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**UNITED NATIONS POPULATION FUND  
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director  
Assistance to the Government of Mexico

Proposed UNFPA assistance: \$15.5 million, \$10.5 million from regular resources and \$5 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Third

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	7.4	3.5	10.9
Population & development strategies	1.5	.8	2.3
Advocacy	1.6	.7	2.3
<i>Total</i>	10.5	5.0	15.5

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## MEXICO

## INDICATORS RELATED TO ICPD GOALS\*

		Thresholds*
Births attended by health professional (%) <sup>1</sup>	77.0	≥60
Contraceptive prevalence rate (15-44) (%) <sup>2</sup>	53.0	≥55
Access to basic health services (%) <sup>3</sup>	78.0	≥60
Infant mortality rate (/1000) <sup>4</sup>	36.0	≤50
Maternal mortality rate (/100,000) <sup>5</sup>	110.0	≤100
Gross female enrolment rate at primary level (%) <sup>6</sup>	100.0	≥75
Adult female literacy rate (%) <sup>7</sup>	86.0	≥50

\* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

<sup>1</sup> WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

<sup>2</sup> United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

<sup>3</sup> UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

<sup>4</sup> United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

<sup>5</sup> UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

<sup>6</sup> United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

<sup>7</sup> UNESCO, *Education for All - Status and Trends, 1994*.

## Demographic Facts

Population (000) in 1995	93,674	Annual population growth rate (%)	1.8
Population in year 2000 (000)	102,410	Urban	2.4
Sex ratio (/100 females)	99.5	Rural	-0.3
Per cent urban	75.3	Crude birth rate (/1000)	24.8
Age distribution (%)		Crude death rate (/1000)	5.1
Ages 0-14	35.9	Net migration rate (/1000)	-1.8
Youth (15-24)	21.1	Total fertility rate (woman)	2.80
Ages 60+	6.2	Life expectancy at birth (years)	
Percentage of women aged 15-49	52.3	Males	68.9
Median age (years)	21.7	Females	75.0
Population density (/sq. km.)	48	Both sexes	71.9
		GNP per capita (U.S. dollars, 1994)	4,010

*Sources:* Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, *World Population Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Mexico in achieving its development and population objectives. UNFPA proposes to fund the programme in the amount of \$15.5 million, of which \$10.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$5 million from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the third UNFPA country programme for Mexico.
2. The proposed programme has been designed in coordination with the Government of Mexico, through the National Population Council (CONAPO). It is based on the Government's national plans and programmes for 1995-2000, including the National Development Plan, the National Population Programme, the National Women's Programme, and the Reproductive Health and Family Planning Programme. It is also based on the ICPD Programme of Action, the Latin American and Caribbean Regional Plan of Action on Population and Development, the recommendations of the programme review and strategy development (PRSD) mission that visited Mexico in April 1996; a draft Country Strategy Note prepared by the Government of Mexico and United Nations agencies; and the report of the mission to evaluate contraceptive requirements in Mexico that took place in March-April 1995.
3. According to the UNFPA's new approach for resource allocation, Mexico is classified as a category "B" country. UNFPA's strategy in the country will focus on improving reproductive health services in five priority states -- Chiapas, Oaxaca, Puebla, Guerrero and Hidalgo -- with special emphasis on the first three. UNFPA will also contribute to developing specific programmes for multi-bilateral assistance.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 94/128.

#### Background

5. In spite of a relatively high average gross national product, there are still great geographic and socio-economic inequalities in Mexico. In 1992, the last year for which data are available, 44.1 per cent of the population lived at or below the poverty level, and 16.1 per cent of the population lived in conditions of extreme poverty. Following the financial crisis at the end of 1994, Mexico's economy suffered an unprecedented depression with high social costs, which still persist. The Government has identified areas of the country with high percentages of poor populations (or high

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“marginality” levels in official terminology) and has targeted poverty alleviation programmes addressing these groups.

6. In 1996, the natural population growth rate was estimated at 2.0 per cent, the total fertility rate at 2.8 children per woman and infant mortality at 29 per 1,000 live births. These average values, however, encompass great disparities across social groups. For example, fertility rates among the indigenous population is twice that of the rest of the population, while infant mortality for this group is more than 70 per cent above the national average. Despite the significant achievements in population in the last 20 years, the desired impact has not yet reached marginalized population groups, especially in rural areas. Therefore, future progress in Mexico's population programmes still depends on the Government's focused efforts with the most vulnerable population groups. External financial and technical assistance is still needed to strengthen certain aspects of poverty alleviation policies linked to population concerns.

7. The Mexican Government has established an index that measures the relative marginality of regions in the country. This index takes into account different social and economic indicators. According to this index, the five states chosen for UNFPA interventions are the most marginalized in the country, with fertility and mortality levels significantly higher than national averages. In the country as a whole, the main factor in diminishing fertility levels has been the greater use of contraceptive methods. The national contraceptive prevalence rate was 53 per cent of fertile-age married women in 1995, but in rural areas in the five selected states it is estimated to be 40 per cent. There is a high reliance on a few methods, with 41 per cent of users relying on female sterilization and 22 per cent on IUDs. The concentration on these two methods is even higher in rural areas. These patterns are related to problems of poor quality and limited accessibility of health services in those states, particularly in the most marginalized areas and for indigenous groups.

#### Previous UNFPA assistance

8. Between 1972 and 1989, UNFPA contributed more than \$34 million to population activities in Mexico, of which two thirds went for maternal and child health and family planning (MCH/FP) activities. Most of the projects were executed by the Ministry of Health and CONAPO. The decentralization of national population activities in Mexico is still an ongoing process. Consequently, UNFPA's cooperation has been basically channeled to the central level through a few counterparts. The activities of the new programme will be executed through local multisectoral partners (both governmental and non-governmental, including grass-roots, organizations) that operate close to the beneficiaries. Central-level institutions will play a coordinating role.

9. In the area of reproductive health, UNFPA projects have contributed to the attainment of higher technical standards, better trained human resources, strengthened technical capacities and expanded coverage. Cooperation with some NGOs in training doctors and nurses in industrial

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enterprises and in working with adolescents, although modest in scope, has produced results that merit dissemination. In relation to information, education and communication (IEC) matters, some projects developed innovative methodologies and high quality materials. In response to the ICPD Programme of Action, three innovative projects were implemented in Mexico: one in terms of advocacy to create awareness of population issues; one to promote gender equality, in support of the Government's national women's programme; and one to support the decentralization of population policy in the state of Queretaro. The three projects had results that provide lessons that will be carried into the new programme.

#### Other external assistance

10. Since Mexico joined the Organization for Economic Cooperation and Development (OECD) in 1994, different foreign aid donors have gradually reduced their contributions. Assistance by the United States Agency for International Development (USAID) will amount to \$50 million for the period 1993-1998, but USAID will gradually phase out contributions for family planning activities. During the next four years, it is expected that the Japan International Cooperation Agency (JICA) will donate contraceptives and audiovisual equipment valued at \$200,000 a year. The World Bank is providing a credit of \$310 million to the health sector for the period 1996-2000. After 1998 UNFPA will be the most important donor, on a grant basis, to the Government of Mexico's population activities. The UNFPA programme will concentrate on issues directly related to the objectives not being covered by national institutions and/or other cooperating agencies.

#### Proposed programme

11. The programme focus will be on the five priority states and will give special attention to Chiapas, Oaxaca and Puebla, with at least 65 per cent of the proposed resources being devoted to them. The remaining 35 per cent will be allocated to Guerrero and Hidalgo. In the five states, the programme will focus on the neediest and most marginalized groups, such as the indigenous populations, and will address their specific needs. In Guerrero and Hidalgo, the programme will focus primarily on the poorest and neediest micro-regions within the state. Five specific sub-programmes with reachable and measurable goals will be prepared, taking into consideration the particular characteristics and conditions of each state. The programme will be multisectoral and will include all three of UNFPA's core programme areas: reproductive health, population and development strategies, and advocacy. However, the emphasis placed on each area will vary, with most resources and attention being given to reproductive health, including family planning and sexual health.

12. Reproductive health. The key issues to be addressed in the area of reproductive health at the sub-national level are: (a) problems in the quality and management of the reproductive health care being offered by established health services; (b) deficiencies in the coverage of and access to those

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services, especially by rural indigenous groups; and (c) lack of public awareness and knowledge of reproductive health issues. Support will be given to strengthening management capacities at the local level as a means of promoting decentralized administration. To guarantee satisfactory access to services, outreach brigades will be formed to make periodic visits to dispersed communities and to undertake campaigns to inform people about the availability of reproductive health services, particularly counselling. In the five states selected for UNFPA interventions, the programme will emphasize the needs of those, at the first stages of their reproductive lives. The programme will help to educate young people on the importance of delaying the age of marriage, the postponement of age of first pregnancy, and the adequate spacing of pregnancies. It will also promote men's responsibility and involvement in reproductive health activities.

13. Priority will be given to the extension, accessibility and quality of reproductive health services in indigenous communities, with special attention to the perspectives and needs of the diverse ethnic groups that make up the population of these states based on the respective cultural values and social organization of these groups utilizing existing studies and available information to design and implement reproductive health activities. To provide quality services, it is necessary to ensure that the services offered are properly adapted to the users' sociocultural needs; this can be done by taking advantage of existing studies and information available and by including them in health programmes. It will also be necessary to train service providers, especially those providing primary health care, including traditional birth attendants, volunteers and other community promoters, so that they take those sociocultural aspects into account when providing services.

14. Improvements in the quality and efficiency of reproductive health services will be sought through training at all health service levels, with emphasis on respect for reproductive rights, gender sensitivity, diversification of contraceptive methods, and on managerial and operational issues. Reducing unwanted and high-risk pregnancies and promoting appropriate birth-spacing will be an important aim of reproductive health activities. Young people will receive adequate counselling and contraceptive methods as a means of delaying the first pregnancy and of preventing the spread of sexually transmitted diseases, especially HIV/AIDS.

15. To reinforce the emphasis on adolescent reproductive health, support will be given to institutions working at regional and local levels to incorporate sex education into formal education curricula and programmes. Experienced, in particular local, NGOs as well as sports and cultural associations will also be involved in non-formal sex education activities. To reach dispersed rural communities, the programme will assist in producing specific education materials and in training educational promoters. Teachers will be trained on how to handle sex education and other population subjects. UNFPA will work to strengthen the population councils (COESPOs) in the five states to help them coordinate, follow up and evaluate IEC activities.

16. Population and development strategies. Geographic information systems (GIS) will be utilized to facilitate the identification of the specific communities in which to focus programme activities. To do so will require adequate identification, systematization and use of existing information and socio-demographic studies available in the states. Training and technical advisory needs in managing the system have been identified and will be provided to COESPOs, other public sector agencies, social and academic institutions as well as NGOs.

17. As part of the strategies to ensure better cultural adaptation of services, efforts will be made to promote the participation of community and grass-roots organizations through the adequate use of sociocultural research by planners and service providers. This will include efforts to update profiles on the awareness of and attitudes concerning reproductive health among the priority populations. In support of the process of decentralization the proposed programme will help in determining the specific role that population policy plays in the context of local development policies. The technical and operational capacity of the local coordination entities at the state and municipal levels will be strengthened through the exchange of experiences and technical advisory activities.

18. Advocacy. Support will be provided to the Government's advocacy efforts directed towards improving the cultural accessibility and overall quality of reproductive health services by increasing the awareness of decision makers and by working to improve the interpersonal skills of local providers regarding users' sociocultural characteristics and gender considerations. It is imperative to radically improve outreach in order to provide marginalized groups with quality services. The proposed programme will work with individual community promoters to sensitize them to their clients' reproductive rights and gender concerns. Advocacy activities will also be undertaken in support of the Government's efforts to encourage equal access by girls and boys to the educational system.

#### Implementation, monitoring and coordination

19. The proposed programme will be executed by multiple partners at the local level. In each case, the most appropriate executing agency will be selected from among government offices, NGOs, academic institutions and community organizations. Each agency's operational and administrative capacity will be identified and will be strengthened, as necessary, to ensure executive, administrative and financial accountability. The programme resources will be allocated to the states through the cooperation agreements in population that CONAPO and the state governments jointly signed to coordinate population activities. The COESPOs will be the Mexican governmental institution responsible for sub-programme coordination, administration and monitoring of resources at the state level. UNFPA staff, together with CONAPO, will make periodic monitoring visits to each state.

20. Under the coordination of the United Nations Resident Coordinator, several interagency coordination committees have been established, and discussions are under way with all the agencies

concerned with the Country Strategy Note on multilateral cooperation in Mexico. At the state level, specific coordination with other donor agencies that also work in the field of reproductive health, such as UNICEF, PAHO and others, will be enhanced.

21. There is an imperative need to improve the supervision of service delivery through the training of supervisors and by establishing the proper indicators for monitoring and evaluation. Work in this area will be carried out in consultation and cooperation with women's NGOs. To improve supervision and evaluation of local programmes, emphasis will be given to technical assistance and the exchange of experiences between states and on the development of indicators that allow the measurement of impact of such programmes on the target groups.

22. Programme delivery will be strengthened by programme support staff in order to enable the UNFPA country office to carry out its supervisory, monitoring and evaluation responsibilities as well as to fulfill its mandate in offering high-quality technical assistance with the assistance of the UNFPA Country Support Team. Close communication will be maintained with executing agencies to strengthen inter-institutional and intersectoral coordination. Monitoring and evaluation of compliance with programme objectives will be based on quantitative and qualitative indicators to be formulated. A mid-term review will be held in mid-1999 and a final evaluation will take place in mid-2001.

#### Recommendation

23. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Mexico as presented, in the amount of \$15.5 million over the period 1997-2001, \$10.5 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of \$5 million would be sought from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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