leading role in disseminating messages. While the lack of a clear communication identity and the segmentation into smaller campaigns may have limited the overall impact, this strategy allowed messages to be adapted to local realities and specific groups - such as women living with HIV and deaf individuals - achieving greater targeting. Nevertheless, it was recognised that there is a need to strengthen social media presence, as the absence of the programme's own channels limited its overall reach and global visibility.[36]

In addition to the campaigns, multiple in-person activities were carried out - community fairs, educational tours, and informational sessions - which facilitated direct contact with the population. Efforts were particularly focused on the school setting, taking advantage of opportunities to intervene in schools and address topics that are usually silenced. In several cases, these activities were conducted in coordination with health centres and other institutions, incorporating interdisciplinary teams of professionals.[37]

In many cases, the activities were requested by schools themselves, which identified the need for training on sexual and reproductive health topics. To avoid conflicts with mothers, fathers, and caregivers, prior consent was requested through a notice informing that sexual education on sexually transmitted infections and family planning methods would be provided. Often, the introduction of these topics was done subtly, incorporating themes of self-esteem and other complementary content to ease the entry into the subject. In some schools, condom distribution was allowed, but under the condition that the message emphasising that young people should not engage in sexual activity was reinforced.[38] This approach reflects the need to negotiate different priorities between the programme, schools and families, seeking a balance between education and social acceptance. Although they may appear to conform to restrictive social norms, in practice they reveal that many rigid positions are more rhetorical than effective: by allowing interventions under certain conditions, it becomes easier that young people can still receive information.

The CoA also promoted coordination with existing community structures - such as intersectoral health centre boards, the Territorial Actors Network (RAT)[39] and CONAPREV prevention committees - leveraging their local connections to provide training, share information, and replicate awareness-raising activities. This strategy allowed for greater outreach, strengthened local ties, and facilitated the continuity of SRH-R messages.[40] Although this strategy was applied only partially during the evaluated period, it demonstrated strong potential to further strengthen local ties and expand the reach of awareness-raising activities.

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[35] E1

[36] E1, FG12, FG15.

[37] E5, E6, E7.

[38] E5, FG12.

[39] Led by the [redacted] (an entity that provides comprehensive services exclusively for women through different modules, including health)

[40] E5, E6, E7, FG13, FG15.

No baseline or subsequent public opinion study was conducted to measure social change or shifts in attitudes toward the rights-holder groups as a result of these activities. However, some interviewees and workshop participants reported positive changes in attitudes toward sexual and reproductive health, particularly within their close circles, which they attributed to increased dialogue and the openness with which they began to address these topics.[41]

Outcome 3: Awareness among health service providers and service delivery

The programme implemented numerous activities to support public health service delivery. Training and sensitisation of health professionals formed the core strategy, with the Artemisa Honduras Collective conducting two awareness-raising activities for 35 health professionals in the municipalities of Valle de Ángeles, Cantarranas, and Talanga, focusing on differentiated care based on sexual orientation and gender identity.[42] ([redacted] trained 33 professionals including health officials, justice operators, and municipal officials on differentiated care protocols for women with disabilities, strategically selecting participants who could replicate the training within their services.[43] Service monitoring and improvement efforts included [redacted]'s installation of a monitoring system in El Progreso municipality for implementing healthcare protocols for women with disabilities, now operational in three critical public health centers.[44] The programme enhanced rightsholders' capacity for Health Systems Monitoring and Accountability (HSMA) using scorecards and feedback sessions, while facilitating dialogue through bi-national exchanges between Guatemala and Honduras Ministries of Health for HIV-AIDS prevention networks, and engaging 20 health workers and facility managers in 'Open' CoA sessions in 2024.[45] Research initiatives supported one SRH-R research project undertaken with rights holders in 2024, with 12 rightsholders using available data to improve access to quality SRH-R information and services.[46]

A toolkit on sexual and reproductive rights for people with disabilities was developed and applied in several state institutions. It includes the “Guide on Comprehensive Sexual and Reproductive Health for People with Disabilities”, which addresses topics such as sexual health, contraceptive methods, personal hygiene, and access barriers and a glossary of Honduran Sign Language (LESHO). This product was valued by the interviewed user institutions as a valuable source of SRH-R information, including a health centre located in a densely populated neighborhood of the capital and the Centro Ciudad Mujer of Tegucigalpa.[47]

Some organisations conducted oversight visits at the Comprehensive Care Services (SAI, by its acronym in Spanish) that serve people living with HIV. During this process, the conditions of the facilities and the medical care provided were monitored. As a result, the SAIs committed to improving both the facilities and the quality of care. However, to date, no follow-up visit has been conducted to verify whether these commitments were fulfilled and there are currently no plans to do so.[48]

Finally, the programme contributed to strengthening a clinic run by the organization [redacted] which provides support to young people on SRH-R issues and serves populations in rural areas, mainly by increasing the clinic’s visibility in communities.[49] Additionally, the CoA [redacted] population are trying to establish a partnership with health centres in the San Pedro Sula area to promote the development of a differentiated comprehensive care protocol for trans individuals, an initiative that is currently stalled due to a lack of resources.[50]

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[41] E1, E2, FG13.

[42] WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf

[43] WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf

[44] WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf

[45] 2024 Consolidated Results Framework Final.pdf

[46] 2024 Consolidated Results Framework Final.pdf; Análisis de Outcomes LATAM [translated].docx (2).pdf

[47] E5, E6

[48] FG12, FG14.

[49] E1, E2, FG12, FG13, FG14, FG15.

[50] E10, E1.

According to the interviewed health centre staff, We Lead's participatory and experiential training approach was highly effective: it used techniques from popular education, such as role-playing exercises, which allowed participants to put themselves in the shoes of those facing discrimination. Additionally, the fact that the content was delivered by people directly connected to the topics added legitimacy and depth rarely seen in such processes. The methodology not only strengthened their technical knowledge on inclusive care but also fostered genuine empathy and transformed attitudes toward women with disabilities, women living with HIV, [redacted] individuals, and migrants. Moreover, the staff acquired tools and strategies to interact respectfully and sensitively with [redacted] populations.

Notwithstanding these results, the Mid-Term Review noted mixed results with persistent challenges including discrimination, obstetric violence, and poor service quality despite some improvements in access and information quality. [51]

Outcome 4: Influence policy change

We Lead played a key role as a catalyst and accelerator within collective advocacy processes, some of which have a long history. Its support in terms of resources, personnel, political and technical training was important for achieving progress that would likely have occurred more slowly or on a more limited scale without the programme. Work was carried out with both institutions and key government personnel. Personal networks and trust were essential for achieving results.

Specifically, We Lead participated as part of the Protocol Review Committee, which led to the approval of the Protocol for the care of victims/survivors of sexual violence in January 2023. (It is worth noting that the "Right Here, Right Now" programme had also The CoA successfully lobbied for the Emergency Contraceptive Pill (ECP) through a strategic alliance with [redacted], leading to the repeal of the ministerial agreement that prohibited the ECP when President Xiomara Castro signed the decision on International Women's Day 2023.[52]previously advocated on this issue). [redacted] participated in thematic HIV committees, successfully promoting amendments to the Special Law on HIV/AIDS.[53] We Lead was part of the CSE Coalition which reviewed the law, held press conferences, and met with members of Congress in advance of the approval of the Law for the Prevention of Adolescent Pregnancy in March 2023 (and vetoed by the Presidency in July 2023).[54] We Lead contributed to [redacted] work on the municipal committee which proposed amendments to the Disability Law to include sexual and reproductive rights: Article 30 was incorporated, guaranteeing access to sexual education and prohibiting forced sterilization without consent. [redacted] promoted this reform through the Women and Disability Committee. At the time of writing, the law was under review by the Human Rights Commission of the National Congress.[55]

International and regional advocacy efforts complemented national activities, to ensure Universal Periodic Review (UPR/EPU) recommendations on SRH-R are accepted by Honduras. Rightsholders participated in key international events including the Women Deliver Conference, ICPD30 Global Youth Dialogue, and Commission on the Status of Women (CSW68). with participation planned for Inter-American Commission on Human Rights (IACHR) events and the Universal Periodic Review (UPR) in 2025.[56] We Lead members also submitted two complaints to the Inter-American Commission on Human Rights (IACHR) regarding cases of forced sterilization of women with HIV and participated in a hearing before the IACHR on the situation of sexual and

[51] 2024 Consolidated Results Framework Final.pdf; Análisis de Outcomes LATAM [translated].docx (2).pdf

[52] Análisis de Outcomes LATAM [translated].docx (2).pdf

[53] E1.

[54] E1, FG15

[55] E1, FG15

[56] WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

reproductive rights of people with disabilities[57]. According to Hivos, We Lead's partnership with [redacted] played a particularly important role in supporting international and regional advocacy.[58]

CoA organizations have thus been incorporated into institutional consultation and coordination spaces, actively contributing to the development of regulatory frameworks and inter-institutional coordination mechanisms.[59] However, despite the progress, the programme's political advocacy faced significant limitations that prevented the consolidation of some outcomes. These include strong opposition from organized conservative sectors, instability and changes in the political context, and a lack of continuity in some coordination spaces due to staff turnover and shifts in institutional priorities.

Support for greater empowerment of rights-holding groups, the creation of movements and an environment conducive to SRH-R

One of the most profound changes witnessed through the programme has been the adoption of an intersectional perspective by partner organisations that had not previously applied it (namely understanding how multiple overlapping identities among rightsholder groups shape how they experience social and political power dynamics). This represents an important transformation in the way organisations understand and address human rights, fostering comprehension and coordination across sectors. Intersectionality, more than a one-off strategy, has become an organisational conviction that will guide the future actions of these organisations.[60]

Many participants also describe their transition to political action, reflecting an awakening of consciousness that translates into concrete practices: speaking about SRH-R as a right, demanding representation on boards, challenging exclusionary feminist discourses, and using the vote as a tool for political pressure. This shift from personal experience to collective action represents one of the greatest achievements and a fundamental step toward the sustainability of results, as it strengthens the capacity of individuals.[61]

Coherence

The We Lead partnership approach was implemented with notable achievements in local leadership, inclusion, and coordination with other initiatives. Examples of effective collaboration nationally and internationally include the Strategic Group for the Emergency Contraceptive Pill (GEPAE), the Coalition for Comprehensive Sexual Education, the November 25 Platform, the Central American Umbrella for Sexual and Reproductive Rights, national ministries, and women's and [redacted] organizations from the We Lead Programme in Guatemala. Collaboration with GEPAE was particularly notable, supporting advocacy for the approval of the Protocol for the Care of Victims/Survivors of Sexual Violence and the Emergency Contraceptive Pill (PAE). Similarly, the Coalition for Comprehensive Sexual Education supported and accompanied advocacy efforts to implement comprehensive sexual education in schools. In the survey, half of the CoA organisations reported that they felt the programme coordinated well with relevant international initiatives. A further 30% felt it did this fairly well, while 20% were ambivalent.

Q: How well or badly has the We Lead programme in your country coordinated with … other relevant international SRH-R initiatives?

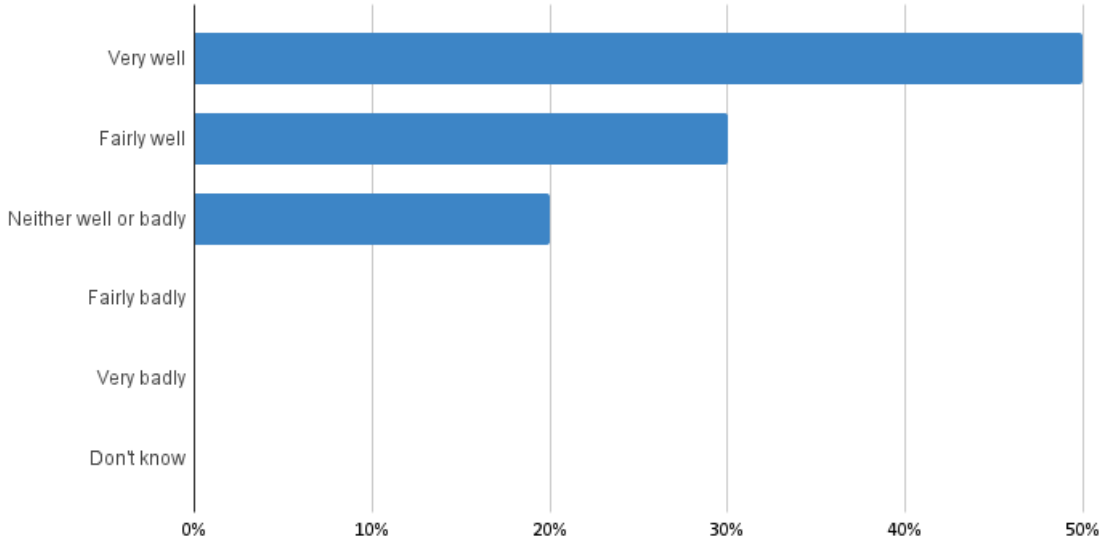
[57] FG15

[58] #Feedback provided by Hivos on the draft report.

[59] E10, FG15.

[60] E1, E2, E10, FG14, FG15.

[61] E10, FG13, FG14.



However, internally, the Programme's governance model was criticised for the lack of clarity regarding roles and responsibilities. Collaboration faced significant challenges due to the dual management of funds between Hivos and FCAM, which generated a sense of division among the organizations funded by each entity, as well as differences in the requirements established. Additionally, the unequal distribution of resources caused some discomfort among certain organizations. FCAM's disbursement of funds for 2025 suffered considerable delays, which seriously affected the beneficiary organizations, impacting the timely payment of salaries, causing delays in the implementation of activities, and leading to a backlog of tasks that had to be executed simultaneously.[62] Although the organisations were eventually informed about the difficulties FCAM was facing - including its relocation - the communication occurred with some delay, which affected their visibility and participation in the programme.

At the same time, there were limitations in consolidating a fully coherent and collaborative strategy among CoA members. Some demonstrated a strong propensity to work in networks, while others perceived this dynamic more as a requirement to satisfy the donor. During implementation, many alliances emerged spontaneously, without centralized coordination. In this sense, the programme functioned primarily as a platform for shared work, with most partner organizations acting independently and forming ad hoc alliances that were not always planned.[63]

Although the programme created a space for encounters among diverse members of the CoA, it did not initially ensure that all participants had the necessary confidence, tools and training related to inclusive approaches, inclusive language, or cultural sensitivity to interact. This generated tensions, less assertive interactions, and episodes of exclusion, leading some participants to limit their engagement to avoid conflict. Formal inclusion did not always translate into substantive inclusion. The experience of trans women was particularly complex: their participation was hindered not only by stigma and a lack of understanding of their realities among many cisgender women, but also by the open resistance of some feminists who did not consider their inclusion in the platform legitimate. In response, the programme took action to foster open dialogue about different realities, adapt activities, and strengthen recognition of the needs of historically marginalized groups. An anti-stigma guide was developed with clear instructions on respectful language for diverse populations, and a practice was introduced to inform participants in advance about the presence of diverse individuals in the spaces. Over time, these measures helped to

[62] E2, FG15.

[63] E1, E2, FG13, FG15.

increase empathy, acceptance, and willingness to collaborate, reducing initial barriers and expanding the sense of belonging within the platform.[64].

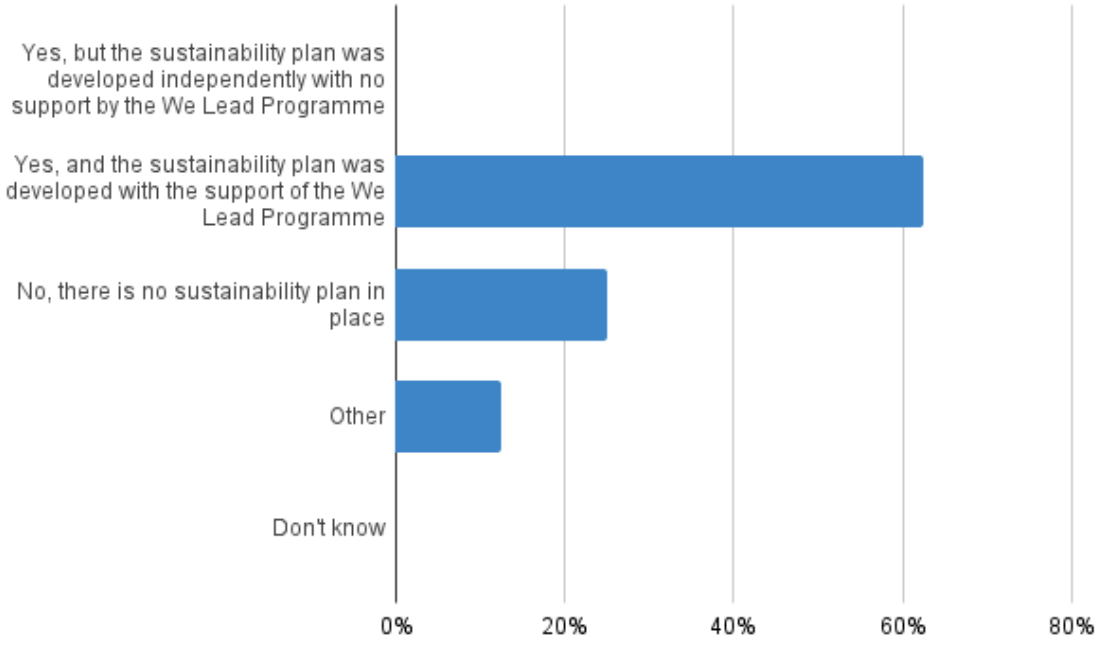
Finally, although the programme facilitated spaces for coordination and joint work between local and regional organizations, some geographic and political barriers persisted, hindering broader and more sustained collaboration.[65] In particular, organizations located in the Northern region perceive greater limitations, as many of the allies are based in the capital. Politically, organizations are aware that some agendas are influenced by partisan interests, making it essential to maintain autonomy and avoid being manipulated for political purposes.

Although the aforementioned difficulties limited the effectiveness of the CoA, all acknowledge that the programme did constitute a valuable space for engagement. It allowed participants to gain a better understanding of each other's work, deepen their intersectional approach, and forge important alliances both within the CoA and with external actors.

Sustainability

60% of the CoA organisations who answered the survey confirmed that they have a sustainability plan in place which was developed with support from the programme. However, more than 20% reported that they have no sustainability plan in place suggesting a risk for the continuance of activities once the programme ends.

Q: Does your organisation have a sustainability plan in place for when this programme ends?



The skills and knowledge acquired during the programme - especially in SRH-R, leadership, self-esteem, and mental health - remain with both the staff of the organisations and government institutions, as well as with the individuals who were sensitized, who continue to apply them in their contexts. Practical tools, such as the toolkit on sexual and reproductive rights for people with

[64] E1, E10, FG14. "At first, I felt I didn't belong there, that I didn't know anything, and that I had no right to participate—especially as a trans woman. But over time, the space made me feel included and valued, and it helped me understand that I do deserve to be there, and that what I have achieved is meaningful. The platform helped me grow and recognize my own accomplishments." (FG14)

[65] FG15.

disabilities, remain in use, as they are considered useful, relevant, and adapted to the specific realities of each organization.[66]

Participating organizations have adopted and/or strengthened methodologies, learnings, and approaches that they are committed to maintaining because they value them highly (e.g., self-care, monitoring systems, work on SRH-R). Some organisations have developed products such as podcasts and content repositories that can be reused and adapted for new initiatives. These productions represent an asset that can be sustained even with limited resources.[67]

The establishment of alliances with other social organisations, networks, and strategic actors expands the reach and sustainability of their initiatives, creating synergies that support the continuity and expansion of social and political impacts. The formation of collaborations and agreements between organizations, health centers, and educational institutions facilitates the implementation and sustainability of awareness-raising and training activities. Examples include the alliance between [redacted] or the Integral Health Center of the Monterrey neighborhood to continue providing training; and the collaboration between [redacted] and the Technological University Center, allowing its health students to carry out their internships within the organization. Several organizations actively participate in working groups and advisory bodies linked to local governments and state entities, which enables them to continue influencing public policy formulation and the implementation of actions aimed at defending and promoting human rights. Examples include CM88HN's participation in the Advisory Board of the Secretariat for Women (SeMujer) and in the Women and Disability Working Group, led by SeMujer with the participation of various state secretariats, as well as in the Gender working group of the Judiciary.[68]

However, sustainability is threatened by adverse political contexts, such as the potential rise to power of governments with even more conservative agendas or the judicial challenges to previously achieved rights, situations that could reverse or limit the progress made. The recent experience in Honduras, with judicial threats against the legalization of the emergency contraceptive pill (PAE) by conservative groups, is a clear example of these challenges.[69] Moreover, the availability of human and financial resources to sustain activities is crucial, but at present it remains uncertain. Without adequate funding, organizational capacity is weakened, affecting the continuity and effectiveness of actions.

E. Recommendations

1. Prioritise communication, awareness-raising, and support with participating organisations when implementing innovative approaches to ensure that participants fully understand the purpose and relevance of the approach. Ensure this process from the outset and throughout implementation to help maximize the programme's relevance, acceptance, and sustainability, preventing doubts or resistance toward novel strategies
2. Decentralise SRH-R training to reach a greater number of regions and communities across the country. Understanding and adapting interventions to the diverse local realities - which often differ significantly from those of major cities - is essential to increase the relevance and effectiveness of actions.
3. For future campaigns, invest resources and effort in proper social media management, as much of the key messaging and change is transmitted through these channels, especially when aiming to reach young populations. A programme like We Lead should have its own social media accounts, which not only facilitates better coordination but also helps strengthen the programme's overall identity and cohesion.

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[66] E5, E6

[67] E1, FG15.

[68] E2, E5, E6, FG12, FG13, FG14.

[69] E8, FG15.

4. Ensure space to review the functionality of the governance model during programme implementation. Monitoring its practical application allows for identifying necessary adjustments to improve operability and effectiveness.
5. Ensure that advocacy strategies adopt a long-term, flexible and adaptive approach that allows for responses to unexpected changes and contingencies. Political dynamics in Honduras are non-linear, relational, and deeply contextual, influenced by multiple actors, shifting interests, and specific social, cultural, and economic conditions.
6. Ensure unified tools, criteria, procedures, and reporting formats between the administrative entities of the same programme to avoid perceptions of inequity, fragmentation, and administrative overload.