



**Convention on the
Rights of the Child**

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**WRITTEN REPLIES BY THE GOVERNMENT OF HONDURAS TO
THE LIST OF ISSUES (CRC/C/HND/Q/3) PREPARED BY THE
COMMITTEE ON THE RIGHTS OF THE CHILD IN CONNECTION
WITH THE CONSIDERATION OF THE THIRD PERIOD REPORT
OF HONDURAS (CRC/C/HND/3)***

[Received on 29 November 2006]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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General information

As of 2005 the population of Honduras (Central America) was 7,168,716 (3,476,202 men, 3,692,514 women). Sixty-four per cent of households live in poverty (basic food basket US\$ 68 per month) and 45 per cent in extreme poverty (basic food basket US\$ 40 per month), while 39.7 per cent of the population live on less than a dollar a day. Honduras is the third country in Latin America with an annual per capita income of US\$ 890, after Haiti and Nicaragua. Economic growth was 4.3 per cent in 2005.

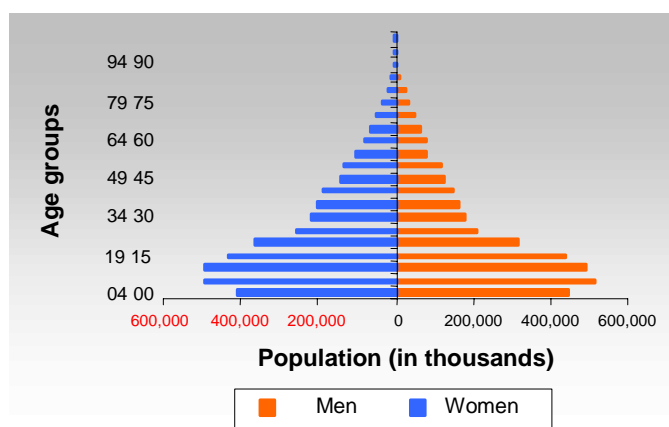
According to research carried out by the National Statistics Institute (INE), this socio-economic situation reflects the fact that the economically active population (EAP) constitutes 52 per cent of the working-age population. Men's participation rate (70.3 per cent) is greater than women's (35.5 per cent).

The Honduran labour market has to cope with underemployment, which in May 2005 affected 1,085,677 people, or 41.3 per cent of the total working population. The lack of job opportunities is a serious problem for the country.

A. Information and statistical data on children

1. Disaggregated data on children by sex, age and urban or rural area

In 2005 there were 3,567,712 children under 18 living in Honduras, or 49.8 per cent of the total population, with 58.3 per cent living in rural areas and 41.7 per cent in urban areas; in terms of gender distribution, there are slightly more boys (50.9 per cent) than girls (49.1 per cent). Children aged 0-10 form the largest age group, and make up 25 per cent of the Honduran population.



Source: National Statistics Institute (INE), Continuing Multi-Purpose Household Survey, May 2005.

Table 1**Rural/urban children by period and age group**

Age group by category	2003		2004		2005	
	No.	% ¹	No.	% ¹	No.	% ¹
Honduras	6 766 186	100	7 000 011	100	7 168 717	100
Children	3 476 718	51.4	3 514 910	50.2	3 567 712	49.8
0-4	894 871	13.2	878 009	12.5	845 184	11.8
5-9	978 798	14.5	995 545	14.2	1 012 845	14.1
10-11	372 347	5.5	380 340	5.4	398 097	5.6
12-14	570 552	8.4	565 357	8.1	587 626	8.2
15-18	660 150	9.8	695 659	9.9	723 960	10.1
Urban children	1 444 762	41.6	1 450 755	41.3	1 489 301	41.7
Rural children	2 031 955	58.4	2 064 155	58.7	2 078 411	58.3

Source: National Statistics Institute (INE), Continuing Multi-Purpose Household Survey, May 2003-2005.

¹ Percentage by column.

2. Poverty reduction: budget allocations and trends in absolute terms and as a percentage of the State budget

Table 2

**Budget expenditure on poverty reduction
(in millions of lempiras)**

Project	2003	2005	2006
Total for programmes and projects	9 255.2	13 245.5	15 471.8
1. Accelerating equitable and sustainable economic growth	13.9	1.3	1 183.7
1.1 Increasing investment and improving investment efficiency	0.0	0.0	1 182.3
1.2 Improving competitive access to international markets	0.0	0.0	0.0
1.3 Supporting the development of sectors with high output and employment potential	13.9	1.3	1.4
1.4 Increasing investment and job creation	0.0	0.0	0.0
2. Reducing poverty in rural areas	1 184.3	1 174.8	1 320.7
2.1 Improving equity and security of access to land	131.4	5.4	271.6
2.2 Sustainable development in priority areas	428.9	439.7	253.6
2.3 Improving competitiveness in the small rural economy	367.1	422.2	625.7
2.4 Improving social conditions in rural areas	256.9	307.5	169.8
3. Reducing poverty in urban areas	792.5	1 597.8	494.7
3.1 Development of micro, small and medium-size enterprises	0.1	0.0	14.0
3.2 Development of medium-size towns	22.4	866.4	158.7
3.3 Support for social housing	197	20.2	33.8
3.4 Access to basic services in priority areas	573	711.2	288.2
4. Investing in human capital	5 640.8	7 402.1	9 509.4
4.1 Improving coverage and quality of education	3 811.5	5 380.7	6 801.4
4.2 Increasing and enhancing access to health services	1 829.3	2 021.4	2 708.0
4.3 Cultural richness and national identity	0.0	0.0	0.0

Project	2003	2005	2006
5. Strengthening social protection for specific groups	406.2	1 192.8	708.8
5.1 Social safety nets	327.2	874.8	581.3
5.2 Gender equity and equality	27.1	25.1	4.8
5.3 Development of ethnic peoples	52.0	293.0	122.7
6. Ensuring the sustainability of the strategy	1 217.5	1 876.7	2 254.5
6.1 Strengthening transparency and participatory democracy	74.8	110.5	11.2
6.2 Strengthening justice and law and order	0.0	49.3	234.4
6.3 Modernization of public administration and decentralization	1 094.2	1 441.7	1 453.5
6.4 Improving environmental protection and risk management	48.6	275.1	555.5

Source: Ministry of Finance.

Table 3
Budget expenditure on poverty reduction
(in millions of lempiras)

Project	Year			
	2003	2004	2005	2006
National budget	9 255.20	11 356.40	13 245.50	15 471.80
(a) Honduran Institute for Children and the Family (IHNFA)	101.5	98.8	108.5	100.8
(b) Improving coverage and quality in education	3 811.50	4 575.90	5 380.70	6 801.40
Preschool	196.3	228.1	247.7	0
Primary	1 751	2 230.9	2 814.9	2 637.3
Secondary	954.3	1 135.7	1 134.5	1 294.4
Vocational training	16.1	13.6	18.8	0
Quality of education	873.7	947.5	1 164.9	1 540
(c) Increasing and enhancing access to health services	1 829.30	1 908.50	2 021.40	2 708.0
(d) Programmes and services for children with disabilities	18.1	18.8	18.8	20
(e) Support programmes for families	224.2	319.9	956.4	464.7
(f) Protection for children in need of alternative care including support from care institutions	7	6.5	7.1	4.1
(g) Juvenile crime prevention, recovery and reintegration				7.2
(h) National education programme for indigenous groups	0.3		1.6	

Source: Ministry of Finance.

3. Children deprived of a family environment and separated from their parents

The Honduran Institute for Children and the Family (IHNFA) has a total of 53 centres nationwide, which run programmes on family well-being and community development, social protection and intervention, and education and social recovery.

The number of children deprived of a family environment in 2003, 2004 and 2005 was on average 3,468 a year, 77.7 per cent of whom were placed in IHNFA foster care centres and 22.3 per cent were assigned to temporary homes (Family Solidarity).

In 2005, 3,782 children were placed with NGOs, IHNFA placing 217 of these, of whom 67 returned to their homes (31.8 per cent).

In 2005, there were 3,699 children in foster homes, 59 per cent of them in public institutions and 41 per cent in private homes.

Table 4

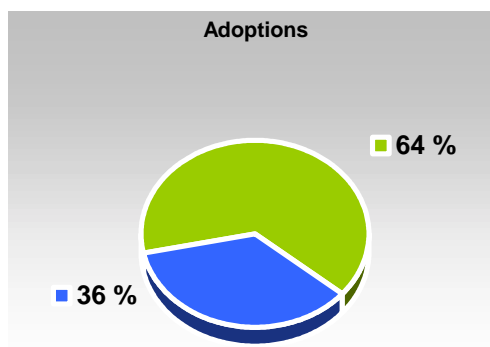
Children deprived of a family environment and separated from their parents

Situation	Period		
	2003	2004	2005
Separated from parents	3 220	3 308	3 876
In foster homes	2 610	2 559	2 878
In substitute families (Family Solidarity)	610	749	998
Institutions (NGOs)	2 804	2 566	3 782
Referred by IHNFA to private centres	396	360	217
In care of NGO	2 408	2 206	3 565
Day-care homes	2 744	2 686	3 699
IHNFA community childcare centres	1 120	1 970	2 175
Community children's homes	1 624	716	1 524
Returning from NGO care to day care	48	48	67

Source: Honduran Institute for Children and the Family (IHNFA).

3.1 Adoptions

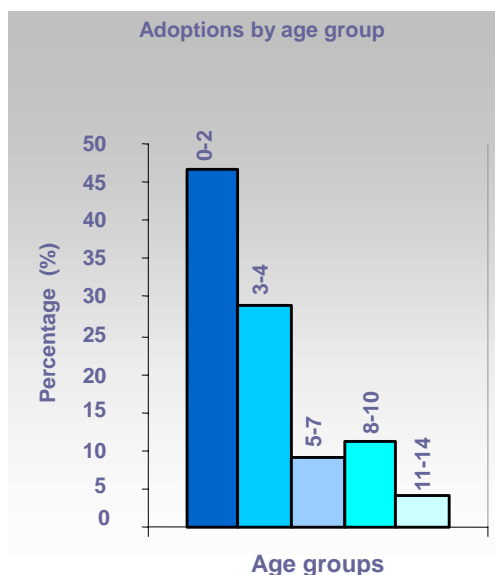
In 2005 45 adoptions were authorized, of which 16 (36 per cent) were domestic adoptions and 29 (64.4 per cent) were intercountry adoptions.



Source: Honduran Institute for Children and the Family (IHNFA), Adoption Department.

Three quarters of the children adopted are aged 0-4; 86.7 per cent come from urban areas and 13.3 per cent from rural areas; 60 per cent are girls and 40 per cent boys.

In the last three years, an average of 50 children were adopted each year.



Source: Honduran Institute for Children and the Family (IHNFA), Adoption Department.

4. Children with disabilities

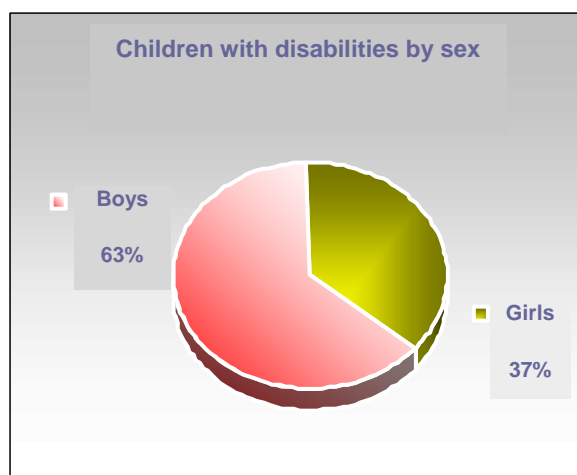
According to the latest survey on disability (Continuing Multi-Purpose Household Survey, 2002), 12 per cent of Honduran households have at least one family member with a disability, which represents a disability rate of 26.5 per 1,000 inhabitants.

The total disabled population is 177,516, of whom 55 per cent are men, 45 per cent are women, 23 per cent (40,590) are children and 3 per cent are children under one year old.

The incidence of disability among children is 12.3 per thousand children, with boys accounting for 64.6 per cent and girls for 36.6 per cent; the 0-5 age group accounts for 18.9 per cent and the 6-17 age group for 81.1 per cent.

4.1 Education of children with disabilities

Only 40.4 per cent of disabled children between the ages of 7 and 17 attend school; 15.6 per cent have dropped out and 44 per cent are not studying.



Source: National Statistics Institute (INE), Continuing Multi-Purpose Household Survey, September 2002.

Table 5

Education of disabled children aged 7-17 by type of disability

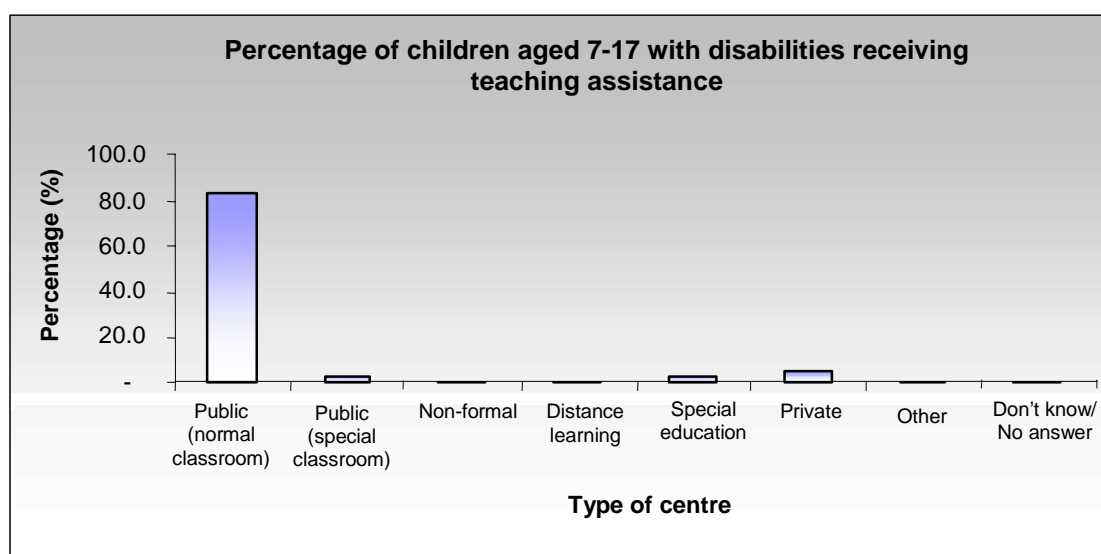
Situation	Total		Sensory		Mental		Physical	
	No.	% ¹	No.	% ²	No.	% ²	No.	% ²
Total	30 740	100.0	19 737	64.2	10 313	33.5	9 256	30.1
Attending school	12 421	40.4	8 626	69.4	1 841.0	14.8	3 242	26.1
Dropped out	4 804	15.6	2 095	43.6	1 288.0	26.8	1 718	35.8
Not studying	13 515	44.0	9 016	66.7	7 184.0	53.2	4 296	31.8

Source: National Statistics Institute (INE), Continuing Multi-Purpose Household Survey, September 2002.

¹ Percentage by column.

² Percentage by row.

Sensory disabilities are the most common among children, representing 64.2 per cent of cases. For children with disabilities who are in school, their disability does not constitute a limitation that precludes them from attending class in a normal (public) classroom, and 84.1 per cent of disabled children attend class in normal classrooms.



Source: National Statistics Institute (INE), Continuing Multi-Purpose Household Survey, September 2002.

5. Child abuse

In 2005 1,340 complaints of child abuse were recorded in the country's two main cities, Tegucigalpa (62.5 per cent of complaints) and San Pedro Sula (37.5 per cent). Complaints of abuse most commonly alleged physical abuse (16.8 per cent), a minor at social risk (12.7 per cent) and rape (12.4 per cent).

Table 6
Complaints in the two main cities

City	2004		2005	
	No.	%	No.	%
Total	1 594	100.0	1 340	100.0
Tegucigalpa	944	59.2	837	62.5
San Pedro Sula	650	40.8	503	37.5

Source: Public Prosecutor's Office, Technical Unit for Penal Reform.

6. Education

In 2005 Honduras had an overall illiteracy rate of 17.6 per cent and a school enrolment rate of 5.6 per cent (5.4 per cent for males and 5.7 per cent for females). Literacy rates for children have seen considerable improvement over the last few years. In 2005, the literacy rate for children was 75.5 per cent.

6.1 Education coverage

In 2005 education coverage for children between the ages of 5 and 18 was 57.7 per cent, with good coverage in primary education for the 7 to 12 age bracket (89.4 per cent). Disaggregating by sex, coverage for boys was 55.5 per cent and 60.1 per cent for girls; by area, it was 63.7 per cent in urban areas and 53.5 per cent in rural areas.

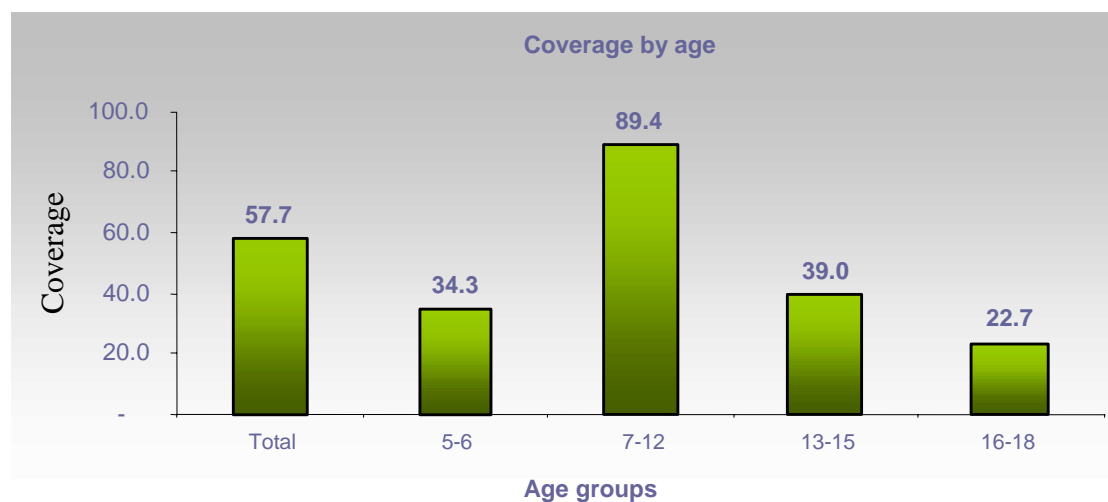
Education coverage was lowest (22.7 per cent) among children aged between 16 and 18, particularly in rural areas, where it was 11.1 per cent; however, coverage in urban areas was 36 per cent.

Table 7

Coverage by age

Coverage in 2005					
Category	Total	Age 5-6	Age 7-12	Age 13-15	Age 16-18
Total	57.7	34.3	89.4	39.0	22.7
Urban	63.7	40.1	89.7	56.3	36.0
Rural	53.5	30.5	89.2	25.7	11.1
Boys	55.5	32.0	88.9	36.7	18.8
Girls	60.1	36.9	89.9	41.2	26.8

Source: National Statistics Institute (INE). Continuing Multi-Purpose Household Survey, 2005.

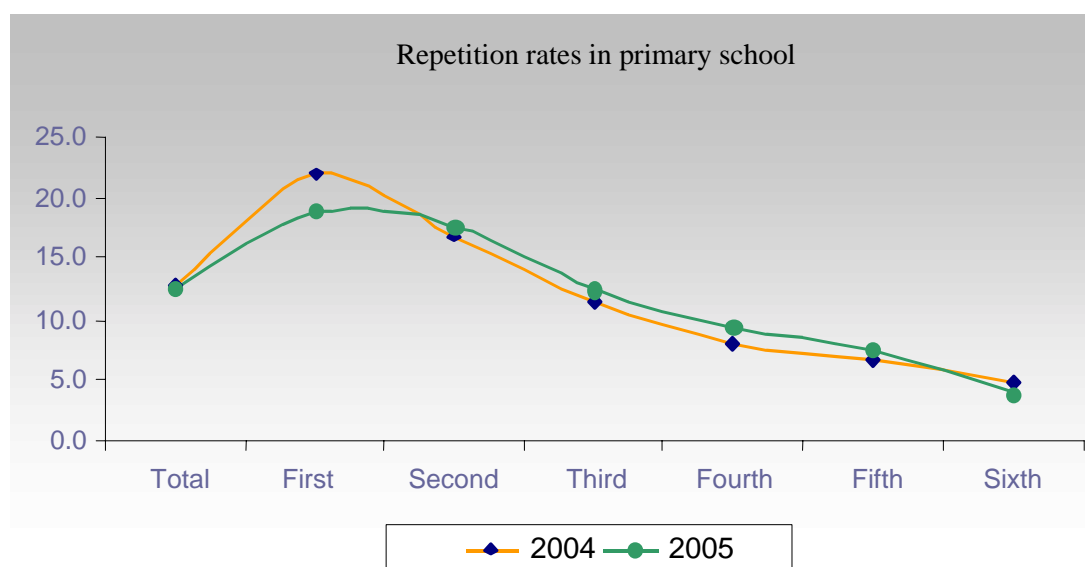
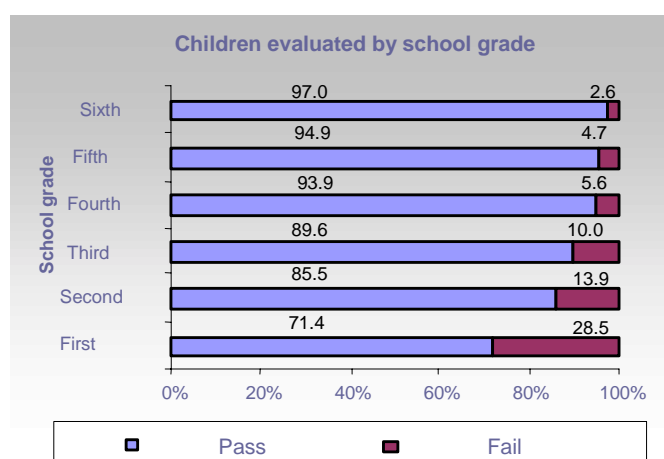


Source: National Statistics Institute (INE). Continuing Multi-Purpose Household Survey, 2005.

6.2 Children enrolled in primary school

The 2004 National Standard of Living Survey found 1,300,278 children enrolled in primary school. The first grade of primary school had the highest percentage of children enrolled (23.7 per cent), with 18.3 per cent in second grade and 17.3 per cent in third grade. Fourth and fifth grades had 14 per cent, and sixth grade had the lowest enrolment level (12 per cent). This trend was the same for the higher grades: the higher the grade, the lower the enrolment and attendance rates.

Of the children enrolled in primary school, 98.3 per cent were evaluated: 86.9 per cent passed and 12.7 per cent failed. The total number of dropouts was 22,666, which gives a dropout rate of 1.7 per cent. The failure rate was much higher in the first years: 28.5 per cent in first grade and 13.9 per cent in second grade, as against 4.7 per cent in fifth grade and 2.6 per cent in sixth grade.



Source: National Statistics Institute (INE). Continuing Multi-Purpose Household Survey, 2003-2005.

6.3 Literacy rate and years of schooling

Table 8
Literacy rates among under-18s

Category	2003		2004		2005	
	Years of schooling	Literacy rate (%)	Years of schooling	Literacy rate (%)	Years of schooling	Literacy rate (%)
Total	3.9	71.8	4	76.7	4.1	75.5
Boys	3.7	70.2	3.8	74.3	4	73.6
Girls	4	73.4	4.1	79.2	4.2	77.4
Urban	4.6	79.4	4.7	82.8	4.8	81.3
Rural	3.3	66.3	3.4	72.3	3.6	71.4

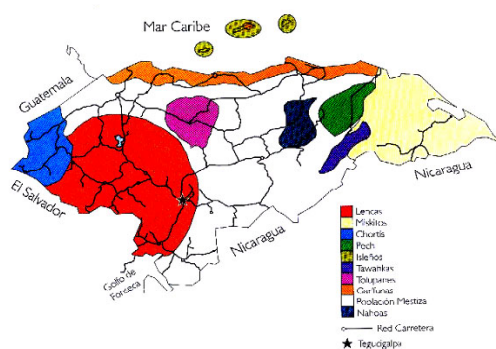
Source: National Statistics Institute (INE). Continuing Multi-Purpose Household Survey, 2003, 2004, 2005.

6.4 Education coverage of the National Education Programme for Indigenous Ethnic Groups (minority and indigenous groups)

The population of Honduras is multicultural: of its more than 7 million inhabitants, around 11 to 16 per cent belong to the Afro-Honduran or indigenous peoples. The programme covers 2,000 basic education schools, 1,700 preschools, 280 CEPREB-EIB and 260 Community Education Programme (PROHECO) schools.

The Afro-Honduran and indigenous peoples span 15 of the country's 18 departments. There are roughly nine such peoples, in addition to the mestizo population.

The departments are: Comayagua, Francisco Morazán, Olancho, Gracias a Dios, Islas de la Bahía, Colón, Atlántida, Cortés, Santa Bárbara, Copán, Ocotepeque, Intibuca, Lempira, La Paz and Yoro.

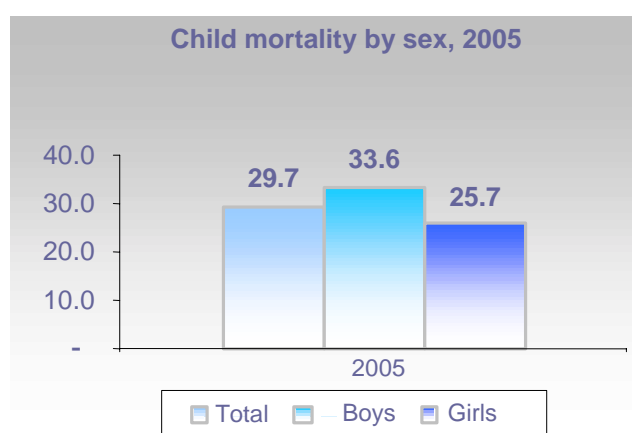


7. Child health

7.1 Child mortality

A sensitive indicator of a nation's health is the child mortality rate, which shows the protection and care a society accords to mother and child. In 2005 child mortality fell to 29.7 per thousand live births, as compared with 2003 (31.8 per thousand), and 2004 (30.8 per thousand).

The region with the highest child mortality rate is the north-western area of the country, including the departments of Santa Bárbara (42.4 per thousand live births), Lempira (44.4 per thousand), Copan (50.3 per thousand) and Intibuca (42.5 per thousand). These departments have the highest child mortality rates in Honduras.



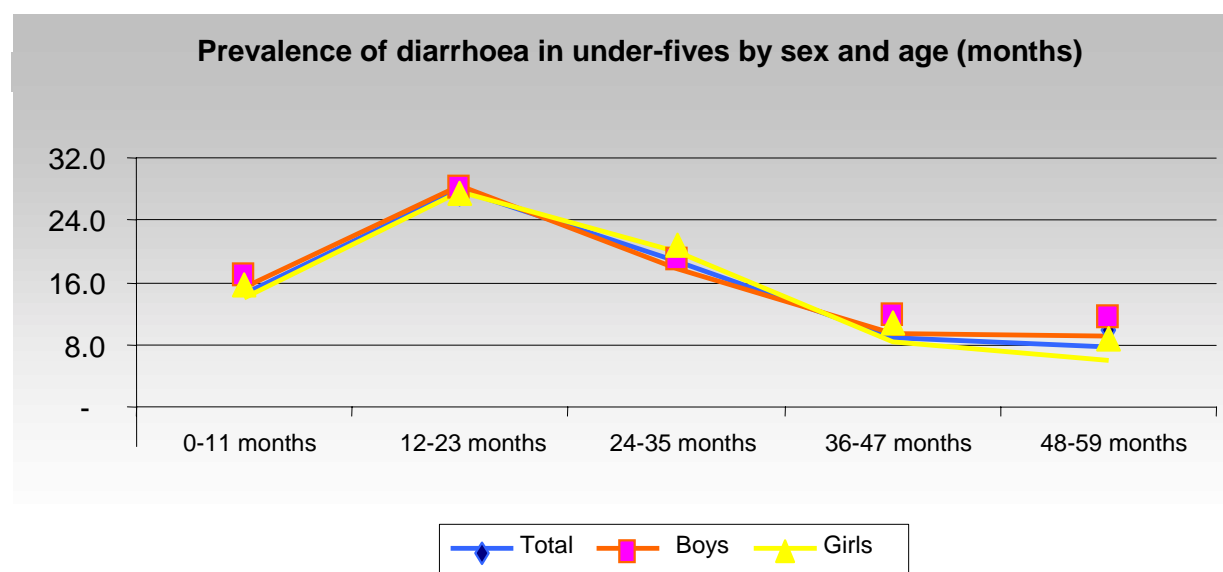
Source: National Statistics Institute (INE), Census Projections 2001.

According to figures from the Ministry of Health and the National Statistics Institute, Hondurans had a life expectancy at birth of 72 years in 2005; girls are more favoured in this regard (75 years) than boys (68 years). The number of births during 2005 fell to a rate of 30.8 per thousand inhabitants, as compared with 2003, when the rate was 31.8 per thousand.

7.2 Prevalence of diarrhoea in the under-fives

The under-fives account for 11.8 per cent of the overall population (845,184 children). The prevalence of diarrhoea in this group is 17 per cent, with rural areas (18.7 per cent) harder hit than urban areas (14.9 per cent). Diarrhoea is more prevalent in boys (17.4 per cent) than girls (16.6 per cent).

The age group worst affected by diarrhoea is boys aged 12 to 35 months (0 to 3 years), who account for 71.9 per cent of the total. The majority of the households with the highest incidence of diarrhoea are families who get their water from the private system (54.7 per cent), while 71 per cent of them burn their rubbish or dispose of it anywhere.



Source: National Statistics Institute (INE), Standard of Living Survey, 2004.

7.3 Children aged 12 to 59 months with full vaccination

A review of the vaccination plans for the under-fives shows that 86.1 per cent have a full set of vaccinations. Coverage is better in rural areas than in urban areas (87.4 per cent as compared with 84.4 per cent).

Table 9

Children aged 12 to 59 months with full vaccinations plan by type of vaccine

Children aged 12-59 months	795 489	100.0
Children with full vaccinations plan	684 889	86.1
Children by type of vaccine		
Polio	747 576	94.0
Pentavalent/DPT	741 037	93.2
Measles	747 989	94.0
BCG	769 844	96.8

Source: National Statistics Institute (INE), Standard of Living Survey, 2004.

7.4 Early pregnancy

The study of masculinity and other sociocultural factors associated with paternity, carried out by the National Autonomous University of Honduras in July 2004, shows that “because they are concerned only with the biological aspects of their sexuality and not with all that sexuality entails, men do not act as responsible fathers”. Irresponsible fatherhood is closely linked with casual sexual relations, early pregnancy, the lack of sex education in schools, poverty and family

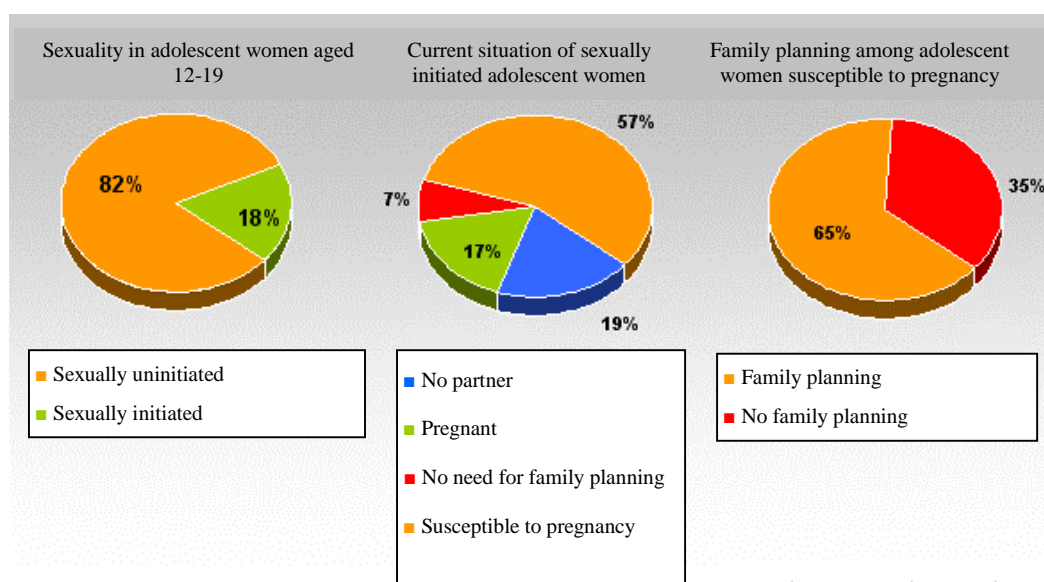
disintegration. Of the men questioned in the study, 77 per cent said it was the woman's fault if she got pregnant, since it is the woman who is supposed to take precautions to make sure that does not happen.

In 2005 the number of births to women aged under 19 was 39,558, of which 416 were to adolescent mothers under 14 years old.

The Standard of Living Survey established that, of 684,105 girls aged between 12 and 19, 11.6 per cent had a fertility history, as compared with women aged 15 to 19, of whom 19.2 per cent had been pregnant; 41.2 per cent of those did not have prenatal care.

Of girls aged between 12 and 19, 18.3 per cent (125,295) were sexually initiated, and in the 15-19 age group the percentage of sexually initiated girls was 29.2 per cent. Of this sexually initiated age group, 16 per cent were pregnant at the time of the study. It is significant that, in this sexually initiated group, 56 per cent (70,764) are susceptible to pregnancy as they have a partner, while 35.2 per cent of these girls do not use family planning methods.

Adolescent women aged 12-49 by sexual initiation



Source: National Statistics Institute (INE), Standard of Living Survey, 2004.

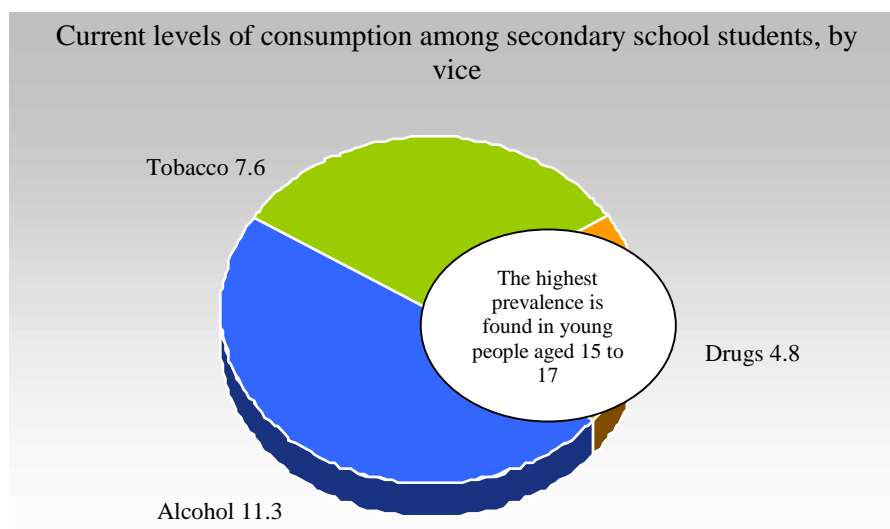
7.5 Drug use and alcoholism

The impact of drug use on a global level, and more specifically in Honduras, is a problem affecting individuals, the family and society.

The majority of adolescents have had some experience with alcoholic drinks, tobacco and the use of other types of drugs. Most simply dabble and then stop, or else use them occasionally without significant problems. However, others will continue to use them regularly with various kinds of physical, emotional and social problems. But those who really suffer are the ones who become addicted and behave destructively towards themselves and others over a period of years.

According to research carried out by the Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Dependence (IHADFA), the lifetime prevalence of alcohol consumption in secondary school students is 40.7 per cent, tobacco 37.9 per cent and tranquillizers 11.7 per cent, which shows greater dependency in adolescents aged 15 to 17 on alcohol and tobacco.

Currently, for every 100 secondary school students, 11 drink alcohol, 7 use tobacco and 5 use drugs (marijuana, cocaine, tranquillizers, stimulants, inhalants).



Source: Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Dependence (IHADFA).

7.6 Healthcare network

Table 10

Health coverage in the State sector

National coverage	Number	%
Total	1 374	100.0
Ministry of Health hospitals	29	2.1
Honduran Social Security Institute Hospitals	2	0.1
Mother and child clinics	34	2.5
Health centres with doctor	251	18.3
Rural health centres	1 041	75.8
Community birth centres	9	0.7
Maternity homes	8	0.6

Source: Ministry of Health, Statistical bulletin on Hospital Care.

Table 11
Resources in the public health sector

National coverage	Number	%
Public sector human resources	8 130	100.0
Doctors	1 658	20.39
Professional nurses	817	10.05
Nursing auxiliaries	5 496	67.6
Dentists	159	1.96
Care for under-fives	2 194 259	
Care for under-fives (first consultation)	965 003	

Source: Ministry of Health, Statistical bulletin on Hospital Care.

Table 12
Resources in the private health sector

National coverage	Number	%
Public sector/self-employed human resources	8 651	100.0
General practitioner	1 205	13.9
Paediatrician	457	5.3
Dentist	914	10.6
Laboratory technician, medical laboratory technician	602	7.0
Ophthalmologist	315	3.6
Orthopaedist	126	1.5
Nurse or similar	2 118	24.5
Midwife	883	10.2
Nursing auxiliary	2 032	23.5

Source: National Statistics Institute (INE).

7.7 Young people with mental health problems

Table 13

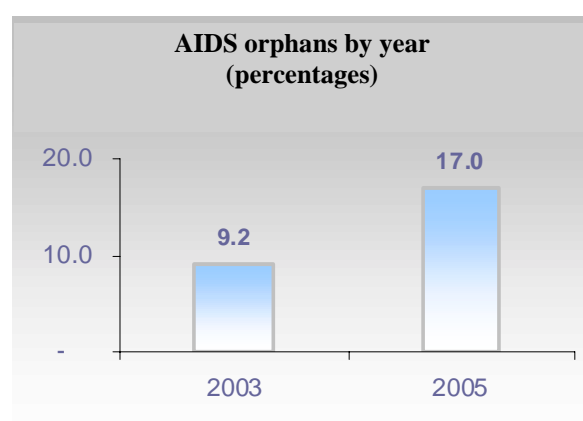
Adolescents in crisis in the Mario Mendoza Psychiatric Hospital

Disorder	Total		2003		2004		2005	
	Number	% ¹	Number	% ¹	Number	% ¹	Number	% ¹
Total	3 786	100.0	700	100.0	1 703	100.0	1 183	100.0
Mood disorders (affective) e.g. depressive episodes, recurrent depressive disorders	3 490	92.2	527	75.3	1 620	95.1	1 173	99.2
Behavioural syndrome associated with physiological changes and physical factors e.g., eating disorders: anorexia nervosa (typical and atypical), bulimia nervosa (typical and atypical), hyperphagia associated with other psychological changes; vomiting associated with other psychological changes, abuse of non-dependence- producing substances	162	4.3	66	9.4	73	4.3	9	0.8
History of intentionally self-inflicted injuries e.g., overdosing, suicide attempts parasuicide	134	3.5	107	15.3	10	0.6	1	0.1

Note: Disorders observed in adolescents of both sexes aged 14-19. All data derived from information from 2003, 2004 and 2005, on treatment and evaluations carried out by the Youth Crisis Unit (SIAC) at the Mario Mendoza Psychiatric Hospital.

¹ Percentage by column.

8. Children affected by HIV/AIDS



Source: Epidemiological Bulletin. STD/HIV/AIDS, Ministry of Health, Honduras.

As these figures show, Honduras needs comprehensive strategies at the family, community, government and international community levels in order to reduce the impact of HIV/AIDS, particularly on orphans.

On average, between three and four children aged under 15 are left vulnerable as a result of HIV/AIDS, and of these, the ones aged under two are likely to be also infected by HIV/AIDS. These children are left with no security or home, frightened and unaware of what is happening around them.

HIV/AIDS has become a latent threat with devastating effects on children, particularly within socially excluded groups.

This situation is bound up with the levels of poverty and extreme poverty in Honduras, and with the low standard of education.

The problem is one of rapid spread combined with a lack of solutions to ease the suffering of children living with AIDS and orphaned when their parents succumbed to the disease.

In 2003 the total number of children orphaned in Honduras for any reason was 153,000, with 14,000 as a result of HIV/AIDS. In 2005 the total number of children orphaned for any reason was 159,000, 27,000 from HIV/AIDS. This represents an increase of 8.8 per cent in two years.

8.1 Orphans in shelters or orphanages

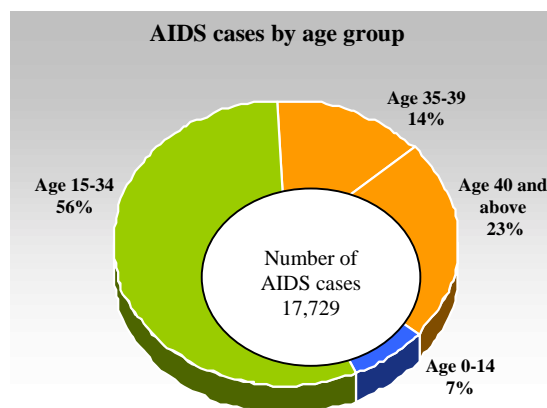
Shelters for HIV/AIDS affected children in Honduras are relatively few to meet the needs of the country's orphans. Shelters, nursing homes for orphans and orphanages are the places AIDS orphans are sent.

The reason children go into shelters is generally because of a serious health condition or rejection by their family.

8.2 AIDS cases

According to the Ministry of Health, there were 2,700 children aged 0 to 14 living with HIV/AIDS in 2005; and there were 430 new infections and 190 deaths from AIDS. So it is vital for AIDS orphans and children vulnerable to HIV/AIDS to be included in the Government's public policy agenda and in national and international bodies' programmes for resource allocation.

Honduras has reported 17,729 cases of AIDS, 58 per cent of them men and 42 per cent women. The 20-34 age group has reported most infections (53 per cent), while children under 19 infected with AIDS account for 10.5 per cent of the total.



Source: Epidemiological Bulletin. STD/HIV/AIDS, Ministry of Health, Honduras.

9. Juvenile offenders

Honduras has special legislation applicable to juvenile offenders, i.e. only to persons aged 12 to 18, known as the Children and Adolescents Code.

In 2005, 3,351 children aged 12 to 18 were alleged to have broken the law; 64.8 per cent were referred to the Public Prosecutor's Office and 54.1 per cent to the judiciary. Tegucigalpa (42.3 per cent) and San Pedro Sula (28.3 per cent) recorded the highest number of complaints, while medium-sized towns accounted for 29.5 per cent.

Of 767 complaints in 2005, 22 per cent were tried, with 61.8 per cent giving rise to guilty verdicts and 38.2 per cent to acquittals.

Table 14

Minors aged under 18 punished by deprivation of liberty, type of offence

Year	Total	Offences against property	Offences against the life and integrity of persons	Offences against freedom and security	Offences against sexual freedom and decency	Possession and trafficking of drugs	Other offences
Total	4 214	1 934	343	50	245	261	1 381
2003	1 457	616	114	12	89	95	531
2004	1 499	679	121	20	80	92	507
2005	1 258	639	108	18	76	74	343

Source: Honduran Institute for Children and the Family (IHNFA) Research System.

* No cases of minors under the age of 18 being tried as adults were reported.

In 2003 223 children received custodial sentences for unlawful association, in 2004, 256, and in 2005, 185.

Table 15

Juvenile detention centres and capacity

Detention centre	2003	2004	2005
	Capacity	Capacity	Capacity
Renaciendo	150	60	80
Jalteva	200	80	250
Sagrado Corazón	40	40	30
El Carmen	100	120	80

Source: Honduran Institute for Children and the Family (IHNFA) detention centres.

The rise and fall in capacity of each centre is due to deterioration or improvement in infrastructure.

At the time of internment by court order, the children's physical or emotional state was as follows:

Table 16

**Juveniles in detention centres by physical or emotional condition
at the time of detention and by centre**

Centre	Total	Renaciendo	Sagrado Corazón	Jalteva	El Carmen	Alternative measures	
						Centro Oriente	Nor-Occidental
Total	4 214	1 594	230	138	1 180	798	274
Beaten	312	128	2	1	177	4	-
Injured	45	25	1	-	15	4	-
Drugged/Inebriated	1	-	-	-	1	-	-
Aggressive	6	2	-	-	3	1	-
Depressed	57	14	-	3	35	5	-
Other	10	5	-	-	1	4	-
None	3 782	1 420	227	134	948	780	274

Source: Honduran Institute for Children and the Family (IHNFA) detention centres.

In 2005 1,258 young people were placed in detention nationwide, of whom 1,150 (91.4 per cent) were sentenced to mandatory supervision and 108 (8.6 per cent) to socioeducational measures.

Table 17**Juveniles in detention centres by type of measure and period**

Measure imposed	Period							
	Total		2003		2004		2005	
	No.	% ¹	No.	% ¹	No.	% ¹	No.	% ¹
Total	4 409	100.0	1 456	100.0	1 495	100.0	1 258	100.0
Supervision	4 201	95.3	1 430	98.2	1 427	95.5	1 150	91.4
Internment	3 281	74.4	1 097	75.3	1 108	74.1	927	73.7
Semi-liberty	2	0.0	2	0.1	-	-	-	-
Assisted liberty	757	17.2	270	18.5	285	19.1	164	13.0
Compulsory residence	87	2.0	32	2.2	21	1.4	30	2.4
Community Service	6	0.1	2	0.1	2	0.1	2	0.2
Imposition of rules of conduct	58	1.3	23	1.6	8	0.5	25	2.0
Counselling and social support to the family	9	0.2	4	0.3	3	0.2	2	0.2
Socioeducational	208	4.7	26	1.8	68	4.5	108	8.6
Internment	6	0.1	5	0.3	-	-	1	0.1
Compulsory residence	7	0.2	-	-	7	0.5	-	-
Assisted liberty	95	2.2	9	0.6	33	2.2	50	4.0
Compulsory residence	12	0.3	3	0.2	-	-	9	0.7
Community Service	44	1.0	9	0.6	15	1.0	18	1.4
Imposition of rules of conduct	20	0.5	-	-	5	0.3	15	1.2
Counselling and social support to the family	24	0.5	-	-	8	0.5	15	1.2
Unknown	5	0.1	1	0.1	4	0.3	-	-

Source: Honduran Institute for Children and the Family (IHNFA) detention centres.

¹ Percentage by column.

10. Special protection measures

10.1 Children victims of sexual exploitation

The Office of the Attorney for Children for the cities of Tegucigalpa and San Pedro Sula received 309 complaints of sexual exploitation, and particularly prostitution. According to investigators from Casa Alianza, there are more than 10,000 suspected cases of sexual exploitation in Honduras. In the period 2003-2005 Casa Alianza provided recovery and/or reintegration support to 125 girls, and the Honduran Institute for Children and the Family helped 205 children.

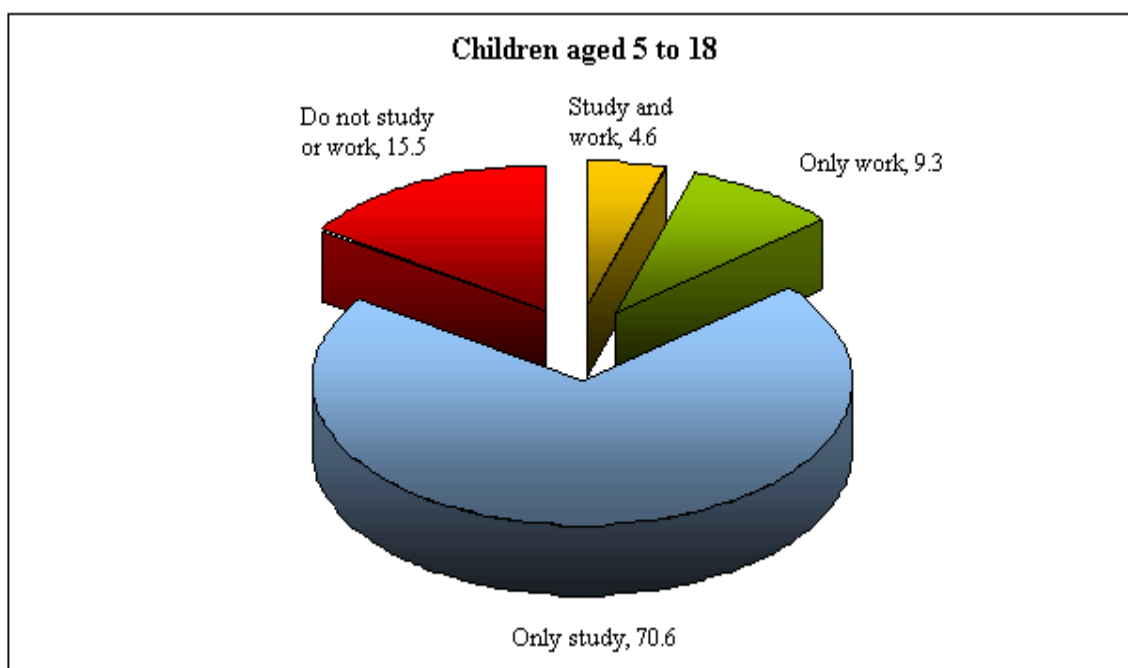
10.2 Migrant children returning to Honduras

It is estimated that 80,000 Hondurans emigrate every year - 5,591 a month, 1,538 a week, 219 a day and 9 every hour - and around five to seven buses leave San Pedro Sula for the border every day. In 2005 83,208 people were deported from countries to the north, including 21,631 minors (26 per cent); of minors who emigrate, 85.8 per cent are boys, and 14.2 per cent are girls.

Deportees are repatriated by land or air, although most (77 per cent) return by land.

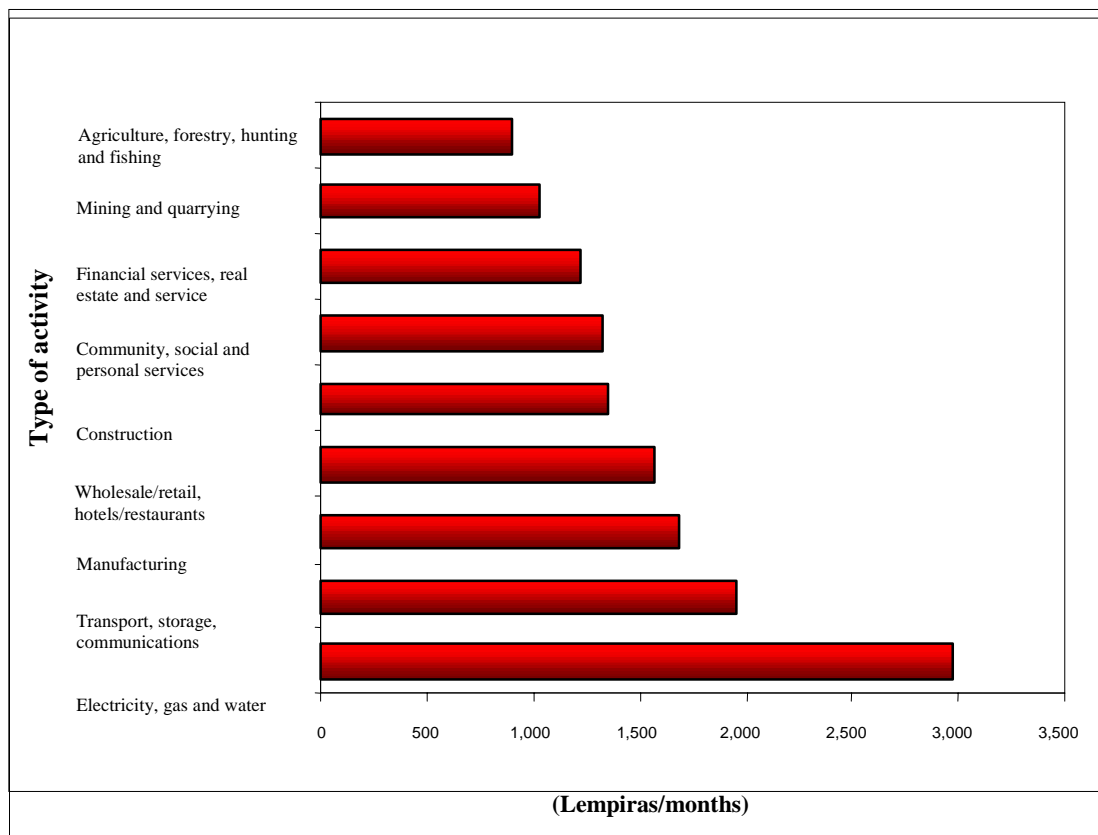
10.3 Children working and/or living on the streets

In 2005 there were 2,722,527 children between the ages of 5 and 18 in Honduras. Of these, 13.9 per cent work, 70.6 per cent only study, and 15.5 per cent do not study or work, while of the child workforce (378,238), 33 per cent study and work and 67 per cent only work. In terms of gender, boys account for a higher percentage of those who work (75.8 per cent) than girls (24.2 per cent); 67 per cent of boys who work come from rural areas and 33 per cent from urban areas.



Of the boys who work, 39.1 per cent are in agriculture, 18.5 per cent are salesmen or vendors, 10.6 per cent are in the manufacturing industry and 9.8 per cent in building.

Average income from child labour by type of activity



10.4 Street children in Tegucigalpa and Comayagüela

The 2003 Street Children Census recorded 302 children living on the streets of Tegucigalpa and Comayagüela, 80 per cent of them boys and 20 per cent girls. The 14-17 age group accounted for 62 per cent and the average age was 14.15.

Of these children, 76 per cent were listed in the National Register of Persons and 99.3 per cent had a family, although only 63 per cent were in contact with them. In 36 per cent of cases the family rejected the child and in 23 per cent, it was the child who rejected the family. The main reason given for leaving home was ill-treatment (43 per cent). Only 12 per cent of street children had daily contact with their family, while 32 per cent had weekly contact. In 60 per cent of cases, they had most contact with their mother, while 18 per cent had contact with their father.

Thirty-six per cent usually slept in hideaways, while 34 per cent slept on the pavement. Seventy-five per cent had spent more than a year on the streets and 10 per cent 3 months or less. The average level of schooling was 2.46 years, and 14 per cent of street children had no education.

The primary activity of street children is begging (59 per cent). Twenty-five per cent steal and 10 per cent engage in prostitution. During their time on the streets, 88 per cent have been assaulted, by the police (66 per cent) or by strangers (34 per cent).

Thirteen per cent of street children have belonged to a youth gang, although only one third are sympathizers; currently 6 per cent belong to a gang. Some form of drug is used by 88 per cent, with glue the most common (67 per cent), followed by tobacco (60 per cent) and marijuana (43 per cent).

In terms of health, 94 per cent of this population have been ill during the last three months, with respiratory illnesses the most common complaint (73 per cent); 39 per cent have had an accident, 75 per cent of them having been hit by a car.

Fifty-two per cent of street children are sexually active and the average age of sexual onset is 12. Twenty-five per cent have a regular sexual partner and 26 per cent have sexual relations on a daily basis. On these occasions, 61 per cent use condoms as protection and 39 per cent use no protection; 10 per cent have had sexually transmitted diseases.

Forty-six per cent of street children get help from friends and 11 per cent currently attend an institution; 76 per cent have been in an institution at some time, 36 per cent of those for only one to three months. The main reason given for leaving the institution is the desire for freedom (38 per cent). In terms of future plans, 29 per cent of street children would like to return to their family and 46 per cent would like to study.

Application of the Convention on the Rights of the Child

B. General measures of implementation

1. Follow-up to recommendations

1.1 Inter-institutional coordination

In accordance with the recommendations of the Committee on the Rights of the Child regarding the need to establish adequate coordination between various governmental entities dealing with issues concerning children, the following actions have been taken:

(a) Reactivation of the Steering Committee, which comprises the President of the Republic or any person he designates as Chair, the Minister of Internal Affairs and Justice, the Minister of Education, the Minister of Health, the Minister of Labour and Social Security and the Executive Director, who acts as secretary: this has made it possible to tackle issues concerning children, working together to gather support for programmes for children at social risk and juvenile offenders or those in conflict with the criminal law and, on the preventive side, working with day care and community development centres.

(b) Reactivation of the Consultative Committee, which comprises the President of the Republic, the Supreme Court of Justice, the Office of the State Attorney-General, the Honduran Social Investment Fund (FHIS), the National Commissioner for Human Rights, the Family Allowance Programme (PRAF), the Paediatric Association of Honduras, the Psychological Association, the Association of Social Workers, the Bar Association, three representatives of NGOs and the COIPRODEN children's rights network.

(c) Coordination and participation at the international cooperation level:

- (i) United Nations Children's Fund (UNICEF);
- (ii) Cooperación Internacional Andaluza (Andalusian Agency for International Cooperation) - Spain;
- (iii) Spanish Agency for International Cooperation (AECI);
- (iv) Community of Madrid;
- (v) International Organization for Migration (IOM);
- (vi) International Labour Organization - Programme to Eliminate Commercial Sexual Exploitation (ILO - IPEC);
- (vii) Orphan Helpers;
- (viii) World Vision International;
- (ix) Plan International;
- (x) Goal Ireland;
- (xi) Global Fund;
- (xii) Pan American Health Organization (PAHO/WHO);
- (xiii) Embassy of Taiwan;
- (xiv) Embassy of Japan;
- (xv) Embassy of Germany;
- (xvi) Collège de Maisonmeure - Collèges Canadiens;
- (xvii) Friends International - Cambodia.

- (d) Coordination and participation at the national cooperation level:
 - (i) Office of the First Lady;
 - (ii) Social Cabinet/Council of Ministers;
 - (iii) Family and Child Commission - National Congress;
 - (iv) Education Commission - National Congress;
 - (v) Budget Commission - National Congress;
 - (vi) Supreme Court of Justice, through the Technical Unit for Judicial Reform (UTRPJ), First and Second Juvenile Courts;
 - (vii) State Attorney-General's Office, through the Office of the Attorney for Children and Persons with Disabilities, the Office of the Attorney for Human Rights and the chief of the prosecution service;
 - (viii) National Commissioner for Human Rights (CONADEH), through a representative;
 - (ix) State ministries, in particular the Ministry of Education, the Ministry of Health, the Ministry of Labour and the Ministry of Security, the Honduran Social Investment Fund (FHIS) and the Ministry of Internal Affairs and Justice;
 - (x) Institutes and executive offices, National Institute for Vocational Training (INFOP), National Institute for Youth (INJ), Institute for Women, National Statistics Institute (INE), Honduran Institute for the Prevention of Alcoholism, Drug Addiction and Drug Dependence (IHADFA).
- (e) Inter-agency commissions coordinated by the Honduran Institute for Children and the Family (IHNFA):
 - (i) Steering Committee;
 - (ii) Consultative Committee;
 - (iii) Inter-agency Committee for the Support of Orphans Vulnerable to HIV/AIDS;
 - (iv) Inter-agency Criminal Justice Commission on alternative solutions to the problems facing Honduran courts, particularly the juvenile courts owing to the shortfall in temporary juvenile detention centres;
 - (v) Bipartite Security Commission (IHNFA - Ministry of Security);

- (vi) Inter-agency team to review, reform and adopt the regulations governing IHNFA detention centres.
- (f) Inter-agency commissions coordinated by other institutions:
 - (i) Standing Commission on the Protection of the Physical and Moral Integrity of Children (Internal Affairs and Justice);
 - (ii) Inter-agency Commission against the Commercial Sexual Exploitation of Children and Adolescents (State Attorney-General's Office);
 - (iii) National Committee for the Gradual Eradication of Child Labour (Ministry of Labour - ILO);
 - (iv) Alliance for Children, Adolescents and Youth (IAJ), coordinated by UNFPA-UNICEF-PAHO, Inter-agency Programme for the Promotion of Adolescent and Youth Development in Honduras;
 - (v) Inter-agency Committee for the Protection of Migrant Children (IOM - Public Prosecutor's Office);
 - (vi) Honduran Inter-agency Commission on Addictions, coordinated by IHADFA.

1.2 Inadequacy of IHNFA financial and human resources

Given the IHNFA's budget constraints, various steps have been taken to meet institutional needs, and budget increases are requested from central government every year.

Efforts have been made to influence policy in the legislature and the executive in order to obtain a budget increase commensurate with IHNFA's effective needs.

Financial resources have also been acquired through international cooperation with the following bodies: UNICEF, the Inter-American Development Bank (IDB), Global Fund, the United Nations Development Programme (UNDP), PAHO/WHO, Catholic Relief Services, Steve Malone, the Andalusian Government, the Spanish Agency for International Cooperation, the Embassy of Japan, the Embassy of Germany, the Embassy of Taiwan, UNESCO and World Vision International, inter alia.

These steps to obtain funding have not been sufficient to permit assignment of suitable human resources as required in IHNFA centres. There are not enough human resources to respond to children's needs. Nevertheless, in order to address these limitations, cooperation has begun with the Ministries of Health, Education and Security, as well as with the National Institute for Vocational Training (INFOP), for the allocation of human resources in the medical, teaching and vocational fields, and the establishment of an inter-agency committee to improve security in detention centres.

Through cooperation agreements with the universities, professional support has been obtained for internships for social work students. Strategic cooperation alliances have been established with NGOs such as Orphan Helpers and Casa Alianza to obtain support in the vocational training, legal and counselling fields.

In addition, a process has begun to reassign IHNFA staff functions in line with needs and professional training. The IHNFA staffing tables have been revised and updated to reflect the original appointments, and will later be modified in accordance with the post and the centre to which it is assigned.

1.3 Non-discrimination

Concerning the principle of non-discrimination (point 3 of the Committee's comments on the second report of Honduras), and measures relating to these recommendations most of these were taken up in the third report of Honduras, as well as in the supplementary report by civil society organizations.

As stated in the third report, Honduras has made significant efforts to reduce exclusion and discrimination against children. The following are some of the programmes and projects targeting these vulnerable groups:

- “Our Roots” programme. Since 1995, US\$ 1,036,000,000 has been invested under the programme, benefiting approximately 125,000 families of ethnic origin;
- Natural Disaster Mitigation Project. A four-year project (2001-2005) with an investment of US\$ 10,820,000;
- Rural Land Management Project. An investment of US\$ 34 million, benefiting approximately 8,000 families, including 593 indigenous families;
- Basic Education Improvement Project. In 1997 the Ministry of Education created the National Programme of Education for Indigenous Ethnic Groups¹ and activities carried out during the project implementation phase included the development of proposals for the bilingual, intercultural education curriculum, the preparation, validation and printing of teaching materials in different languages, including dictionaries, and the design of training courses for indigenous and black teachers;
- Community Education Project. Extending over a period of five years (2002-2006) and with an investment of US\$ 41.5 million, this project aims to continue the process of improving the quality of preschool and basic education and to expand access for poor, marginalized and isolated population groups;

1

- Interactive Learning Project. Developed by the Honduran Science and Technology Council and with an investment of US\$ 12.3 million, this project aims to broaden scientific, environmental and cultural knowledge and to promote knowledge management within the context of sustainable development and ethnic diversity;
- Sustainable Coastal Tourism Project. With an investment of US\$ 5 million, this project is being executed on the Atlantic Coast of Honduras, from Omoa to Iriona, including the Islas de la Bahía. It includes a component to support the development of microenterprises by indigenous and black individuals, communities and peoples on a competitive basis. In addition to the benefit to a large number of the poor, the main ethnic peoples who benefit are the Garifuna and the Negro Inglés;
- Health Sector Reform Project. With an investment of US\$ 27.1 million, this project focuses on improving access to health services for people with low incomes and on improving the coverage and quality of the services of the Honduran Social Security Institute;
- Decree No. 61-2002. Honduras ratifies, without reservations, the International Convention on the Elimination of All Forms of Racial Discrimination.

There have been clear advances in education and health, which have improved the situation of poor children in rural and poor urban areas in particular. However, efforts targeting other groups of children and adolescents at risk are few and thinly spread.

Despite these significant achievements, the supplementary report of civil society organizations (Honduras, February 2005) shows that in Honduran society, as in most Latin American societies, there is gender discrimination of various kinds against women (3,477,193, or 51.15 per cent of the population), and particularly against young and adolescent girls (children are estimated at 50.4 per cent of the population, that is, 3,426,105). They are the least protected and least visible victims of gender discrimination, for although efforts are made to analyse the status of women also, and to include disaggregated data by gender, the tendency is to focus on adult women, so that disaggregated data on the particular situation of girls are scarce or virtually non-existent.

Despite this lack of data, it is possible to find some examples of gender discrimination in Honduras, by examining the status of women by age, as follows:

- According to the 2002 UNDP Human Development Report, the gender development index (GDI) in Honduras rose from 0.544 in 1994 to 0.628 in 2002, whereas the gender empowerment measure (GEM), which stood at 0.406 in 1995, showed that, by 2002, the empowerment of Honduran women in relation to men had fallen to 0.405, particularly in terms of female participation as members of parliament, ministers, mayors, deputy mayors or local councillors;

- The 2003 census recorded a total of 1,262,020 households, 25 per cent of which were headed by a woman (INE Continuing Multi-Purpose Household Survey). Some 100,000 people aged 14 to 24 were heads of households and 23 per cent of these were women;
- Overall life expectancy for women is 72; for women from ethnic populations it is 39 (PAHO indicators, 2000);
- A woman with the same standard of education as a man earns between 20 and 36 per cent less. In 2001, only 29.5 per cent of total GDP went directly to women. Nevertheless, it is recognized that the female economically active population (EAP) rose by 140 per cent between 1995 and 2001, giving women a 32.5 per cent share in the EAP. Unfortunately, however, the number of girls in the labour market also significantly increased;
- The 2001 National Epidemiology and Family Health Survey shows that 40 per cent of Honduran children aged 7 to 14 have come up against one of the three barriers to normal development within the education system: late entry, dropping out, and failure to progress from as expected grade to grade;
- Young and adolescent girls represent one of the age groups most exposed to urban violence. During the second half of 2001, there were on average two violent deaths per week among female minors as a result of, inter alia, rape, kidnapping or other offences linked to gang membership (IPEC/ILO Study of commercial sexual exploitation of children and adolescents in Honduras, 2002);
- Figures for domestic and family violence against women and children in Honduras show an upward trend. Unfortunately, there is no disaggregated data by age on assistance given to women and children by public bodies such as family counselling units, the courts or the Public Prosecutor's Office. In 2002, the family counselling services dealt with 4,413 cases of domestic violence.

Despite the data provided above, showing the sociocultural context that encourages and tolerates gender discrimination against women and girls, this inequitable situation has shown signs of relative improvement in the field of education. There are now more girls than boys in schools: in 2001, there were 101 girls for every 100 boys in primary education, and in secondary education the ratio rose to 132 for every 100. During the 1990s and until 2001, the relative literacy rates of men and women aged 15 to 24 were, on average, 103 women to 100 men.

Important legislative advances to combat discrimination include the adoption of the Equal Opportunities for Women Act, which provides for concrete affirmative action measures to overcome gender discrimination in various sectors. A further step towards the elimination of discrimination, in compliance with the Committee's comments, was Honduras's ratification of the International Convention on the Elimination of All Forms of

Racial Discrimination by Decree No. 61-2002, of 2 April 2002. This international treaty must now be implemented through national legislation, policies, programmes and projects on behalf of the population of ethnic origin, and particularly indigenous women and children.

1.4 Registration of births

1.4.1 Civil rights and freedoms associated with birth registration

The main impediment to the realization of this right is still the problem of access, by the rural population in particular, to the registry offices in the administrative centres of the 298 municipalities, chiefly owing to the great distances involved and the lack of roads. However, to make it easier to register, a recent amendment to the National Registration of Persons Act does away with the fines and extends the time limit for registration to one year. After five years children will be registered by court order. The economic factor is very important because of the costs involved in travelling from remote areas to municipal administrative centres. Problems also arise when children have not been recognized by their fathers and the mothers are hoping that this will occur. Moreover, civil registry officers' lack of training gives rise to registration errors, which can only be corrected through the judicial system.

The average registration rate in departmental administrative centres is 87 per cent but may be barely 10 per cent in rural areas. Non-registration and the absence of birth certificates are due to cultural and economic factors and to ignorance of the registration procedure and of the importance of this document. The cultural factor is particularly prevalent in rural areas, where children are registered when they have survived and reach the age of 2 or 3. The economic factor is very important because of the costs involved in travelling from remote areas to municipal administrative centres. Problems also arise when children have not been recognized by their fathers and the mothers are hoping that this will occur. Moreover, civil registry officers' lack of training gives rise to registration errors, which can only be corrected through the judicial system.

1.4.2 Action to promote birth registration

The State of Honduras, with the help of NGOs and international organizations, has made great efforts to implement the Committee's recommendation that it should ensure that birth registration procedures are widely known and understood by the population at large.

Starting in 2000, regular campaigns have been conducted to encourage birth registration, involving governmental institutions and civil society organizations and with the support of UNICEF, to mobilize public opinion and make people aware of the necessity and importance of registering children's birth, to make the registration procedures widely known and to encourage parents and relatives to register children, in particular those living in rural areas. One of the most notable efforts has been the campaign entitled "All Honduran children have the right to a name and a nationality", which was run by UNICEF and the National Registry Office and which resulted in the registration of more than 360,000 children aged between 0 and 12 years.

Campaigns and initiatives

- All Honduran children have the right to a name and a nationality;
- Step-by-step guide to birth registration;
- Civil registry staff training (hampered by continual staff changes, party politics, etc.);
- Institutional strengthening of the National Registry Office through the introduction of a communication and social mobilization unit to help the community embrace this right as normal behaviour for parents; and through concerted institutional action to ensure its realization and enforcement at the local, departmental and national levels;
- The new National Registration of Persons Act, which entered into force on 15 May 2004, retains the formal requirements established in the previous law in respect of name, identity and nationality (art. 49), but does not provide any rules to encourage or require the registration of births. The old law imposed a fine and a 30-day time limit for registration, whereas the new Act imposes no fines and extends the time limit for birth registration to one year;
- Article 43 of the National Registration of Persons Act stipulates that a child has the right to his or her individuality and to the name or names legally belonging to him or her. The child is registered with the family name of the father and of the mother or with conventional family names if the identity of one or both parents is unknown (art. 55);
- The Act establishes a person's right and obligation to acquire an identity card (*tarjeta de identidad*) on reaching the age of 18 (art. 88), and provides for an identity document (*carpet de identificación*) for children aged between 12 and 18 and the obligation to acquire and carry one and show it when requested to do so by anyone in authority;
- A regional study of birth registration in Honduras was carried out in 2002, sponsored by the Inter-American Children's Institute (IIN/OAS) and Plan International;
- The National Registry Office carried out a study of the current situation of Honduras's civil registration and vital statistics system in November 2000.

1.5 Child abuse and ill-treatment

While there have been no changes to the law during the period covered by the third report to ensure harsher penalties for ill-treatment of children, substantial progress has been made in curbing abuse and ill-treatment:

- Campaigns against abuse in its various aspects, in the mass media and in the form of courses, seminars, workshops, schools for parents, etc.;

- Action to broaden the scope for reporting cases. The terms of reference of the National and Municipal Human Rights Commissioners and the municipal children's advocates include protecting children from abuse;
- Specialists and institutions, particularly in the fields of education and health, have an obligation to protect and care for any child or young person showing obvious signs of aggression or who on examination proves to have been the victim of abuse;
- Training for workers involved in detection, care and treatment of child abuse. Honduran Institute for Children and the Family (IHNFA) and NGOs;
- With respect to protection services for ill-treated children, the Ministry of Health has 13 family counselling offices in 10 of the country's departmental capitals. They are situated in urban health centres and State hospitals, which facilitates access to comprehensive care;
- IHNFA has a counselling centre in the national capital which also runs the men's programme drawn up by the Ministry of Health to provide individual and group therapy for men involved in family violence.

The Public Prosecutor's Office registered a total of 609 cases of ill-treatment of children in 2002 and 773 in 2004. Complaints of physical abuse accounted for 92.7 per cent of the cases in 2004. Complaints of family violence registered by the Ministry of Health's Family Counselling Programme are also on the rise. They numbered 2,417 in 1998 and 4,413 in 2004, an increase of 82.6 per cent. There is a close correlation between these trends and the work done by government and non-governmental institutions to encourage the defence of women's and children's rights and the reporting of complaints. However, the measures to promote reporting have not been accompanied by any increase in the response capability of the system as a whole. The Ministry of Health's Family Counselling Programme reports having dealt with 13,917 people involved in problems of domestic violence and child abuse in 2004. Yet only two offices have a psychologist, a psychiatrist, a social worker and a legal adviser; the others have only a psychologist and a social worker. IHNFA has a family counselling unit in Tegucigalpa that deals with the problem as best it can, but that is clearly not enough to cope with the growing demand. Institutions have only a very limited capacity to meet the needs of this group, and the problem is compounded by the difficulties of access to the administration of justice, for while special courts have been set up to deal with cases of domestic violence, they are few in number and are concentrated in the major cities.

1.6 Malnutrition and limited access to health services in rural and remote areas

With reference to the Committee's concern about the persistent high rates of malnutrition in children under 5 years of age and in school-age children, substantial efforts have been made to improve children's nutritional status. However, the latest studies on the subject show that there is still a disturbingly high level of child malnutrition, with considerable variation from region to region.

According to the 2001 Epidemiology and Family Health Survey, only 1 per cent of children under 5 have a weight-height ratio of under -2.0 SD. The observed rate of chronic malnutrition nationally is 29.2 per cent, which means that, for every 1,000 children under the age of 5, there are 290 living in conditions of social and economic insecurity that adversely affect their growth.

There has been an improvement in the weight-age indicator. In 1991, 24.3 per cent of children from 12 to 59 months old were underweight for their age (global malnutrition); by 2001 this figure had fallen to 18.4 per cent.² The prevalence of anaemia in children from 12 to 59 months old declined from 32.6 per cent in 1991 to 29.6 per cent in 2001.

As the body responsible for supervising and executing measures to improve public health in Honduras, the Ministry of Health has strenuously promoted initiatives to address acute child malnutrition in various parts of the country. Outpatient nutrition services attached to health centres have been set up, an initiative supported by cooperation agencies, NGOs such as Médecins sans frontières and cooperation agencies such as UNICEF and the World Food Programme (WFP); these bodies have been working with the Ministry of Health since 1998 to set up the first nutrition supplement centres, particularly in Region 4.

This exercise has resulted in the establishment of 30 centres for the care of children with acute moderate malnutrition in the departments of Choluteca, El Paraíso and Intibuca.

Honduras has made considerable efforts to tackle this situation through a variety of food and nutrition programmes supported by bodies for international cooperation, especially the United States Agency for International Development (USAID), WFP, the European Economic Community and CARE International, as well as through bilateral cooperation with several friendly countries.

Child nutrition programmes and projects

- Complementary Feeding Programme (PAMI);
- School snack programme;
- Mother-and-infant voucher scheme;
- School voucher and school bag schemes;
- Programmes and projects to improve food production and consumption;
- Food for Work programme;
- Caja del Monte de España Foundation: rural credit banks;

- Ministry of Health's Micronutrient Deficiency Diseases Prevention and Control programme;
- NGOs, churches and Honduran and foreign non-profit organizations that work in support of food security.

No studies have been made in recent years to determine the levels of vitamin A deficiency in the various parts of the country.

The chief causes of child malnutrition in Honduras relate to insufficient food intake as a result of high levels of poverty. Children's food is inadequate because it is low in micronutrients, and this is a factor in some 39 per cent of child mortality. The problem starts at the mother's breast, for her own nutrition levels are no different.

1.7 Limited access to health services in rural areas

Despite the continued efforts of the Government through the Ministry of Health, coverage and response capacity in some municipalities is very limited. In some cases they are unable to cover even 70 per cent of the communities or their inhabitants.

The Ministry of Health nevertheless continued its efforts to identify strategies for extending cover to communities and population groups without physical or economic access to basic health services. As part of the project for the restructuring and extension of basic health services (PRIESS) and as a means of dealing promptly with the low levels of basic health service coverage, particularly for population groups living in extreme poverty, a number of municipalities have been selected as priority areas for support and the strengthening of primary care. The intention is to extend basic health service coverage through the application to families in the bottom two income quintiles and living in the priority municipalities of a basic services package (PBS) worth approximately US\$ 15 a head per year, and thus to strengthen or commence real and sustained basic coverage.

The following are some of the Government's commitments and achievements, through the Ministry of Health, in extending health service coverage in rural areas:

- Reform of the health sector with a view to establishing a national health service with universal access;
- Repair of health centres damaged by hurricane Mitch and expansion of infrastructure and coverage, especially where that will improve access by the rural population (new rural health centres or CESAR): from 861 rural health centres in 1998 to 1,041 in 2004;
- Increase in the number of health-care establishments and hospital beds between 1998 and 2004: from 4,739 in 1998 to 5,158 in 2004;

- The average number of consultations per person rose from 1 in 1998 to 1.2 in 2004. The corresponding figures for children under 5 years of age were 2.2 in 1998 and 3 in 2004. The largest increase was in check-ups for newborns, which rose from 77.7 per cent in 1996 to 90.7 per cent in 2001. There was a substantial increase in the number of mother-and-child clinics, which rose from 16 in 1998 to 34 in 2004, and in the number of health centres with a doctor (CESAMO), which went up from 231 in 1998 to 251 in 2004;
- The Honduran Social Security Institute has broadened children's access to health care by raising the age limit for receipt of comprehensive care from 5 to 12 years;
- Control of vaccine-preventable diseases has continued through the maintenance and/or increase of immunization coverage;
- Project for the restructuring and extension of basic health services (PRIESS);
- Basic health service package (PBS). Since implementation of this strategy, access to health services has been extended to 50,000 people (first and foremost mothers and children) who previously had no regular access to such services. This was achieved by signing five agreements with four NGOs for the provision of a basic service package to 50,000 residents in six communities in six municipalities in two health regions. The initial phase of this expansion concentrated on the municipalities with the highest poverty rates and the worst health indicators in the country.

It has to be said that, notwithstanding the considerable efforts to extend and promote health services, there are still problems of supply and demand. On the one hand, the Ministry of Health, the Honduran Social Security Institute and private-sector (profit-making or non-profit) institutions have been unable to establish any real linkages that would guarantee access and contribute to universal coverage and there remain serious differences in access and quality of services between regions, departments and urban and rural areas. On the other hand, people often seek help from second- and third-level centres, where providing care costs more both for the health system and for the patient.

1.8 Adolescent health, particularly early pregnancy

The Committee has expressed concern at the high and increasing rate of teenage pregnancy and the insufficient access by teenagers to reproductive health education and counselling services, including outside school.

The Ministry of Health has devised a national comprehensive care programme for adolescents that takes into account the criteria of the Convention and the recommendations of the Cairo and Beijing Conferences and includes strategies to promote health initiatives for adolescents and their social circles: parents, peer groups and teachers.

In 2002 the programme was approved and placed under the Department of Health Promotion and Protection. To ensure and facilitate implementation, the programme has produced a handbook on standards of comprehensive care of adolescents and the guidelines it contains have been widely publicized among health workers at the various levels of care.

Since 2002 comprehensive services for adolescents have been provided in the country's various health facilities and a care network with a comprehensive approach specifically for this population group is gradually taking shape. As has already been said, there are rules and protocols for care and a care quality initiative. The Ministry of Health has supported work with groups of young people through national and departmental events and educational activities in municipalities.

Although 48 per cent of females between 15 and 24 years of age have received some formal sex education, pregnancy rates in this age group are high, and rise with age: 10.7 per cent at age 15, 16 per cent at age 16, 28.7 per cent at age 17, 39 per cent at age 18, 55.9 per cent at age 19 and 83.1 per cent at age 24. Of women between 15 and 24 years of age, 63.7 per cent report not wanting to become pregnant at the time they were asked.³ Overall, 27 per cent of girls under 18 years of age have had a live child.

This situation is attributable to the early onset of sexual activity, with a rate of 10.5 per cent among girls aged under 15 and 47 per cent among girls aged under 18. No data is available concerning pregnancy in girls aged under 15, but maternal mortality in this age group (12-14) is estimated at 391 per 100,000 live births, which is above the overall rate of maternal mortality (estimated at 108 per 100,000 live births).

There has been a drop in the overall fertility rate, i.e., the average number of children per woman of childbearing age, which fell from 5.1 in 1991/1992 and 4.9 in 1996 to 4.4 in 2001 (2001 Epidemiology and Family Health Survey). An important point to note is that, despite this overall decline, there is still a significant difference in fertility rates between mothers with no schooling (6.54 children on average) and those with seven years' education or more (2.71 children on average).

In comparative terms the fertility rate in the 15-19 age group is the only one that has continued to rise, whereas in the other age groups there has been a steady decline (2001 Epidemiology and Family Health Survey). Thus the fertility rate among adolescents shows a high number of births among adolescent mothers (137 per 1,000 mothers; 27 of every 100 women under 18 have had a live child).

Maternal mortality among adolescents (12-14) is estimated at 391 deaths per 100,000 live births, a rate nearly four times as high as the national average for adult women, which is an estimated 108 per 100,000 live births (2001 Epidemiology and Family Health Survey).

1.9 Economic and sexual exploitation

Executive Decree No. 17-98 established a National Commission for the Gradual Eradication of Child Labour in Honduras, with the First Lady of the Republic as honorary Chair and, as Executive Secretary, the Minister of Labour and Social Security, who is responsible for devising State policy against child labour and overseeing its implementation. In 2005 the Commission opened a coordinating and executive office comprising IHNFA, the children's

³ 2001 Epidemiology and Family Health Survey.

rights network COIPRODEN, the Ministry of Labour and Social Security, the General Workers' Confederation (CGT) and the United Workers' Confederation (CUTH). To date it has established nine regional subcommissions in the cities of Choluteca, Danli, Juticalpa, Comayagua, Santa Bárbara, San Pedro Sula, Santa Rosa de Copán, La Ceiba and San Lorenzo.

Action taken by the Commission includes the following:

- Study of the child labour situation in Honduras;
- Preparation and implementation of the national plan of action for the gradual eradication of child labour;
- Training of key actors for awareness-raising and prevention, intercultural bilingual education, training for child divers, and vocational training for boys withdrawn from farm labour and girls withdrawn from domestic service;
- Scholarships for child market workers;
- Studies and research into child labour and compilation of lists of the worst forms of child labour;
- Implementation of various projects to eradicate child labour in the coffee, melon, salt and sugar industries, underwater fishing, firework-making, refuse scavenging or collection, domestic service, market work and commercial sexual exploitation;
- Education project for child workers in the seven regional subcommissions;
- Job creation scheme involving fast-food training for child workers and their families, entitling them on completion of the course to seed capital to set up microenterprises.

Sexual exploitation

An Inter-Agency Commission against the Commercial Sexual Exploitation of Children and Adolescents was set up in 2002. This is a national intersectoral, inter-agency body established to plan, coordinate, monitor, evaluate and systematize action to prevent and eradicate the commercial sexual exploitation of children and adolescents in Honduras, in order to ensure a comprehensive approach to the issue.

The Commission comprises 52 State institutions and civil society organizations and as a first step reviewed the national and regional research on the subject.

In 2003 the Commission was given a sworn mandate by Congress to introduce amendments to the Criminal Code prohibiting crimes of sexual exploitation and to monitor the implementation of the law.

Also in 2003, an international cooperation board was established to plan and follow up the process and provide technical and financial support.

Progress made

- A new legal framework: adoption of amendments to the Criminal Code concerning sexual offences (Decree No. 134-2005);
- Action Plan to Combat the Commercial Sexual Exploitation of Children and Adolescents;
- Awareness-raising and training for large numbers of judicial officials and key actors, juvenile judges, prosecutors, immigration officials and the media;
- Media publicity;
- Placing the issue on the public agenda;
- Compliance with international agreements signed and ratified by Honduras on the protection of women's, children's and adolescents' human rights and against the commercial sexual exploitation of children and adolescents;
- Involvement of international cooperation and civil society in the issue.

1.10 Children living and working in the street

Though the overall situation in Honduras has not been ideal, a number of very positive developments can be noted that are of major importance for children and pave the way for further commitments:

- Honduras attended the special session of the United Nations General Assembly on children in May 2002 and undertook to spare no effort in ensuring that children enjoyed the highest standard of living;
- With the help of UNICEF, the State is updating its analysis of the situation of children and adolescents in Honduras, so as to establish a baseline for public policy on children, focusing particularly on the most vulnerable groups;
- The Family Allowance Programme (PRAF) is currently conducting a countrywide inquiry into street children;
- The Honduran State has begun drafting a national action plan for children incorporating the targets adopted at the special session for the coming decade;
- Honduras has an Institute for Children and the Family (IHNFA), as well as other State bodies, and these are responsible for devising and implementing policies and programmes for children. Work is under way to facilitate improvements to the budget allocation for the social sector;
- Congress has passed a Decree-Law proclaiming 2003 as the Year of the Child;

- As a result of decentralization to the municipal level and the signing of the Covenant on Children by Honduras's 298 mayors, municipal action plans for children are emerging that include protection of the most vulnerable children as a priority for local authorities;
- The Association of Honduran Municipalities, with the support of UNICEF, has launched a major training drive to enable local authorities to carry out studies and develop municipal work plans prioritizing children, and this will form the framework for the following project.

Project's relationship with the UNICEF cooperation programme 2002-2006

The proposal for a census of street children is part of the programme on realization of children's and women's rights, which is an important component of the Master Plan of Operations signed between the Government of Honduras and UNICEF for 2002-2006.

This programme centres around comprehensive action at the local level to implement the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, with special emphasis on human rights protection; this action must be based on a thorough understanding of the question of children and adolescents. The main features of the project include research and special studies, the development of local networks for the promotion and defence of children's rights, strengthening of the mechanisms for handling complaints of rights violations, active participation by local civil society organizations in implementing rights and the involvement of basic social services such as education and health in the realization and enforcement of rights.

1.11 Prevention and rehabilitation of members of youth gangs

1.11.1 Activities related to the Committee's recommendation to continue cooperation between the State and NGOs

This programme began in 2004 as a State policy aimed at preventing youths from joining gangs and at socially rehabilitating and reintegrating those that are in gangs. It includes the following components:

- Prevention and healthy lifestyles;
- Human rehabilitation and reconstruction;
- Social reintegration ("A clean slate, a new life").

The National Prevention, Rehabilitation and Social Reintegration Programme for Gang Members provides financial and technical support, assessment and monitoring for NGOs working in these fields, as described below:

Financial support:

As of November 2006, funding in the following amounts was provided to 10 NGOs:

Gang prevention projects	2 583 333.33 lempiras
Young gang member rehabilitation projects	2 380 334.10 lempiras
Former gang member reintegration projects	2 283 333.30 lempiras
Total	7 247 000.73 lempiras

Technical support

- A handbook on the formulation and monitoring of projects was prepared and published in cooperation with the non-governmental sector;
- Training was provided to 40 NGO officials and employees on the formulation of prevention, rehabilitation and social reintegration projects;
- Instruction was provided to 3,500 secondary school students on prevention of gangs;
- Assistance was given to people in NGO programmes as part of a tattoo-erasing project for rehabilitated former gang members called “A clean slate, a new life”. To date, 246 young people have had their tattoos removed.

Assessment and monitoring

- The performance of the 10 NGOs that receive funding from the programme is monitored and assessed;
- The NGOs that take part in the tattoo-erasing programme are monitored and assessed;
- Public prevention, rehabilitation and social reintegration policies are now being drawn up and will be used in ongoing assessment of the performance of non-governmental and governmental projects and programmes.

1.11.2 Adoption of protection and rehabilitation measures and policies for children members of youth gangs

- The National Prevention, Rehabilitation and Social Reintegration Programme for Gang Members is currently formulating a national gang prevention, rehabilitation and social reintegration policy. The policy will be publicized widely with a view to building consensus;

- The Honduran Institute for Children and the Family (IHNFA) runs four juvenile detention centres - Renaciendo, Sagrado Corazón, El Carmen and Jalteva - where children are held separately from adults and by juvenile court order. A high percentage of these children are from gangs. The centres have undertaken to improve their operations so as to fully carry out their mission of rehabilitation.

2. Please indicate whether the Convention on the Rights of the Child has been invoked directly in domestic courts and, if so, please provide examples of such cases

The Convention has been invoked in the following cases:

- Social risk;
- Imminent danger;
- Child abuse or ill-treatment;
- Abandonment;
- Children in conflict with the criminal law;
- Right to a name and a nationality.

3. Opportunities Plan for Children and Adolescents

The Opportunities Plan was adopted in 2005 and originally derived from the National Children and Adolescents Plan of Honduras (PANNA). The Plan addresses all the areas covered by the Convention, as can be seen from its components:

- Promotion of a healthy lifestyle;
- Combating HIV/AIDS;
- Access to quality education;
- Protection of children's rights.

Strategic objectives of the Opportunities Plan for Children and Adolescents:

- Promoting institutional action to provide services of higher quality to more children and adolescents; and
- Coordinating the work done by the public and private sectors.

Its specific objective is to promote the following rights:

- Promoting a healthy lifestyle, with quality and equity of primary care and nutrition;
- Implementing the National HIV/AIDS Plan;

- Improving access to and quality of education at the preschool, basic and secondary levels;
- Eliminating violence, sexual exploitation and the worst forms of child labour;
- Promoting the participatory rights of children and adolescents.

A world fit for children served as a reference document for the drafting of this Plan.

4. Activities and resources made available to the Office of the National Human Rights Commissioner (CONADEH)

Activities of CONADEH

CONADEH has 16 departmental delegations which receive complaints of violations of children's rights.

The Office's activities are as follows:

- To receive complaints of violations of the human rights of children and adolescents;
- To work to promote and teach the rights of the child;
- To draw up public policies to care for children and adolescents who are at social risk or in conflict with the law.

In 2005 UNICEF provided US\$ 74,400 to administer these programmes.

Coordination with Offices of the Municipal Human Rights Commissioners

The office of Municipal Human Rights Commissioner was established pursuant to article 59 of the Municipalities Act, as amended. Municipal commissioners are elected by the municipal corporations in duly convened open meetings, from a list of four persons proposed by civil society organizations, for a term of two years. One of the municipal commissioner's functions is to ensure observance of human rights and respect for the living community, cultural diversity, biodiversity and the environment.

The Office of the National Human Rights Commissioner promotes the election of municipal commissioners by local councils around the country and helps train them using training modules on:

- Representative democracy;
- Human rights;
- Public hearings;
- Consumer rights.

Thus these commissioners are responsible to their municipal administrations, not to CONADEH. CONADEH has assisted in the election of 151 municipal commissioners.

Can a Commissioner receive and consider individual complaints, including from children?

The Commissioner can receive them, consider them and forward them to the competent authorities in the municipalities in question.

What type of follow-up is given to their findings?

At present they are not able to follow up on their findings.

5. Measures taken by IHNFA to deal with its lack of human and financial resources

Given the IHNFA's budget constraints, various steps have been taken to meet institutional needs, and budget increases are requested from central government every year.

Efforts have been made to influence policy in the legislature and the executive in order to obtain a budget increase, commensurate with IHNFA's effective needs.

Financial resources have also been acquired through international cooperation with the following bodies: UNICEF, the Inter-American Development Bank (IDB), Global Fund, the United Nations Development Programme (UNDP), PAHO/WHO, Catholic Relief Services, Steve Malone, the Andalusian Government, the Spanish Agency for International Cooperation, the Embassy of Japan, the Embassy of Germany, the Embassy of Taiwan, UNESCO and World Vision International, inter alia.

These steps to obtain funding have not been sufficient to permit assignment of suitable human resources as required in IHNFA centres. There are not enough human resources to respond to children's needs. Nevertheless, in order to address these limitations, cooperation has begun with the Ministries of Health, Education and Security, as well as with the National Institute for Vocational Training (INFOP), for the allocation of human resources in the medical, teaching and vocational fields, and the establishment of an inter-agency committee to improve security in detention centres.

Through cooperation agreements with the universities, professional support has been obtained for internships for social work students. Strategic cooperation alliances have been established with NGOs such as Orphan Helpers and Casa Alianza to obtain support in the vocational training, legal and counselling fields.

In addition, a process has begun to reassign IHNFA staff functions in line with needs and professional training. The IHNFA staffing tables have been revised and updated to reflect the original appointments, and will later be modified in accordance with the post and the centre to which it is assigned.

Further to the information contained in the second paragraph above, the present Government has set itself the goal, as part of its policy on institutions, of completely overhauling IHNFA so that the institution can take the lead in formulating and implementing State policies on children, adolescents and the family.

6. Measures taken to improve the system for collection of data on children under 18

The research department of IHNFA is engaged in the following activities in the area of data collection on children under 18:

- Establishment of a National Childhood Observatory. There are plans to work with the National Statistics Institute to develop a childhood observatory to receive information from municipal governments and NGOs;
- All information on children in Honduras is currently being updated;
- A database is being developed to study commercial sexual exploitation of children and adolescents (Casa Alianza/IHNFA);
- New studies on child exploitation and street children.

7. Measures taken to publicize the Convention and the State party report

Application of the Convention is dependent on the amount of publicity it is given, which in turn depends directly on the promotion of an information culture that advocates a vision of children as social subjects, endowed with full rights.

Regarding dissemination of the rights of the child through the Convention, an acceptably large proportion of children are aware of their rights. According to an IHNFA/UNICEF report published in 1999 and entitled “How we as adults think and act concerning the rights of children”, 79 per cent of adults were aware of the rights of the child. Children’s awareness centred on specific rights: the right to education (62 per cent), the right not to be abused (43 per cent), the right to health (42 per cent) and the right to be loved (30 per cent).

The various children’s agencies - national and international, governmental and non-governmental - have clearly made some real efforts to publicize the Convention effectively. For example, IHNFA, with the cooperation of UNICEF, has in the past five years published a series of versions of the Convention (pocket and illustrated editions, as well as in loose-leaf binder form for use in talks, all in thousands of copies). The Committee’s concluding observations on the last report of Honduras have also been published. While the last report but one was not published, the third report has been put on the IHNFA web page and publicized in two campaigns by children’s agencies. There are plans to publish the report this year along with the current concluding observations in a final, updated document taking stock of the situation of Honduran children. Every year, a national children’s congress is held (for children aged 7 to 12) at the Honduran National Congress with the objective of raising awareness of and implementing the Convention on the Rights of the Child. The Convention is also widely disseminated through the Inter-American Network of Information on Children and the Family (RIINFA), under an information exchange agreement between IHNFA and the Inter-American Children’s Institute of the Organization of American States (OAS). This Network has, inter alia, the most comprehensive information system in the country, and specialized databases on children, youth and the family, which currently contain not only references, but also the full text in digital format (Dr. Luis Morquio virtual library). As part of the effort to publicize the Convention, a training programme on human rights and children was carried out in 2005 for IHNFA staff and NGOs,

with financial support from UNICEF and coordinated by the Office of the National Human Rights Commissioner. One of the main components of these training programmes was a talk on the Convention and human rights, and participants were given pocket versions of the Convention. IHNFA and government and non-governmental bodies also give training on the Convention around the country, principally in schools.

8. Development concerning the draft law on adoption and the process of ratification of the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption

In 2000 IHNFA, working with officials of the central Government and the judiciary, drew up a draft Special Act on Adoptions, which would remove the provisions on adoption from the Family Code and amend the related provisions of the Children and Adolescents Code. It is currently being circulated around the appropriate national bodies for feedback and will then be submitted to Congress for adoption, publication and entry into force.

The legal framework governing adoption in Honduras consists of:

- (a) The Constitution;
- (b) The Convention on the Rights of the Child;
- (c) The Children and Adolescents Code;
- (d) The Family Code;
- (e) The IHNFA Act;
- (f) The (IHNFA) adoption regulations.

The institutions responsible for implementing adoption-related measures are the family courts and IHNFA.

The ratification process for the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption has begun, with the cooperation of the International Treaties Section of the Ministry of Foreign Affairs and assistance from the Supreme Court, CONADEH, Congress, the Embassy of Honduras in the Netherlands and the Department of Modernization of the State of Honduras (Office of the President).

9. NGOs' role in implementing the Convention and preparing the State party report

Civil society organizations working with children in Honduras have formed a network of children's rights organizations known as COIPRODEN, which is an umbrella NGO for more than 24 civil society organizations working to protect children's rights in Honduras. Over the years, these NGOs have monitored the implementation of international commitments undertaken by the State as a signatory of the Convention on the Rights of the Child. They have presented a series of alternative reports to supplement the official reports, in 1994, 1997, 1998 and 2005.

These NGOs' vision of child protection is based on the application of the Convention and its principles.

The main functions of these bodies can be summed up as follows:

To coordinate and strengthen activities for the promotion and defence of the best interests of Honduran children in order to ensure their full development; to be an organization that is actively and effectively involved in building a society where the rights of Honduran children are observed and enjoyed; to promote coordination, solidarity and consolidation to improve the work (programmes and projects) being done with children; to actively participate in the formulation and implementation of public policies for children; to coordinate with national and international bodies for the promotion and protection of children's rights; to promote participation by their affiliates so as to strengthen the work and support provided by the organizations themselves; to achieve consolidation to allow for social and financial sustainability as a coordinating body; and to develop forums for participation by children and youth, both within and outside the network.

These NGOs have also used their programmes to carry out various activities supporting implementation of the Convention, particularly with regard to street children, children's participation, child abuse, commercial sexual exploitation, child labour, lobbying and advocacy, institutional development, children in the community, children in special situations, children in institutions, children with HIV/AIDS, sex education, teacher training, training for municipal officials, panel discussions, seminars and other means of publicizing the rights and guarantees covered by the Convention.

NGO activities under the Convention

- National plans for children and youth:
 - National Children and Adolescents Plan;
 - National Action Plan to Combat the Commercial Sexual Exploitation of Children and Adolescents;
 - National Plan of Action for the Gradual Eradication of Child Labour.
- Civil society organizations:
 - Collective for life, peace and justice;
 - Comcorde (coordinates efforts of NGOs and private development organizations working in the education sector);
 - Strategic forum of international cooperation agencies for the poverty reduction strategy;
 - Interforos.

- Government-civil society coordination:
 - National Commission for the Clarification of Extrajudicial Deaths of Children and Youths in Honduras;
 - National Harmonization Commission for Liaison between Civil Society and Congress;
 - Honduran Social Investment Fund/Honduras Social Assistance Innovations Fund advisory board;
 - Advisory group for the poverty reduction strategy;
 - IHNFA advisory board;
 - FONAC (National Forum on Convergence);
 - Office of the President, in various programmes and projects supporting children.
- International coordination:
 - Subregional (Subregional initiative for Central America, Panama, Mexico and the Dominican Republic);
 - Ibero-American League of Civil Society Organizations Working to Overcome Poverty and Social Exclusion;
 - The Child Rights Information Network (CRIN).

NGO participation in preparing the report of the State party*

As stated above, since the adoption of the Convention in May 1990 civil society organizations (NGOs) have presented four alternative reports to the official reports.

In respect specifically of the preparation of the State party's official report, they have cooperated by providing information in their areas of competence so as to improve the quality of the report. The latest official report, issued in 2005, was circulated twice to NGOs working with children.

* The replies for this report were formulated with the active participation of civil society. Inter-agency commissions were set up to describe the actual situation of children from the point of view of the State and NGOs.

10. Issues considered to be priorities by the State party for the implementation of the Convention

- Commercial sexual exploitation of children and adolescents;
- Child labour;
- Street children;
- Child abuse;
- Disabled children;
- Children in conflict with the criminal law;
- Children living in extreme poverty;
- AIDS orphans and children vulnerable to HIV/AIDS;
- Summary executions of children (death of minors);
- Abandoned children;
- Children with undocumented immigration status.

C. The State party is invited to briefly (3 pages maximum) update the information provided in its report

(a) New bills or enacted legislation

- Responsible Motherhood and Fatherhood Act. In the process of adoption by Congress;
- Act on the Protection of Honduran Emigrants and their Families;
- Revision of Title II of the Code of Criminal Procedure, chapter on Sexual Offences (Decree No. 134-2005);
- Regulations of the IHNFA Act (pending adoption);
- Preliminary draft of a new Adoptions Act (pending adoption).

(b) New institutions

- Establishment of the National Institute for Youth;
- Comcorde (coordinates efforts of NGOs and private development organizations working in the education sector).

(c) Newly implemented policies

- Overhaul of IHNFA (so that the institution can take the lead in State policies on children and the family; currently under way);
- Emphasis on prevention programmes (comprehensive protection);
- Reorientation of IHNFA's basic programmes, with a strengthening of the technical framework of each programme;
- Conversion of the Adoption Department into a special programme;
- Establishment of a special programme for the comprehensive protection of AIDS orphans and children vulnerable to HIV/AIDS;
- Protection of street children through the provision of care with an approach based on comprehensive prevention;
- Promotion and publicizing of IHNFA's mission;
- Coordination with local government (municipalities) for the implementation of the Covenant on Children.

(d) Newly implemented programmes and projects and their scope

- Special programme for the comprehensive protection of AIDS orphans and children vulnerable to HIV/AIDS;
- Special programme for adoptions;
- Establishment of a National Childhood Observatory;
- Establishment of an NGO information system;
- Programme targeting vulnerable children, adolescents and women in urban areas.

Implementation of the poverty reduction strategy and the Millennium Development Goals has resulted in an analysis and a plan of action to improve the lot of two historically marginalized groups: the first is "Children, adolescents and families (with dependent minors) surviving in the street", and the second is "Children, adolescents and families working as garbage pickers".

Another component of the same initiative is the national plan of action for the social integration of children and women surviving in the street, which is based on quantitative and qualitative assessments.

The objectives of the proposed plan of action are as follows:

- To establish the institutional, economic and cultural conditions for the full exercise of rights, in particular the rights to education, recreation, participation and health;
- To ensure effective observance of the labour rights of children when they are legally permitted to work;
- To coordinate and establish strategic alliances, combining efforts with the various bodies, public and private institutions, cooperation organizations and civil society.

The components of the plan have been defined taking into consideration suggestions made in the light of practical experience of those working in this field and input from the population in question, as provided using the plan's methodology.

In accordance with the plan of action's intervention strategy, its overall administration has been assigned to the poverty reduction strategy. The plan will be executed through the annual operating plans of the various government agencies.
