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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Mexico

Proposed indicative UNFPA assistance: \$21 million: \$6 million from regular resources and \$15 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2020-2024)

Cycle of assistance: Seventh

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.5	4.0	5.5
Outcome 2	Adolescents and youth	2.3	5.0	7.3
Outcome 3	Gender equality and women's empowerment	0.6	3.0	3.6
Outcome 4	Population dynamics	1.1	3.0	4.1
Programme coordination and assistance		0.5	0	0.5
Total		6.0	15.0	21.0



I. Programme rationale

1. Mexico is a federal republic comprising 32 independent states and 2,458 municipalities. It is the second most populous country in Latin America (125.3 million people in 2018). In 2015, 21.5 per cent of Mexicans identified themselves as indigenous. The country's population structure is changing rapidly, as it nears the end of its demographic transition. Mexico is still a relatively young country, with 26.5 per cent under age 15, 66.2 per cent aged 15-64 years, and 7.2 per cent aged 65 years and older. Over the next decades, it can still take advantage of the demographic dividend by investing in youth, while preparing for rapid population ageing. By 2050, adults 65 years and older will have increased to 17.9 per cent.

2. Over the last decades, demographic transition, internal and international migration have determined population structure and distribution. An estimated 25 million people of Mexican descent live abroad – primarily in the United States. Besides being a country of origin, it is also one of transit, return, and destination of migrants. An increasing number of undocumented migrants often stay in Mexico, where they are exposed to discrimination, xenophobia, and violence, particularly against women and adolescents. As a result of rural-urban migration, over 80 per cent of people live in urban areas. Drug-related violence and social and territorial conflicts have forced internal displacement of tens of thousands of people. The impact of climate change has increased Mexico's vulnerability to natural disasters, such as floods and droughts, besides regularly recurring hurricanes, earthquakes and volcanic eruptions, which disproportionately affect the poorest and most excluded populations.

3. Although Mexico is an upper-middle income country, poverty and inequality remain high. In 2016, 53.4 million people (43.6 per cent of the population) still lived in poverty. Huge socioeconomic inequalities persist, often associated with geographic location, ethnicity, gender, and age. Per capita income in Mexico City is roughly six times that of the State of Chiapas. Poverty is disproportionately high among indigenous people (72 per cent) and young people (roughly 50 per cent). More than half of young people either have informal or precarious employment, and have limited access to social services, including health services. They are also particularly exposed to violence (60 per cent of crime victims are aged 18-29 years), with women and girls being disproportionately affected.

4. The new National Development Plan 2019-2024 and sectoral plans embrace the 2030 Agenda principle of leaving no one behind, as they vow to pursue sustainable development while building a more inclusive society. Despite generally advanced legal and policy frameworks, especially at federal level and particularly in the areas of health, population and development, youth and women's rights, and gender equality, implementation lags behind, mainly due to lack of harmonization of federal and states' frameworks as well as varying local institutional capacities. Maternal mortality, adolescent pregnancy and gender-based violence are priority development challenges, especially in the southern and south-eastern states, where the majority of indigenous people live.

5. Maternal mortality ratio declined by 61.5 per cent, from 88.7 per 100,000 live births in 1990 to 34.0 per 100,000 live births in 2017. However, childbirth is highly medicalized (half of all births occurring by caesarean section). Significant regional disparities remain, with the southern states of Chiapas, Guerrero, and Oaxaca presenting the highest maternal mortality ratios in the country (68.3, 67.8, and 50.5 respectively). The health system's response to women's needs is now focusing on increasing universal access to reproductive health care and improving quality within the primary healthcare national strategy. Midwifery strengthening with an intercultural perspective is part of these efforts.

6. While overall fertility rate dropped to 2.21 in 2014, adolescent fertility increased by 10 per cent between 2009 and 2014, from 70 to 77 per 1,000 women aged 15-19 years (one in every five births), ranging from 58.9 in Mexico City to 113.5 in Coahuila State. In response, the Government launched the National Strategy for the Prevention of Adolescent Pregnancy in 2015. In Mexico, approximately 40 per cent of pregnancies are unplanned; half of them correspond to adolescent girls. In 2017, over 11,000 births were recorded in the 10-14-year age group, reflecting an upward trend in sexual violence. Child marriage and early unions still occur, particularly among indigenous and rural populations, and are linked

to adolescent pregnancy and sexual violence. Although sexuality education integrates the public education curricula, its implementation has been uneven and its impact has not been evaluated.

7. Unmet need for modern contraception was estimated at 11.4 per cent among women in-union and 28.9 per cent for women not in-union, with adolescent girls aged 15-19 years recording the highest unmet needs (28.1 per cent and 42.5 per cent, respectively). The contraceptive method mixed among adolescent girls is: male condom (38.1 per cent), followed by IUD (26.7 per cent) and sub-dermal implant (11.1 per cent). Federal health regulations allow adolescents' access to contraceptives, but most adolescents and young people are unaware of this. Logistics management needs to be improved to guarantee the availability of contraceptives everywhere. There is no specific budget line for modern contraceptives and not all are procured centrally, causing an increase in their cost.

8. HIV prevalence is only 0.3 in Mexico, and is highly concentrated among men who have sex with men, transgender women, intravenous drug users, sex workers, and inmates. Stigma and discrimination hamper the effective implementation of preventive measures and over 40 people are still infected with HIV every day.

9. Violence against women and girls claimed 3,324 women's lives in 2017 (9 per day). Two thirds of women aged 15 and over suffered at least one violent incident in their lives and 41.3 per cent have experienced sexual violence. Exposure to violence starts at a young age, as reported by 60 per cent of adolescent girls aged 15-17 years. Patriarchal culture, high levels of inequality and impunity contribute to perpetuating violence. Multi-sectoral response needs to be strengthened.

10. Mexico has strong federal institutions and technical capacities for data collection, processing, and analysis. However, a higher degree of disaggregation by age, sex, and geographic location is required to fully monitor the Sustainable Development Goals (SDGs) and the Montevideo Consensus indicators. Also, quality of administrative records and capacities to generate and use spatial and time-bound information needs to be improved at subnational level for policy design, planning, and evaluation, including for emergency preparedness and response.

11. UNFPA will build on lessons learned from the midterm review of the previous country programme and project evaluations: (a) documentation of good practices to enable scaling-up of initiatives and South-South and triangular cooperation; (b) strategic partnerships and resource mobilization with federal and state governments, and private sector, were crucial to enable programme outcomes; (c) institutional capacity development, especially at subnational level, is still required.

II. Programme priorities and partnerships

12. The country programme is aligned with the National Development Plan 2019-2024; the 2030 Agenda for Sustainable Development; United Nations Development Assistance Framework for Mexico 2020-2024; ICPD Programme of Action; and Montevideo Consensus. It will contribute to SDGs 3, 4, 5, 10, 11 and 17 and indirectly to SDG 1. The programme was developed in close consultation with the Government, academia, civil society and other development partners, including other United Nations organizations.

13. The programme responds to national priorities and contributes to the three transformative results for UNFPA, supporting efforts to improve maternal and newborn health, reduce unmet need for contraception and strengthen multi-sectoral response to gender-based violence. It will use human rights-based, gender-responsive, culturally sensitive and life-cycle approaches. Comprehensive strategies, addressing the social determinants of sexual and reproductive health, well-being, and development of adolescents and youth, will focus on the prevention of adolescent pregnancy, child marriage, and early unions. Interventions address implementation gaps in policy frameworks, strengthening institutional capacities at the subnational level and improving articulation with the federal level. Enhancing the use of population data systems, at national and subnational levels, will be critical to mapping inequalities and guiding evidence-based public policymaking. The programme scope will be national and subnational, focusing on women, adolescents and

youth, especially in central, southern and south-eastern states, including response and resilience-building in humanitarian and human mobility contexts.

14. The primary modes of engagement will be advocacy and policy dialogue, capacity development, knowledge management, coordination, and partnerships. The programme will leverage diverse partnerships with government entities at national and subnational levels, civil society, private sector, academia, other United Nations organizations and international development partners. South-South and triangular cooperation will build on Mexico's global leadership in ICPD-related public policy issues, sharing knowledge, best practices and expertise with other developing countries.

A. Outcome 1: Sexual and reproductive health and rights

15. *Output 1: Strengthened national and subnational capacities to ensure universal access to high-quality sexual and reproductive health information and services, particularly for women and adolescents, including in humanitarian and human mobility settings.* Main interventions include: (a) advocacy and policy dialogue with the Government, academia and civil society to promote policies and programmes ensuring universal access to sexual and reproductive health information and services, including in emergency situations; (b) strengthening regulatory frameworks, training and deployment of professional midwives to improve quality and access to maternal, reproductive and neonatal health services, particularly for indigenous people; (c) strengthening sexual and reproductive healthcare network services at the primary level, improving resilience and using a culturally-sensitive lens; (d) strengthening the Ministry of Health's capacity to ensure quality and coverage of adolescent health services; (e) leveraging wide-ranging partnerships to create demand for quality adolescent sexual and reproductive health services; (f) advocating for and providing technical assistance to the Government to strengthen reproductive health commodity security policies, including in humanitarian and human mobility settings, improving logistics, increasing availability, and lowering costs of modern contraceptives; and (g) advocating for and providing technical assistance to government and civil society to implement and integrate HIV prevention strategies, including provision of pre-exposition prophylaxis to key populations.

B. Outcome 2: Adolescents and youth

16. *Output 1: Strengthened national and subnational capacities to implement policies and programmes that tackle the determinants of adolescents and youth sexual and reproductive health, development and well-being, across development, humanitarian and human mobility settings.* Key interventions include: (a) generation of evidence on social determinants affecting youth well-being and development, including child marriage and early unions, and the importance of investing in youth as key actors for sustainable development; (b) advocacy and policy dialogue with governments to promote multi-sectoral policies and programmes to strengthen youth rights, leadership, and participation in decision-making; (c) providing technical assistance to national and state inter-institutional working groups in the formulation and implementation of their strategies to reduce adolescent pregnancy; (d) advocacy and technical support to the Ministry of Education and other actors for the provision of in and out-of-school comprehensive sexuality education programmes; and (e) supporting national and subnational government initiatives that stimulate leadership and resilience from adolescents and young people, including in humanitarian and human mobility settings.

C. Outcome 3: Gender equality and women's empowerment

17. *Output 1: Strengthened national and sub-national capacities to develop multi-sectoral public policies focusing on gender-based violence and the exercise of sexual and reproductive rights across development, humanitarian, and human mobility settings.* Key interventions, focusing particularly on the States of Guerrero, Chihuahua, and Mexico, which have registered the highest rates of femicides, include: (a) advocacy and policy dialogue to promote the development of multi-sectoral public policies focusing on gender-based violence and the exercise of sexual and reproductive rights; (b) technical assistance to national and subnational governments to address, prevent, sanction, and provide a timely and quality response to gender-based violence, including in humanitarian and human

mobility settings; (c) mobilizing and engaging communities and organizations to promote women's empowerment and change of social norms, promoting healthy and non-violent masculinities, and preventing stigma and discrimination of LGBTI communities and other key populations; and (d) strengthening the capacities of civil society organizations for social monitoring and compliance with international and national mechanisms recommendations on women's human rights.

D. Outcome 4: Population dynamics

18. *Output 1: Strengthened national and subnational capacities to generate, analyse and use sociodemographic information to improve the response, focus and impact of public policies, plans, and programmes, across development, humanitarian and human mobility settings.* Key interventions include: (a) advocacy and policy dialogue to reform the 1974 General Population Law in response to current population and development issues and strengthen the National Population Registry; (b) generation of evidence and knowledge on sexual and reproductive health, youth and development, gender equality, human mobility, ageing and other linkages between population dynamics and sustainable development; (c) advocacy and technical assistance to strengthen the capacities of national and subnational government institutions to analyse and use georeferenced and disaggregated sociodemographic data, including in humanitarian settings, for the design and implementation of public policies; (d) technical assistance to the Government and academia in the elaboration of on and off-line training programmes on demographic analysis, generation of indicators and their use for policy and programme development at the national and subnational levels; (e) advocacy and technical assistance to Government on the implementation and monitoring of the Montevideo Consensus and the 2030 Agenda, promoting South-South and triangular cooperation on data generation, use and knowledge exchange among Latin American and Caribbean countries; and (f) technical assistance to the Government and academia in the development of information, education and communication strategies on population-related issues, including training of media representatives.

III. Programme and risk management

19. The programme will be implemented using a mix of direct and national execution modalities. UNFPA will support the implementation of the United Nations reform process at country level, participating in the design and implementation of the joint Business Operations Strategy, as well as the harmonized approach to cash transfers.

20. The country office reviews its risk assessment and risk management strategies each year. The austerity policy implemented by the new federal Government administration may hamper co-financing requirements for the effective implementation of projects under this programme. To ensure its sustainability, UNFPA will continue to forge robust multi-sectoral partnerships and pursue a multi-path resource mobilization strategy, including private sector, national and subnational government co-financing, and United Nations cooperation.

21. UNFPA, UNDP, UNICEF, UN-Women and other United Nations agencies, funds and programmes will promote joint initiatives in Mexico, such as 'Spotlight', to accelerate the achievement of the SDGs and the National Development Plan. These initiatives will seek significant and measurable results in poverty reduction; empowerment of women and girls; eradication of violence against women, adolescents, and children; reduction of adolescent pregnancy, and ending child marriage and early unions.

22. Current country office structure is aligned with the technical and financial requirements of the proposed programme. Additional technical and programme expertise may be needed during the programme cycle to respond to increasing demand for technical assistance. The country office will also seek technical support from the regional office and headquarters, as needed.

23. In emergency situations, UNFPA may, in consultation with the Government, reschedule programme activities, to respond to humanitarian situations.

24. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers

at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

25. UNFPA and the Mexican Government, through the National Coordination and Evaluation Committee, presided by the Ministry of Foreign Affairs and integrated by key government partner institutions, will manage and monitor the country programme, following UNFPA policies and procedures, results-based management and accountability frameworks.

26. UNFPA will actively participate in UNDAF monitoring and evaluation, contributing to strengthening national capacities to monitor SDGs and Montevideo Consensus indicators. The country office has an elaborate monitoring and evaluation strategy in place. It will organize field-monitoring visits and biannual technical meetings with implementing partners to track progress and adjust annual workplans. A midterm review of the programme will be conducted to analyse progress made and evaluate reorientation of programme strategies.

27. An end-of-country programme evaluation and several project evaluations will be conducted, to allow identification of priorities for the following cooperation cycle.

Results and resources framework for Mexico (2020-2024)

National priority: Well-being, cross-sectoral axis: inclusion and equality UNDAF lines of action: Equality and inclusion.				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health and rights <u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Unmet need for family planning among women of reproductive age Aged 15-49 years <i>Baseline: 11.4% (2014); Target: 9.9%</i> Aged 15-19 years <i>Baseline: 28.1% (2014); Target: 26.5%</i> 	<p><u>Output 1:</u> Strengthened national and subnational capacities to ensure universal access to high-quality sexual and reproductive health information and services, particularly for women and adolescents, including in humanitarian and human mobility settings.</p>	<ul style="list-style-type: none"> Number of States that have deployed professional midwives in their health system <i>Baseline: 0; Target: 10</i> Number of health services networks that adopted the UNFPA-developed primary healthcare model to increase access and quality of sexual and reproductive health services <i>Baseline: 0; Target: 20</i> Number of certified health service units that adopted the model for the provision of adolescent sexual and reproductive health services <i>Baseline: 20; Target: 500</i> Public policy to provide combined HIV prevention strategies among key populations implemented. <i>Baseline: No; Target: Yes</i> 	<p>Federal and state ministries of health; professional health associations; civil society organizations; academia; media; private sector; other United Nations organizations</p>	<p>\$5.5 million (\$1.5 million from regular resources and \$4.0 million from other resources)</p>
National priorities: Well-being, justice and rule of law; Cross-sectoral axis: inclusion and equality. UNDAF lines of action: Equality and inclusion, and peace, justice and rule of law.				
<p>Outcome 2: Adolescents and youth <u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Adolescent fertility rate Aged 15-19 years per 1,000 women <i>Baseline: 77 (2014); Target: 55</i> 	<p><u>Output 1:</u> Strengthened national and subnational capacities to implement policies and programmes that tackle the determinants of adolescents and youth sexual and reproductive health, development and well-being, across development, humanitarian and human mobility settings.</p>	<ul style="list-style-type: none"> Number of States that include young people in policy dialogue and decision-making mechanisms, to promote sustainable development, disaster risk reduction and response to emergencies <i>Baseline: 0; Target: 10</i> Number of marginalized girls that are reached by life-skills programmes that build their health, social and economic assets. <i>Baseline: 1,600; Target: 40,000</i> Age-specific comprehensive sexuality education implemented in secondary schools by Federal Government <i>Baseline: No; Target: Yes</i> 	<p>Federal, state and municipal government entities; federal and state congresses; media; academia; civil society; private sector; other United Nations organizations; think-tanks; community-based organizations</p>	<p>\$7.3 million (\$2.3 million from regular resources and \$5.0 million from other resources)</p>

<p>National priorities: Well-being, justice and rule of law; Cross-sectoral axis: inclusion and equality. UNDAF lines of action: Equality and inclusion, and peace, justice and rule of law.</p>				
<p>Outcome 3: Gender equality and women’s empowerment <u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months <i>Baseline: 25.60% (2016); Target: 22%</i> 	<p><u>Output 1:</u> Strengthened national and subnational capacities to develop multi-sectoral public policies focusing on gender-based violence and the exercise of sexual and reproductive rights, across development, humanitarian and human mobility settings.</p>	<ul style="list-style-type: none"> Number of municipal inter-institutional networks that implement the Essential Service Package for Women and Girls Victims of violence <i>Baseline: 0; Target: 15</i> Multi-sectoral strategy implemented to prevent gender-based violence and empower women and girls to exercise their sexual and reproductive rights <i>Baseline: No; Target: Yes</i> 	<p>Federal, state and municipal government entities; media; academia; civil society organizations; private sector; other United Nations organizations; think-tanks; community-based organizations</p>	<p>\$3.6 million (\$0.6 million from regular resources and \$3.0 million from other resources)</p>
<p>National priorities: Well-being and Territory and sustainable development; cross-sectoral axis: inclusion and equality. UNDAF lines of action: Equality and inclusion.</p>				
<p>Outcome 4: Population dynamics <u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of SDG indicators produced at the national level with full disaggregation when relevant to the target <i>Baseline: 30% (2015); Target: 70%</i> 	<p><u>Output 1:</u> Strengthened national and subnational capacities to generate, analyse and use sociodemographic information to improve the response, focus and impact of public policies, plans and programmes, across development, humanitarian and human mobility settings.</p>	<ul style="list-style-type: none"> Number of national and subnational institutions that integrate population dynamics and their linkages with sustainable development in the design and implementation of plans, policies and programmes <i>Baseline: 20; Target: 55</i> Number of states that have established strategies to improve quality and completeness of administrative records and vital statistics <i>Baseline: 0; Target: 5</i> 	<p>Federal, state and municipal government entities; federal and state congresses; civil society organizations; academia; private sector; think-tanks; other United Nations organizations</p>	<p>\$4.1 million (\$1.1 million from regular resources and \$3.0 million from other resources)</p>