



Population Served

By September 2023, 27.665 people had been reached, of whom 16.532 were reached through services for prevention and care of gender-based violence and 11.133 with integrated and quality sexual and reproductive health services. Of the above total, 12.9% are girls and adolescents, 78.7% are women over 18, 2.2% are boys, and 6.1% are adult men. Of the population served, 12.5% are indigenous, 264 people recognize themselves as part of the LGBTIQ+ population, and 209 stated that they have some type of disability.



Achievement 1



In the prioritized municipalities, it was possible for pregnant women in a migratory situation to have access to quality services to ensure safe maternity free. The improvement in the identification and timely management of obstetric and psychosocial risks has impacted the reduction of maternal deaths, maternal and perinatal morbidity, and disability, particularly among migrant women and refugees in pendular mobility, binational indigenous women, women without access to the health system, and those living in rural areas.

This has been achieved through:

1. Leadership in coordination with local authorities and capacity building of **91 local maternal health service providers (hospitals and cooperation partners)**.
2. The implementation of a management system that accompanied **307 pregnant women so that they had access to full care**, what guaranteed recognition and intervention of obstetric and perinatal risk. And, support to **105 pregnant women with cash assistance conditioned to facilitate access to maternal services**.
3. Raising awareness and organizing 20 rural communities, women leaders and 30 traditional midwives to support the health system in the care of pregnant women.
4. **Provision of prenatal care services to 310 pregnant women**, in places where the availability of services was insufficient.



| October 2022 - September 2023

Achievement 2

UNFPA PRM project could reach 1280 GBV survivors through individual psychosocial support and case management. This structured process of accompaniment has ensured that 80% of the cases have been closed due to the fulfillment of goals, according to the needs prioritized by survivors. It means that safe and confidential referrals to health, protection and other services were made, achieving save the lives, mitigating risks and avoiding further damage. Likewise, improvements in the empowerment of women over their life projects, the end of abusive relationships, the safe return to their support networks, and a greater sense of security in their lives were verified. GBV survivors often started business initiatives and mobilized resources for access to formal jobs that will facilitate their integration into the host territories.



This has been achieved through:

1. **The launch of 10 case management services**, eight in safe spaces, which allow a comprehensive “one stop service” with other institutions that provide services to women and girls and two in the transit routes.
2. Strengthening the capacity of multi-sectoral GBV service providers (**91 health professionals and 170 of protection, justice, police, and other sectors**) to provide an appropriate response to GBV survivors.
3. Establishment and/or updating of standard operations procedures to respond to GBV survivors in **5 municipalities**.
4. **288 trained women leaders** who make up a community reference system.
5. **560 cash transfers distributed to 309 survivors** to ensure immediate protection measures and their recovery.

Achievement 3

UNFPA PRM project made efforts to identify, strengthen and **work together with 288 community leaders on prevention and response to GBV, prevention of maternal mortality and unplanned pregnancy**. With their support, GBV survivors, pregnant women and other women have improved access to critical SRH and GBV services. The leaders identify, refer and accompany cases and help women make the decision to seek support. They also participate in key services such as providing information to the community and creating enabling environments against GBV.

This great social mobilization has been achieved through:

1. Training on several topics, such as the survivor-centered approach, psychosocial first aid, case identification and activation of care routes were addressed, as were personal skills such as assertive communication, body language and conflict resolution. In this way, they were strengthened at a technical - conceptual and personal level.
2. Support in their organizational consolidation and to implement their initiatives in the development of GBV services as “bike-empowered”, assisting them to be of high quality, integrated and recognized.

