UNITED NATIONS POPULATION FUND

Country programme document for Mexico

Proposed indicative UNFPA assistance: $24 million: $6 million from regular resources and $18 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Fifth

Category per decision 2000/19: C

Proposed indicative assistance by core programme area (in millions of $):

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Regular resources</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive health</td>
<td>2.5</td>
<td>15</td>
<td>17.5</td>
</tr>
<tr>
<td>Population and development</td>
<td>2.0</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Gender</td>
<td>1.0</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Programme coordination and assistance</td>
<td>0.5</td>
<td>-</td>
<td>0.5</td>
</tr>
<tr>
<td>Total</td>
<td>6.0</td>
<td>18</td>
<td>24.0</td>
</tr>
</tbody>
</table>
I. Situation analysis

1. Mexico, with a population of approximately 105 million, consists of 31 states and a federal district. The per capita gross domestic product was $8,826 in 2005. Despite its status as a middle-income country, approximately 50 million people live in poverty, with 18 million of them living in extreme poverty. Many of the extremely poor are of indigenous descent.

2. The total fertility rate dropped from 7.3 children per woman in the 1960s to 2.17 children per woman in 2006. The annual population growth rate is 0.9 per cent, and is declining. The infant mortality rate declined from 39.2 deaths per 1,000 live births to 16.2 deaths per 1,000 live births between 1990 and 2006. Life expectancy at birth is 74.8 years.

3. Mexico is at an advanced stage of its demographic transition. Changes in the age structure will increasingly strain the educational, health and social welfare systems. In 2006, there were 31 million Mexicans aged 10 to 24. The ability of the Government to cope with these challenges will depend on the creation of employment for young people and the strengthening of their productive capacities.

4. Teenage pregnancies declined from 130 births per 1,000 women in 1975 to 63 births per 1,000 women in 2006. At present, women aged 15-19 account for 16 per cent of all births. Young people are becoming sexually active at an increasingly younger age (the current mean age is 15.9 years), and 80 per cent do not use any contraceptive method during their first intercourse.

5. In 2006, 71 per cent of married women used contraceptives. However, unmet demand was 36 per cent for 15- to 19-year-olds; 25 per cent for women aged 20 to 24; and 23 per cent for indigenous women, indicating a need for youth-friendly, culturally sensitive services.

6. Between 1990 and 2005, the maternal mortality ratio decreased by 29 per cent, from 89 deaths per 100,000 live births to 63 deaths per 100,000 live births. Although the reduction accelerated slightly during the period 2000-2005, to 2.84 per cent per annum, Mexico must strengthen its efforts to achieve the Millennium Development Goals. Maternal mortality varies greatly between states, and is especially high in poorer states with large indigenous populations.

7. Mexico has a relatively low HIV prevalence rate: 0.3 per cent among those aged 15-49. A quarter of the estimated 182,000 people living with HIV/AIDS in 2006 were women. Among those at higher risk are sex workers and injecting drug users. The country intends to scale up prevention efforts and efforts to eliminate HIV-related stigma and discrimination.

8. Mexico has made progress in terms of women’s social status. The Government enacted federal laws promoting gender equality and women’s right to a life free from violence in 2007. However, the political participation of women is limited; inequalities between women and men and discrimination persist; and one out of every three women has suffered some form of gender-based violence.

9. Mexico is an urbanized country, with 70.4 per cent of the total population living in cities in 2005. Approximately 24 million people live in over 185,000 communities that have fewer than 2,500 inhabitants.

10. Mexico has the highest outflow of migrants in the world. Between 2000 and 2005, net emigration amounted to, on average, 575,000 people annually, 77 per cent of whom were undocumented. Transmigration and immigration flows, mainly from Central America, are considerable. In 2005, the Government detained and deported 250,000 undocumented people. The risks confronting undocumented migrants are high, and women migrants are particularly vulnerable to gender-based violence, including sexual violence.

11. Remittances are the second largest source of foreign revenue, totalling approximately $25 billion.
in 2006. Remittances represent more than half of total household income in rural areas and play an important role in mitigating poverty. Yet less than 10 per cent of these remittances are saved or invested.

II. Past cooperation and lessons learned

12. Cooperation between UNFPA and Mexico began in 1972. The fourth programme of assistance (2002-2007) focused on sexual and reproductive health, and population and development. Gender equality, advocacy and South-South cooperation were cross-cutting themes.

13. At the federal level, the programme supported: (a) the creation of four regional population commissions, each involving eight states, to facilitate cooperation and the exchange of experiences; (b) sociodemographic studies; (c) legal, regulatory and organizational frameworks to improve and consolidate state and local planning capacities; (d) advocacy to promote the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals, and to strengthen adherence to international protocols such as the Convention on the Elimination of All Forms of Discrimination against Women; (e) information and communication materials (radio, TV and video) on sexual and reproductive health and family planning in indigenous languages; and (f) initiatives that helped the Government acquire reproductive health commodities and that provided technical assistance in management, logistics and counselling.

14. The programme also provided support to eight priority states and developed models that could be institutionalized and replicated.

15. Under the reproductive health component, the programme developed models to: (a) enhance the delivery of reproductive health services to urban and rural populations; and (b) enable young people to make informed decisions regarding their sexual and reproductive health. Under the population and development component, the programme: (a) developed models to create information systems to track international migration; (b) helped to draft state population laws; and (c) strengthened technical and operational capacities for development planning at state and local levels. The models for both components focused on indigenous people, youth and women. The country office established a youth advisory panel in 2006 and developed close links with youth-organization networks, which will facilitate its focus on youth in the future.

16. Lessons learned during the previous programme include: (a) success in institutionalizing models is dependent on technically sound implementing partners with the political ability to encourage participation among institutions and civil society; (b) the diversity of models that were implemented strained the UNFPA office capacity to monitor programme activities; (c) advocacy activities have been critical for positioning the ICPD and Millennium Development Goal agendas in a changing political environment; (d) treating gender as a cross-cutting issue helped the programme focus on the specific needs of women and men; (e) the lack of a gender component limited the ability of the programme to allocate resources to respond adequately to gender issues, especially regarding gender-based violence; (f) South-South cooperation was provided upon request, but mechanisms to promote it were lacking; and (g) UNFPA played a valuable role in leading reviews of the way government health programmes were managed and implemented.

III. Proposed programme

17. The programme seeks to reduce poverty and socio-economic inequalities through strategic interventions in sexual and reproductive health; population and development; and gender. The proposed programme is based on national priorities, the United Nations Development Assistance Framework (UNDAF), 2008-2012, the ICPD Programme of Action and the Millennium Development Goals.
18. The following cross-cutting issues will play important roles in implementing the programme: (a) advocacy to advance the ICPD agenda and the Millennium Development Goals; (b) gender equality and women’s empowerment; (c) the involvement of youth in programme activities; and (d) South-South cooperation.

19. Key strategies for implementing the programme include: (a) strengthening national strategies related to the ICPD agenda; (b) pursuing a comprehensive, systemic approach that facilitates intra-governmental and intersectoral cooperation; (c) ensuring the involvement of major stakeholders, including community-based organizations, civil society and the private sector, in local, state and national programme initiatives, where possible; (d) establishing co-financing agreements with interested partners; (e) seeking and promoting inter-agency partnerships; (f) following a human rights-based and culturally sensitive approach; and (g) focusing on poor people and indigenous peoples.

Reproductive health component

20. The reproductive health component seeks to strengthen institutional capacities to ensure universal access to high-quality sexual and reproductive health services, and people’s ability to exercise their reproductive rights from a gender-sensitive and culturally sensitive perspective. Four outputs will contribute to this outcome.

21. Output 1: The Government and civil society will implement comprehensive strategies and programmes to promote reproductive rights and to achieve universal access to high-quality sexual and reproductive health services in a culturally sensitive way. The programme will focus on: (a) reducing maternal mortality in specific areas and among specific population groups, for example, in city slums and indigenous communities and among migrant women; and (b) preventing unwanted pregnancies among adolescents and young people.

22. Output 2: Decision makers are sensitized and strategies are designed and implemented to prevent unwanted pregnancies and sexually transmitted infections, including HIV, among young people and key populations.

23. Output 3: Broad-based strategies to ensure sexual and reproductive health commodity security are implemented.

24. Output 4: Institutional and professional capacities are strengthened to implement sex education programmes at all levels of the national educational system.

Population and development component

25. The population and development component will focus on strengthening institutional capacities and civil society participation to formulate integrated population and sustainable development policies and strategies at national and subnational levels, in order to reduce poverty and inequalities. Four outputs will contribute to this outcome.

26. Output 1: Information systems and indicators will be developed to support the formulation and implementation of public policies and strategies that incorporate population and development, sexual and reproductive health, and gender issues from a human rights perspective.

27. Output 2: Local development strategies and programmes will be designed and implemented, taking into account sociodemographic, geographical and environmental aspects.

28. Output 3: Public policy proposals that address age-structure changes, migration and other emerging population issues will be formulated.

29. Output 4: The institutional and professional capacity to design and update methodologies and materials on population education is strengthened, to instil civic responsibility and foster social and environmental awareness.

Gender component

30. The gender component will focus on promoting a culture of gender equity and equality,
eliminating gender stereotypes, and strengthening institutional capacities to prevent and respond to gender-based violence.

31. **Output 1:** Public policy proposals will be elaborated to balance productive and reproductive roles, foster a culture of gender equity and equality, and eliminate gender stereotypes.

32. **Output 2:** Advocacy and communication strategies will be formulated and implemented to foster a culture of respect for women’s right to a life free from violence.

33. **Output 3:** Comprehensive strategies to address gender-based violence, including sexual violence, will be designed and implemented.

34. **Output 4:** The Government will implement the general law of a woman’s right to a life free from violence and the general law for equality between women and men.

### IV. Programme management, monitoring and evaluation

35. The Government and UNFPA will establish a programme coordination and evaluation committee, with representatives from the Ministries of Foreign Affairs, Health and Education; the National Population Council; the National Women’s Institute; the National Centre for AIDS Prevention and civil society. The committee will conduct annual programme reviews; provide guidance on implementation; review and support resource mobilization efforts; and review annual workplans.

36. The UNFPA office in Mexico will have responsibility for programme management, and will collaborate closely with the National Population Council and implementing partners. Implementing partners will be responsible for establishing monitoring and evaluation mechanisms. UNFPA will conduct regular field visits in collaboration with the National Population Council in order to monitor progress and provide technical assistance to implementing partner organizations.

37. The mobilization of domestic and foreign resources, as well as co-financing strategies, will be key to achieving expected results. UNFPA will work closely with the Government in helping to identify potential public-sector, private-sector partners and international partners, including other United Nations organizations and donor agencies.

38. The UNFPA country office in Mexico consists of a representative, an assistant representative, a national programme officer and a number of programme and administrative support staff. UNFPA will earmark programme funds to increase the operational capacity of the country office in order to mobilize resources and strengthen programme management, in line with UNFPA procedures and agreements reached with the Government.

39. UNFPA may hire national project staff to strengthen project implementation, particularly for those projects involving co-financing mechanisms. UNFPA technical advisers will provide technical assistance as necessary. The country office will also obtain technical assistance through cooperation with other UNFPA country offices.
### RESULTS AND RESOURCES FRAMEWORK FOR MEXICO

#### National priorities:
- by 2008-2012, (a) competitive, sustainable and equitable economic development; (b) equitable and universal exercise of social and cultural rights; (c) strengthening of the rule of law and the security of citizens; (d) the right to a healthy and productive environment; and (e) the consolidation of democracy

#### UNDAF outcomes:
- by 2012, (a) institutional and individual capacities are strengthened to formulate, implement and evaluate development policies and actions; (b) institutional and individual capacities are strengthened and civil society is empowered to promote and guarantee the exercise of human rights and equitable access to quality social services; (c) the participation of civil society in development processes, based on the sustainable use of natural resources; (d) discriminatory practices are eliminated and public policies are strengthened to guarantee civil rights, facilitate access to justice and provide citizen security; and (e) citizenship is strengthened through effective participation and consolidation of a democratic culture

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Country programme outcomes, indicators, baselines and targets</th>
<th>Country programme outputs, indicators, baselines and targets</th>
<th>Partners</th>
<th>Indicative resources by programme component</th>
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</thead>
<tbody>
<tr>
<td>Reproductive health</td>
<td>Institutional capacities are strengthened to ensure universal access to high-quality sexual and reproductive health services, as well as the exercise of reproductive rights from a gender-and culturally sensitive perspective</td>
<td>Output 1: The Government and civil society will implement comprehensive strategies and programmes to promote reproductive rights and to achieve universal access to high-quality sexual and reproductive health services in a culturally sensitive way</td>
<td>Federal and state legislatures; Ministry of Education; Ministry of Health; National Population Council; National institutes on AIDS, women, youth and social security; State governments</td>
<td>$17.5 million ($2.5 million in regular resources and $15 million from other resources)</td>
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<td>Outcome indicators:</td>
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<td></td>
<td>- Decrease in maternal mortality</td>
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<td></td>
<td>- Reduction in teenage pregnancies</td>
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<td>- Increased use of contraceptives</td>
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<td>- Better practices to prevent HIV</td>
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<td>Output indicators:</td>
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<tr>
<td></td>
<td>- Number of organizations participating in these strategies and programmes</td>
<td>Number of organizations participating in these strategies and programmes</td>
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<tr>
<td></td>
<td>- Number of strategies and programmes designed, validated and implemented</td>
<td>Number of strategies and programmes designed, validated and implemented</td>
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<td>Output 2: Decision makers are sensitized and strategies are designed and implemented to prevent unwanted pregnancies and sexually transmitted infections, including HIV, among young people and key populations</td>
<td>Decision makers are sensitized and strategies are designed and implemented to prevent unwanted pregnancies and sexually transmitted infections, including HIV, among young people and key populations</td>
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<td>Output indicators:</td>
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<td></td>
<td>- Number of young people participating in these strategies</td>
<td>Number of young people participating in these strategies</td>
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<td></td>
<td>- Number of educational, health, work and recreational centres involved</td>
<td>Number of educational, health, work and recreational centres involved</td>
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<td>Output 3: Broad-based strategies to ensure sexual and reproductive health commodity security are implemented</td>
<td>Broad-based strategies to ensure sexual and reproductive health commodity security are implemented</td>
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<td></td>
<td>Output indicator:</td>
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<tr>
<td></td>
<td>- Number of strategies and agreements established and implemented to procure sexual and reproductive health commodities</td>
<td>Number of strategies and agreements established and implemented to procure sexual and reproductive health commodities</td>
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<td>Output 4: Institutional and professional capacities are strengthened to implement sex education programmes at all levels of the national educational system</td>
<td>Institutional and professional capacities are strengthened to implement sex education programmes at all levels of the national educational system</td>
<td>United Nations organizations and donor agencies</td>
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<td>Output indicators:</td>
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<tr>
<td></td>
<td>- Number of teachers trained on sex education topics</td>
<td>Number of teachers trained on sex education topics</td>
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<td></td>
<td>- Contents and materials produced for sex education programmes</td>
<td>Contents and materials produced for sex education programmes</td>
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<tr>
<td>Population and development</td>
<td>Institutional capacity and civil society participation are strengthened to formulate and implement comprehensive, environmentally sustainable population and development policies and strategies at national and subnational levels</td>
<td>Information systems and indicators will be developed to support the formulation and implementation of public policies and strategies that incorporate population and development, sexual and reproductive health, and gender issues from a human rights perspective</td>
<td>Ministries of: Agriculture; Education; Health; Social Development; and Labour; National Population Council; National institutes on women, youth, indigenous peoples, migration and social security</td>
<td>$4 million ($2 million from regular resources and $2 million from other resources)</td>
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<td>Outcome indicators:</td>
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<tr>
<td></td>
<td>- Number of institutions adopting and implementing population policies and strategies</td>
<td>Number of institutions adopting and implementing population policies and strategies</td>
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<td></td>
<td>- Improved access to basic services in marginalized areas</td>
<td>Improved access to basic services in marginalized areas</td>
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<td></td>
<td>Output indicators:</td>
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<tr>
<td></td>
<td>- Number of institutions equipped with information and decision-support systems on population and development</td>
<td>Number of institutions equipped with information and decision-support systems on population and development</td>
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<tr>
<td></td>
<td>- Research carried out on the interrelationships between population and development, sexual and reproductive health, gender and poverty</td>
<td>Research carried out on the interrelationships between population and development, sexual and reproductive health, gender and poverty</td>
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<tr>
<td>Programme component</td>
<td>Country programme outcomes, indicators, baselines and targets</td>
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<td>Indicative resources by programme component</td>
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</tbody>
</table>
| Population and development (continued) | **Output 2:** Local development strategies and programmes will be designed and implemented, taking into account sociodemographic, geographical and environmental aspects  
**Output indicators:**  
- Number of research papers and studies compiled, published and disseminated  
- Number of public policy proposals prepared  
**Output 3:** Public policy proposals that address age-structure changes, migration and other emerging population issues will be formulated  
**Output indicators:**  
- Number of research papers and studies compiled, published and disseminated  
- Number of public policy proposals prepared  
**Output 4:** The institutional and professional capacity to design and update methodologies and materials on population education is strengthened, to instil civic responsibility and foster social and environmental awareness  
**Output indicators:**  
- Methodologies and materials designed and updated  
- Number of teachers trained on population education | State and local governments  
Academia; civil society; media; private sector  
Donor agencies and United Nations organizations | $2 million (1 million from regular resources and 1 million from other resources) |
| Gender | **Outcome:** A culture of gender equity and equality is promoted and created, and institutional capacities are strengthened to prevent, draw attention to and prosecute gender-based violence  
**Outcome indicators:**  
- Increased participation of women in decision-making  
- Increased registry and follow-up of gender-based violence and discrimination | Federal and state legislatures; Special Prosecutor on violence against women; Ministry of Health; National Population Council; Women’s institutes  
Academia; civil society; media private sector  
Donor agencies and United Nations organizations | Total for programme coordination and assistance $0.5 million from regular resources |
| | **Output 1:** Public policy proposals will be elaborated to balance productive and reproductive roles, foster a culture of gender equity and equality, and eliminate gender stereotypes  
**Output indicator:**  
- Number of institutions that have adopted and implemented these policies  
**Output 2:** Advocacy and communication strategies will be formulated and implemented to foster a culture of respect for women’s right to a life free from violence  
**Output indicators:**  
- Number of institutions participating in the design and implementation of advocacy and communication strategies  
- Informational materials produced for different population groups  
**Output 3:** Comprehensive strategies to address gender-based violence, including sexual violence, will be designed and implemented  
**Output indicator:**  
- Number of institutions that implement these strategies  
**Output 4:** The Government will implement the general law of a woman’s right to a life free from violence and the general law for equality between women and men  
**Output indicators:**  
- Number of informed decision makers and people trained  
- Number of publications compiled and distributed | |

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